EXTENDED TO NOVEMBER 15, 2022

Use Only

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number THE COMMUNITY FOUNDATION FOR GREATER NEW Address change **HAVEN** Name change 06-6032106 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (203)777-238670 AUDUBON STREET 283,092,132. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW HAVEN, CT 06510 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WENDY GAMBA for subordinates? Yes X No 70 AUDUBON STREET, NEW HAVEN, CT 06510 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.CFGNH.ORG **H(c)** Group exemption number ▶ Corporation X Trust L Year of formation: 1928 M State of legal domicile: CT K Form of organization: Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 3 $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 48 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 395,064. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Current Year** 20,517,393. 56,432,139. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 38.153.147. 45,822,003. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 58,670,540. 102,254,142 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 31,347,368. 33,864,953. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,207,683. 5,563,086. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,881,817. 9,965,464. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 49,393,503. 44,436,868. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,233,672. 52,860,639. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 745,279,119. 835,102,821 Total assets (Part X, line 16) 24,564,951. 38,021,045 21 Total liabilities (Part X, line 26) 三年 720,714,168. 797,081,776 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WENDY GAMBA Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MARY KAY CURTISS 11/15/22 P01551484 MARY KAY CURTISS Paid self-employed Firm's name CLIFTONLARSONALLEN Firm's EIN ▶ 41-0746749 Preparer

X Yes

Phone no. (860) 561-4000

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address > 29 SOUTH MAIN STREET, 4TH FLOOR

WEST HARTFORD, CT 06107

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE MISSION OF THE COMMUNITY FOUNDATION IS TO CREATE POSITIVE AND
	SUSTAINABLE CHANGE IN GREATER NEW HAVEN BY INCREASING THE AMOUNT AND
	ENHANCING THE IMPACT OF COMMUNITY PHILATHROPY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$15,347,039. including grants of \$12,877,064.) (Revenue \$)
	CIVIC VITALITY: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE
	CIVIC VITALITY.
4b	(Code:) (Expenses \$4,846,433. including grants of \$4,458,940.) (Revenue \$)
	ARTS AND CULTURE: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT
	PROMOTE ARTS AND CULTURE.
4c	(Code:) (Expenses \$ 7,269,650 • including grants of \$ 5,955,611 •) (Revenue \$)
	HEALTH: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT ENSURE HEALTH
	AND WELLNESS.
	MD WELLHARDS.
	Other program services (Describe on Schedule O.)
-t u	
	10 000 011
4e	Total program service expenses ► 40 , 386 , 944 .
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Part IV | Checklist of Required Schedules 06-6032106

	In the constitution described in earlier FOM/AVC) and FTMAVC in the second section of the section		Yes	N
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Х	
,	If "Yes," complete Schedule A	2	X	\vdash
:	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		\vdash
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		2
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		f
		4	Х	
	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	- 21	H
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		:
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		t
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	l
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		t
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		l
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		\vdash
	, ,	8		
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	 		t
				l
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		╁
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		H
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			l
	as applicable.			l
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	l
	Part VI	11a	X	╀
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	37	l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	╀
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		╀
	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	l		l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	╀
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	╀
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		╀
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		╀
	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	L
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Ļ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		L
	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	14b	<u> </u>	L
	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	15	X	L
	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	16		L
	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		L
	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	18		L
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			آ
	complete Schedule G, Part III	19		L
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Γ
				_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l

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Pai	rt IV Checklist of Required Schedules _(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	İ
	Schedule J	23	Х	
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 the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254		050		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 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? 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, trustee, key employee,			İ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-		33	х	İ
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
0-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	لـــــا	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		,		
	Objects if Oak and the Oak and also a support of the supplier in this Post V			
	Check if Schedule O contains a response or note to any line in this Part V			N.
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W 24 moladed of time fat. Enter of infortuplicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► <u>CAYMAN ISLANDS</u> , <u>JERSEY</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		X
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 13b			
	Did the second discount of the description of the d	14a		x
	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		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup CTSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own 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. State the name, address, and telephone number of the person who possesses the organization's books and records WENDY GAMBA - 203-777-7061

 $065\overline{10}$ AUDUBON STREET, NEW HAVEN. 70

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	no	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	-	cer an	dad	irecto	r/trust	ee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee ee	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con yee	_	1099-NEO)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) WILLIAM W. GINSBERG	40.00									
PRESIDENT & CEO				Х				438,068.	0.	83,104
(2) ANDREW F. ALDEN	40.00									
SR. VP FOR INVESTMENTS						X		352,157.	0.	56,274
(3) ANGELA POWERS	37.50									
SR. VP FOR OPERATIONS						X		311,674.	0.	45,560
(4) DOROTHY WESTON-MURPHY	37.50								_	
SR. VP FOR DEVELOPMENT						X		232,056.	0.	27,915
(5) LEON BAILEY	37.50							020 500	•	07 000
SR. VP ORGANIZATIONAL EFFE	27 50					Х		230,522.	0.	27,998
(6) CHRISTINA CIOCIOLA	37.50							212 000	0	10 126
SR. VP FOR GRANTMAKING (7) WENDY GAMBA	37.50					Х		212,808.	0.	18,436
CHIEF FINANCIAL OFFICER	37.30			х				186,827.	0.	34,681
(8) NICK NORCOTT JR.	1.00							100,027.	0.	34,001
CHAIR		х		Х				0.	0.	0
(9) MARCELLA NUNEZ-SMITH	1.00									
VICE CHAIR		Х		Х				0.	0.	0
(10) KHALILAH L. BROWN-DEAN	1.00									
DIRECTOR		Х						0.	0.	0
(11) MAYSA ABKAR	1.00									
DIRECTOR		Х						0.	0.	0 .
(12) ROXANNE COADY	1.00									
DIRECTOR		Х						0.	0.	0 .
(13) JOE GORDON	1.00									
DIRECTOR	1 22	Х						0.	0.	0
(14) CARLTON HIGHSMITH	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0
(15) TERRY JONES	1.00	~							^	_
DIRECTOR (16) FERNANDO J. MUNIZ	1.00	Х						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(17) GREG PEPE	1.00	^						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
132007 12-09-21	L	21						1 0•	<u> </u>	Form 990 (202

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Form 990 (2021) 11A V EIV										<i>J J </i>	100	Г	age o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition	1 than d	nne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensatio	n	an	nount	of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	e e			ated		organization	(W-2/1099-MIS	SC/		om th	
	related organizations	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	below	ualtn	ional		ploye	t com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	0115
(18) VALARIE SHULTZ WILSON	1.00	드	트	Ó	<u>x</u>	工品	Æ						
DIRECTOR		х						0.		0.			0.
(19) BANK OF AMERICA MERRILL LYNCH	1.00												
TRUSTEE COMMITTEE			Х					0.		0.			0.
(20) KEYBANK NATIONAL ASSOCIATION	1.00												
TRUSTEE COMMITTEE			Х					0.		0.			0.
(21) WELLS FARGO BANK, NA	1.00		l										•
TRUSTEE COMMITTEE			X			_		0.		0.			0.
								1 051 110					
1b Subtotal								1,964,112.		0.	29	3,9	
c Total from continuation sheets to Part V								0.		0.	20	2 0	0.
d Total (add lines 1b and 1c)								1,964,112.		0.	29	3,9	08.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable)			0
compensation from the organization												Yes	8 No
3 Did the organization list any former officer	director truste	ا مد	(0)/ (mn	lova	- or	hia	hest compensated empl	ovee on	ſ		163	140
line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or										····			
rendered to the organization? If "Yes," con	nplete Schedule	J f	or su	ıch i	pers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address							(B) Description of s	envices	_)) anna	C) nsatio	n
Name and business			1 [70	^			Describitor of 8	CI VICES		ompe	isalio	

(A) Name and business address	(B) Description of services	(C) Compensation
AMPFIELD HOLDINGS (OFFSHORE), LP, 15720		756 650
BRIXHAM HILL AVE. STE. 206, CHARLOTTE, NC	INVESTMENT MANAGER	756,652.
CANYON VALUE REALIZATION FUND, 2000 AVE.		
OF THE STARS, 11TH FL, LOS ANGELES, CA	INVESTMENT MANAGER	478,126.
PERMIAN INVESTMENT PARTNERS, 295 MADISON		
AVE. 34TH FL, NEW YORK, NY 10017	INVESTMENT MANAGER	435,149.
US TRUST BANK OF AMERICA		
	INVESTMENT MANAGER	389,962.
CREWCIAL PARTNERS, LLC		
750 3RD AVE. 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT ADVISOR	278,943.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 19		- 000 (

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 1,712,774. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 54,719,365 1f 3,433,372 g Noncash contributions included in lines 1a-1f 56,432,139. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 196,421. 11260596. other similar amounts) 11,457,017 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 215, 202, 976. assets other than inventory b Less: cost or other basis 7b 180,837,990. Other Revenue and sales expenses c Gain or (loss) 7c 34,364,986. 34,364,986. 198,643. 34166343. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 102254142. 0. 395,064. 45426939. Total revenue. See instructions 12

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Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	33,744,194.	33,744,194.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	100 550	100 550		
	individuals. See Part IV, lines 15 and 16	120,759.	120,759.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	740 600	211 006	210 250	111 400
	trustees, and key employees	742,680.	311,926.	319,352.	111,402
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 7/0 201	1 574 706	1 612 200	E60 20F
7	Other salaries and wages	3,749,301.	1,574,706.	1,612,200.	562,395
8	Pension plan accruals and contributions (include	252 220	147,978.	151 501	E2 040
_	section 401(k) and 403(b) employer contributions)	352,328. 437,942.	183,936.	151,501. 188,315.	52,849 65,691
9	Other employee benefits	280,835.	117,951.	120,759.	42,125
10	Payroll taxes	200,035.	117,951.	120,759.	42,125
11	Fees for services (nonemployees):				
а	Management	48,098.	20,201.	20,682.	7 215
b	Legal	53,200.	22,344.	22,876.	7,215 7,980
_	Accounting	33,200.	44,344.	44,070.	7,960
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	7,717,144.	3,241,200.	3,318,372.	1,157,572
f	Investment management fees	/,/1/,144.	3,241,200.	3,310,372.	1,137,372
g	Other. (If line 11g amount exceeds 10% of line 25,	395,172.	165,972.	169,924.	50 276
40	column (A), amount, list line 11g expenses on Sch O.)	155,476.	65,300.	66,855.	59,276 23,321
12	Advertising and promotion	133,470.	03,300.	00,055.	23,321
13	Office expenses				
14	Information technology				
15 10	Royalties	319,224.	134,074.	137,266.	47,884
16 47	Occupancy	221.	93.	95.	33
17	Travel	221.	75.	75.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	54,963.	23,084.	23,635.	8,244
19		34,503.	23,004.	25,055	0,244
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	104,507.	43,893.	44,938.	15,676
22 23		85,551.	35,931.	36,787.	12,833
23 24	Other expenses. Itemize expenses not covered	03,331.	33,331.	30,707.	12,033
24	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 0.) DUES AND FEES	466,328.	195,858.	200,521.	69,949
a b	EQUIPMENT RENTAL AND MA	349,352.	146,728.	150,221.	52,403
	PRINTING AND PUBLICATIO	129,614.	54,438.	55,734.	19,442
c d	SUPPLIES	25,610.	10,756.	11,012.	3,842
	All other expenses	61,004.	25,622.	26,231.	9,151
	Total functional expenses. Add lines 1 through 24e	49,393,503.	40,386,944.	6,677,276.	2,329,283
25 26	Joint costs. Complete this line only if the organization	±2,323,303•	-U, JUU, J-4.	5,011,210•	2,323,203
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	[/100 300-720]	i .			

Form **990** (2021)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 16,393,866. 18,865,157. 2 Savings and temporary cash investments 1,429,397. 36,698,146. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 27,079,373. 39,182,280. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other _____10a 1,327,957. basis. Complete Part VI of Schedule D 1,152,069. 207,342. 175<u>,888</u>. b Less: accumulated depreciation 10b 10c 484,260,002. 489,168,900. Investments - publicly traded securities 11 11 211,850,343. 246,240,218. Investments - other securities. See Part IV, line 11 12 12 4,345,851. Investments - program-related. See Part IV, line 11 4,043,694. 13 13 14 14 Intangible assets 15,102. 426,381. Other assets. See Part IV, line 11 15 15 745,279,119. 835,102,821. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,010,122. 714,471. 17 Accounts payable and accrued expenses 17 713,993. 18 708,921. 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 787,615. 0. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 22,053,221. 36,597,653. 25 of Schedule D 24,564,951. 38,021,045. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 719,146,481. 795,188,372. 27 27 Net assets without donor restrictions Net assets with donor restrictions 1,567,687. 1,893,404. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 720,714,168. 797,081,776. Total net assets or fund balances 32 32

Form **990** (2021)

835,102,821.

33

Total liabilities and net assets/fund balances

745,279,119.

33

HAVEN 06-6032106 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 102,254,142. Total revenue (must equal Part VIII, column (A), line 12) 1 49,393,503. Total expenses (must equal Part IX, column (A), line 25) 2 2 52,860,639. Revenue less expenses. Subtract line 2 from line 1 3 3 720,714,168. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 23,181,252. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 325,717.9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 797,081,776. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b 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 X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х 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

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Form 990 (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

THE COMMUNITY FOUNDATION FOR GREATER NEW **Employer identification number** Name of the organization 06-6032106 **HAVEN** Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 HAVEN 06-6032106 Page 2

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

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

Sec	ction A. Public Support	71	· · · · · · · · · · · · · · · · · · ·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	51787386.	14672987.	32613549.	20517393.	56432139.	176023454
2	Tax revenues levied for the organ-						
	ization'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	<u>51787386.</u>	<u>14672987.</u>	32613549.	20517393.	<u>56432139.</u>	176023454
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)						77312010.
	Public support. Subtract line 5 from line 4.						98711444.
	ction B. Total Support	1	Г	T	_	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	51787386.	14672987.	32613549.	20517393.	56432139.	176023454
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0065500	B10651B	F005000	0650046	11455015	44404006
	and income from similar sources	9265508.	7196517.	7825808.	8659246.	<u> 11457017.</u>	44404096.
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.)						220427550
	Total support. Add lines 7 through 10	. ,	`				22042/330
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						▶□
Sec	organization, check this box and stop ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			column (f))		14	44.78 %
	Public support percentage from 2020					15	50.57 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-		g	▶ □
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	-				•	
	organization meets the facts-and-circle				-		>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 HAVEN 06-6032106 Page 3

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.)

qualify under the tests listed be Section A. Public Support	low, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					-	
c Add lines 10a and 10b 11 Net income from unrelated business activities not included 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, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2021 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
					16	%
16 Public support percentage from 2020	Schedule A, Part					
	Schedule A, Part					
16 Public support percentage from 2020	Schedule A, Part tment Income	e Percentage			17	%
 Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2020 Investment income percentage from 2020 	Schedule A, Part tment Income 21 (line 10c, colui 2020 Schedule A,	e Percentage mn (f), divided by li Part III, line 17	ine 13, column (f))		18	%
 Public support percentage from 2020 Section D. Computation of Invest Investment income percentage for 2020 	Schedule A, Part tment Income 21 (line 10c, colui 2020 Schedule A,	e Percentage mn (f), divided by li Part III, line 17	ine 13, column (f))		18	%
 Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2020 Investment income percentage from 2020 	Schedule A, Part tment Income 21 (line 10c, colur 2020 Schedule A, organization did r	mn (f), divided by li Part III, line 17 not check the box	ine 13, column (f))on line 14, and line	e 15 is more than	18 33 1/3%, and line 1	% 7 is not
Section D. Computation of Investigation 17 Investment income percentage from 2018 Investment income percentage from 2019 a 33 1/3% support tests - 2021. If the	Schedule A, Part tment Income 21 (line 10c, colur 2020 Schedule A, organization did r d stop here. The organization did r	e Percentage mn (f), divided by li Part III, line 17 not check the box e organization qualinot check a box or	ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than upported organiz	18 33 1/3%, and line 1 ation	7 is not

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 HAVEN 06-6032106 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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		
	За		
	3b		
	3c		
	4a		
	-iu		
	4b		
	4.		
	4c		
	5a		
	5b		
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	9b		
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	9с		
	10a		
	10b		
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HAVEN 06-6032106 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes_ No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 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. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990) 2021

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06-6032106 Page 6 HAVEN Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2021 HAVEN 06-6032106 Page 7

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Sect	ion D - Distributions		:		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	HAVEN	06-6032106 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule A (Form 990) 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizar				
	MUNITY FOUNDATION	N FOR GREATI	ER NEW Emi	oloyer identification number
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Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures ign activities		>	\$
Part I-B Complete if the org	ganization is exempt und	er section 501(c)(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				-1/01
	ganization is exempt und			
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ		•		•
exempt function activities				\$
3 Total exempt function expenditures			,	Φ
line 17b Did the filing organization file Form				
4 Did the filing organization file Form5 Enter the names, addresses and en				
made payments. For each organiza				
contributions received that were pr	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
political action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0-	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
		+		

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

Schedule C (Form 990) 2021

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Schedule C (Form 990) 2021 HAVEN 06-6032106 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) 49,393,503. d Other exempt purpose expenditures 393,503. e Total exempt purpose expenditures (add lines 1c and 1d) 1,000,000. Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. 250,000. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) Total (or fiscal year beginning in) 1,000,000. 1,000,000. 1,000,000. 1,000,000. 4,000,000. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 6,000,000. (150% of line 2a, column(e)) c Total lobbying expenditures 250,000. 250,000. 250,000. 250,000. 1,000,000. d Grassroots nontaxable amount e Grassroots ceiling amount 1,500,000. (150% of line 2d, column (e))

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021

HAVEN

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

f the le	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)				(b)	
the lobbying activity.					Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or					
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter					
C	or referendum, through the use of:					
a V	/olunteers?					
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	f "Yes," enter the amount of any tax incurred under section 4912					
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	 า 501 <i>(</i> c) <i>(</i> 5). or	sec	tion	
	501(c)(6).	(.)(.	,,			
						N
					Yes	1.4
V	Vere substantially all (90% or more) dues received nondeductible by members?		Г	1	Yes	14
	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2	Yes	14
2 C	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5	o), or	2 3 sec	tion	
2 [3 [art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	e prior year? n 501(c)(5	5), or (b) Pa	2 3 sec art I	tion	
e c art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5 'No" OR (5), or (b) Pa	2 3 sec	tion	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5 'No" OR (5), or (b) Pa	2 3 sec art I	tion	
art art art art art art art art art art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5 No" OR (i), or (b) Pa	2 3 sec art I	tion	
art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lili-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? 1 501(c)(5 No" OR (5), or (b) Pa	2 3 sec art I	tion	
art l	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5 lNo" OR (5), or (b) Pa	2 3 sec art I	tion	
art art b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year	e prior year? n 501(c)(5 lNo" OR (5), or (b) Pa	2 3 sec art I	tion	
e a C b C c T B A	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? 1 501(c)(5 No" OR (5), or (b) Pa	2 3 sec art I	tion	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Dection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5 No" OR (5), or (b) Pa	2 3 sec art I	tion	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? 1 501(c)(5 No" OR (5), or (b) Pa	2 3 sec art I	tion	

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 Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

Employer identification number 06-6032106

Par			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	340	2314
2	Aggregate value of contributions to (during year)	5,010,747.	50,633,779.
3	Aggregate value of grants from (during year)	5,894,052.	31,658,843.
4	Aggregate value at end of year	63,453,648.	733,628,128.
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confer	rring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I\	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	
	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		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	ion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements the	hat describes the
Day	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Aut Historiaal Trassuras or Other (Cimilar Assats
Pai		·	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	ce of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		k i
_			
2	If the organization received or held works of art, historical treating to the control of the con	· · · · · · · · · · · · · · · · · · ·	, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

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

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 HAVEN									Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Histo	orical Tre	asures, o	r Other	^r Simila	ar Assets	(continu	ued)
3	Using the organization's acquisition, accessio	n, and other record	ds, check	any of the f	ollowing that	make si	gnificant	t use of its		
	collection items (check all that apply):									
а	Public exhibition	•	d 🗌	Loan or exc	hange progra	am				
b	Scholarly research	•	е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how th	ey further th	ne organizatio	n's exen	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be mai								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comp	lete if the	organizatio	n answered "	'Yes" on	Form 99	00, Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for o	contributions	s or other ass	ets not i	ncluded		_	
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII a							_		
									Amount	
С	Beginning balance						. <u>1c</u>			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or cu	ıstodial acco	unt liabili	ity?		Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	j, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment >	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiz	ation that	t are held ar	nd administer	ed for th	e organi	zation	_	
	by:								`	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the		owment fo	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	', line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value
		basis (invest	ment)	basis	(other)	de	preciatio	n		
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment			1,32	7,957.	1,1	152,0	069.	175	,888.
	Other									
	Add lines 1a through 1e (Column (d) must on		Vaclum	n (D) line 1	00.1				175	.888.

Schedule D (Form 990) 2021

		06-	-6032106 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Financial derivatives	, ,		<u> </u>
Closely held equity interests			
Other			
(A) ALTERNATIVE INVESTMENTS	246,240,218.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(a). (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	246,240,218.		
art VIII Investments - Program Related.	., ., .		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(h) Dook volue
(=)			(b) Book value
(1)			(b) Book value
(1)			(b) Book value
(1) (2) (3)			(b) BOOK VAIUE
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) BOOK VAIUE
(1) (2) (3) (4) (5) (6)			(b) BOOK VAIUE
(1) (2) (3) (4) (5)			(b) BOOK VAIUE
(1) (2) (3) (4) (5) (6) (7)			(b) BOOK VAIUE
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line part X Other Liabilities.	e 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	e 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.)		(b) Book value 301,43
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS	e 15.)		(b) Book value 301,43 33,040,65
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT – MRI	e 15.)		(b) Book value 301,433 33,040,655
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT – MRI (4) LINE OF CREDIT	e 15.)		(b) Book value 301,43 33,040,65
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT – MRI (4) LINE OF CREDIT	e 15.)		(b) Book value 301,43 33,040,65
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT – MRI (4) LINE OF CREDIT (5) (6) (7)	e 15.)		(b) Book value 301,43 33,040,65
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT - MRI (4) LINE OF CREDIT (5) (6) (7) (8) (9)	e 15.)		(b) Book value 301,43: 33,040,65: 3,255,56:
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST AGREEMENTS (3) LINE OF CREDIT – MRI (4) LINE OF CREDIT (5) (6) (7) (8)	e 15.)	1e or 11f. See Form 990, Part X, line 25.	(b) Book value 301,43 33,040,65 3,255,56

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HAVEN 06-6032106 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Attach to Form 990.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

06-6032106

	Form 990, Part IV	/ line 14h		55p.5	ion ino organization anomoroa						
1	· · · · · · · · · · · · · · · · · · ·	,	maintain record	ds to substantiate the amount of its gran	nts and other assistance						
•	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No										
	the grantees engionity it	or the grants of a	issistance, and i	the selection chiefla used to award the t	grants or assistance:	. 163100					
2	Prograntmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the										
	United States.										
3											
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total					
	() 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures					
		in the region	independent	gram services, investments, grants to	describe specific type	for and investments					
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region					
				GRANT TO ORGANIZATION FROM							
IREI	LAND	0	0	MARY JANE REYNOLDS FUND.		12,814.					
			-	•							
				GRANT TO ORGANIZATION FROM							
CANA	ADA	0	0	DAVID POWRIE FUND.		107,945.					
	PRAL AMERICA AND			•		<u> </u>					
	CARIBBEAN -										
	IGUA & BARBUDA,										
	BA, BAHAMAS,	0	0	INVESTMENTS		275,318,260.					
	OPE (INCLUDING					773,310,200:					
	LAND & GREENLAND)										
	BANIA, ANDORRA,										
	PRIA, BELGIUM	0	0	INVESTMENTS		9,020,728.					
105.	IKIA, DENGIOM		0	INVESTMENTS		3,020,720.					
						+					
						+					
						204 450 545					
	Subtotal	0	0			284,459,747.					
b	Total from continuation	_	_								
	sheets to Part I	0	0			0.					
С	Totals (add lines 3a					1					
	and 3b)	0	0			284,459,747.					
$\Box \Lambda$	For Panerwork Reduct	ion Act Notice	soo the Instruc	tions for Form 000	Schodulo I	(Form 990) 2021					

132071 12-20-21

Schedule F (Form 990) 2021 HAVEN 06-6032106 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		IRELAND	GENERAL PURPOSE	12,814.	WIRE TRANSFER	0.		FMV
		CANADA	GENERAL PURPOSE	107,945.	WIRE TRANSFER	0.		FMV
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	I recognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	>		

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 HAVEN 06-6032106 Page 3

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

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

Schedule F (Form 990) 2021 HAVEN 06-6032106 Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
		Yes	X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		140
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	X Yes	☐ No
	<i>,</i> ,,,,,,, .		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
	, , , , , , , , , , , , , , , , , , , ,		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	·		

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 HAVEN	06-6032106	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting n	nethod; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); ar		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information		
(commence that has been expenses to provide any additional members and part to provide any additional members		
PART I, LINE 2:		
IMILI, DIND Z.		
EINDO ADE DONOD DECTONAMED AND MIEDE TO HOE OF A CDANM DEMINO	DANCE EODM	
FUNDS ARE DONOR DESIGNATED AND THERE IS USE OF A GRANT REMITT	ANCE FORM.	
PART I, LINE 3:		
FMV		

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization THE COMMU HAVEN	NITY FOUN	DATION FOR (GREATER NE	iW			Employer identification number $06-6032106$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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 or assistance
VARIOUS TAX-EXEMPT ORGANIZATIONS			33,744,194.	0.			GENERAL PURPOSES
VINCTOOD TIM DAIM T OKOMVIMITOND			33,144,134.				SHARAE TONEOGED
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	-		e line 1 table				>

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

HAVEN 06-6032106 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: GRANTS ARE MONITORED USING THE ON-LINE GIVEGREATER PLATFORM VIA ORGANIZATION PROFILES THAT ARE UPDATED ANNUALLY DIRECTLY BY THE ORGANIZATION, FORMAL ANNUAL/FINAL REPORTING QUESTIONS OR GRANT REMITTANCE GRANTS ARE ALSO MONITORED THROUGH NARRATIVE REPORTS REQUIRED TO BE FORMS. SUBMITTED BY THE GRANTEES.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

 $\begin{array}{c} \text{Employer identification number} \\ 06-6032106 \end{array}$

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	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							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	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 explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X				
С	Participate in or receive payment from an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
	The organization?	5a 5b		X				
b	Any related organization?							
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:			l				
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 HAVEN 06-6032106 Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM W. GINSBERG	(i)	438,068.	0.	0.	35,045.	48,059.	521,172.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW F. ALDEN	(i)	352,157.	0.	0.	28,173.	28,101.	408,431.	0.
SR. VP FOR INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANGELA POWERS	(i)	311,674.	0.	0.	24,934.	20,626.	357,234.	0.
SR. VP FOR OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOROTHY WESTON-MURPHY	(i)	232,056.	0.	0.	18,564.	9,351.	259,971.	0.
SR. VP FOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEON BAILEY	(i)	230,522.	0.	0.	18,442.	9,556.	258,520.	0.
SR. VP ORGANIZATIONAL EFFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINA CIOCIOLA	(i)	212,808.	0.	0.	17,025.	1,411.	231,244.	0.
SR. VP FOR GRANTMAKING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WENDY GAMBA	(i)	186,827.	0.	0.	14,946.	19,735.	221,508.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 HAVEN	06-6032106	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

THE COMMUNITY FOUNDATION FOR GREATER NEW **HAVEN**

Employer identification number 06-6032106

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio		ts
1	Art - Works of art			, ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	22	3,433,372.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u> 28</u>	Other ()						
29	Number of Forms 8283 received by the organization appropriate of Forms 8283			1 1			
	for which the organization completed Form 828	3, Part V, D	onee Acknowleage	ement 29		Vac	TNa
30-2	During the year, did the organization receive by	contributio	n any proporty ron	orted in Part Llines 1 throug	h 28 that it	Yes	No
Sua	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			which isn't required to be us	1 -	30a	x
h	If "Yes," describe the arrangement in Part II.				·····	Joa	
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties o						\top
	contributions?		_	· ·	l ₃	32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.			· ·			
	· · · · · · · · · · · · · · · · · · ·		-				

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 HAVEN	06-60321	
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	3, and whether the	organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	nbination of both. A	lso complete
COUEDITE M ITNE 22D.		
SCHEDULE M, LINE 32B:		
UTILIZE OUTSIDE INSTITUTIONAL BROKERAGE FIRMS TO ORDERLY	LIOUIDATE	ANY
OTTERED COLDEN TIME TO THE TOTAL TOT		
SECURITIES THAT ARE GIFTED TO THE FOUNDATION.		
-		

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

Employer identification number 06-6032106

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

THE MISSION OF THE COMMUNITY FOUNDATION IS TO CREATE POSITIVE AND

SUSTAINABLE CHANGE IN CONNECTICUT'S GREATER NEW HAVEN REGION BY

INCREASING THE AMOUNT OF AND ENHANCING THE IMPACT OF COMMUNITY

PHILANTHROPY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROVIDE

QUALITY EDUCATION. EXPENSES \$5,250,303 INCLUDING GRANTS OF \$4,020,731.

ECONOMIC SUCCESS: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT

PROMOTE REGIONAL ECONOMIC SUCCESS. EXPENSES \$1,211,608 INCLUDING

GRANTS OF \$1,299,087.

YOUTH: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE HEALTHY

YOUTH DEVELOPMENT. EXPENSES \$1,615,478 INCLUDING GRANTS OF \$1,396357.

BASIC NEEDS: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE

BASIC HUMAN NEEDS. EXPENSES \$2,827,086 INCLUDING GRANTS OF \$2,379,343.

ENVIRONMENT: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE

PROTECTION OF THE ENVIRONMENT. EXPENSES \$1,211,608, INCLUDING GRANTS

OF \$1,435,154.

OTHER PROGRAMS: EXPENSES OF \$807,739 INCLUDING GRANTS OF \$42,666.

EXPENSES \$ 12,923,822. INCLUDING GRANTS OF \$ 10,573,338. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS SHALL CONSIST OF ELEVEN CITIZENS OF THE UNITED

STATES AND RESIDENTS OF THE CITY OF NEW HAVEN, CONNECTICUT, OR VICINITY,

SELECTED FOR THEIR KNOWLEDGE OF THE CHARITABLE OR EDUCATIONAL NEEDS OF THE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 THE COMMUNITY FOUNDATION FOR GREATER NEW Name of the organization **Employer identification number HAVEN** 06-6032106 IT IS A CARDINAL PRINCIPLE OF THE FOUNDATION THAT IT SHALL BE CONDUCTED IN THE INTERESTS OF THE WHOLE COMMUNITY WITHOUT REGARD TO RACE COLOR, RELIGION, SEX OR CREED, AND THAT TO THE GREATEST POSSIBLE EXTENT ALL INTERESTS, CLASSES AND CREEDS SHALL BE REPRESENTED ON THE BOARD OF NO PERSON HOLDING A SALARIED PUBLIC OFFICE SHALL BE A MEMBER OF SAID BOARD OF DIRECTORS; AND IF ANY MEMBER OF THE BOARD OF DIRECTORS SHALL BE APPOINTED OR ELECTED TO ANY SALARIED PUBLIC OFFICE, SUCH MEMBER SHALL THEREUPON AND WITHOUT ANY ACTION OR PROCEEDINGS WHATSOEVER CEASE TO BE A MEMBER OF THE BOARD OF DIRECTORS. NO EXECUTIVE OFFICER OF A TRUSTEE SHALL BE A MEMBER OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL BE SELECTED, APPOINTED AND CLASSIFIED AS FOLLOWS: CLASS 1 - ONE MEMBER BY THE CHIEF EXECUTIVE OF THE CITY OF NEW HAVEN, CONNECTICUT. CLASS 2 - ONE MEMBER BY THE PRESIDENT OR OTHER CHIEF EXECUTIVE OFFICER OF THE NEW HAVEN CHAMBER OF COMMERCE. CLASS 3 - ONE MEMBER BY THE JUDGE OF THE PROBATE COURT FOR THE DISTRICT OF NEW HAVEN, CONNECTICUT. CLASS 4 - ONE MEMBER BY THE TRUSTEES' COMMITTEE. CLASS 5 - ONE MEMBER BY THE PRESIDENT OR OTHER CHIEF EXECUTIVE OFFICER OF YALE UNIVERSITY.

Schedule O (Form 990) 2021 Page 2 THE COMMUNITY FOUNDATION FOR GREATER NEW **Employer identification number** Name of the organization **HAVEN** 06-6032106 CLASS 6 - ONE MEMBER BY THE PRESIDENT OF THE NEW HAVEN COUNTY BAR ASSOCIATION. CLASS 7 - ONE MEMBER BY THE TRUSTEES' COMMITTEE. CLASS 8 - ONE MEMBER BY THE BOARD OF DIRECTORS BY MAJORITY VOTE OF ALL THE MEMBERS SERVING AT THE TIME OF SUCH APPOINTMENT. CLASS 9 - ONE MEMBER BY THE BOARD OF DIRECTORS BY MAJORITY VOTE OF ALL THE MEMBERS SERVING AT THE TIME OF SUCH APPOINTMENT. CLASS 10 - ONE MEMBER BY THE BOARD OF DIRECTORS BY MAJORITY VOTE OF ALL THE MEMBERS SERVING AT THE TIME OF SUCH APPOINTMENT. CLASS 11 - ONE MEMBER BY THE BOARD OF DIRECTORS BY MAJORITY VOTE OF ALL THE MEMBERS SERVING AT THE TIME OF SUCH APPOINTMENT. ALL APPOINTMENTS OF MEMBERS OF THE BOARD OF DIRECTORS SHALL BE MADE AT LEAST THIRTY DAYS BEFORE AND NOT MORE THAN NINETY DAYS BEFORE THE EXPIRATION OF THE TERM OF OFFICE OF THE PARTICULAR MEMBER OF THE COMMITTEE WHOSE POSITION SUCH APPOINTMENT IS DESIGNED TO FILL. FORM 990, PART VI, SECTION A, LINE 7B: TRUSTEE BANKS PROVIDE GOVERNANCE DECISIONS RELATIVE TO THE SPENDING POLICY CALCULATION FOR THE FUNDS HELD AT EACH RESPECTIVE BANK. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 AND AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE AUDIT

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

Employer identification number 06-6032106

COMMITTEE AND BOARD OF DIRECTORS BEFORE RELEASE AND SUBMISSION TO THE

SERVICE AND THE GENERAL PUBLIC.

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

ALL STAFF AND BOARD MEMBERS MUST SIGN THE CONFLICT OF INTEREST POLICY

ANNUALLY TO UPDATE ANY EXISTING AFFILIATIONS.

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

COMPENSATION ANALYSIS WAS PERFORMED BY AN OUTSIDE CONSULTING FIRM. THE ANALYSIS WAS ADOPTED BY THE FINANCE COMMITTEE OF THE BOARD. THE FOUNDATION'S STRUCTURED SUPERVISORY PROGRAM IS CENTERED ON SUPERVISORY MEETINGS, WHICH ARE HELD WITH EACH STAFF MEMBER AND HIS/HER SUPERVISOR ON A REGULAR BASIS. ALL MANAGERS ARE EXPECTED TO SET GOALS WITH, EVALUATE, AND PROVIDE FEEDBACK TO THEIR EMPLOYEES DURING THE COURSE OF THESE MEETINGS. NEAR THE BEGINNING OF THE YEAR, EMPLOYEES SUBMIT A SELF-ASSESSMENT OF THEIR PERFORMANCE FOR THE PRIOR YEAR. MANAGERS THEN DO THEIR OWN PERFORMANCE REVIEW OF THE EMPLOYEE USING INPUT FROM THE PRIOR YEAR'S MEETINGS AS WELL AS THE EMPLOYEE'S SELF-ASSESSMENT; THEY THEN MEET WITH THEIR REPORTS TO DISCUSS THE ANNUAL PERFORMANCE REVIEW. AFTER THIS, THE SENIOR MANAGEMENT TEAM MEETS TO DISCUSS THE PERFORMANCE REVIEWS OF ALL MEMBERS OF THEIR DEPARTMENTS' THE RATINGS OF THE EMPLOYEES' PERFORMANCE FROM THE PERFORMANCE REVIEWS AND INPUT FROM THE SENIOR LEADERSHIP TEAM ARE USED IN DETERMINING MERIT INCREASES TO EMPLOYEES' SALARIES.

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

FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE OR UPON REQUEST.

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number 06-6032106
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	325,717.

HAVEN

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

THE COMMUNITY FOUNDATION FOR GREATER NEW

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-6032106

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	TO CARRY-OUT THE MISSION				
THE COMMUNITY FOUNDATION MISSION INVESTMENTS	INVESTMENT ACTIVITIES OF				
COMPANY, LLC	THE COMMUNITY FOUNDATION	CONNECTICUT	8,072,553.	127,847,296.	
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE VALLEY COMMUNITY FOUNDATION, INC	CONNECTS PRIVATE						
84-1637102, 253-A ELIZABETH STREET, DERBY,	PHILANTHROPY TO THE						
CT 06418	LONG-TERM PUBLIC GOOD	CONNECTICUT	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 HAVEN 06-6032106

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) etion (b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (3)	SPLIT INTEREST AGREEMENTS	СТ	N/A	TRUST					х
POOLED INCOME FUNDS (7)	SPLIT INTEREST AGREEMENTS	СТ	N/A	TRUST					х

Page 2

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

THE COMMUNITY FOUNDATION FOR GREATER NEW

Schedule R (Form 990) 2021 HAVEN 06-6032106

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s				11		X
	Performance of services or membership or fundraising solicitations by related organization(s				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
					10	X	
р	Reimbursement paid to related organization(s) for expenses				1 p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must						
	Name of related organization Tran	(b) nsaction be (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)	THE VALLEY COMMUNITY FOUNDATION, INC	В	1,170,855.	FMV			
<u>(2)</u>							
<u>(3)</u>							
<u>(4)</u>							
(5)							
(6)							

Page 3

Yes No

Schedule R (Form 990) 2021 HAVEN 06-6032106 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R	R (Form 990) 2021 HAVEN	06-6032106 Page 5
Part VII	R (Form 990) 2021 HAVEN Supplemental Information	<u>-</u>
	Provide additional information for responses to questions on Schedule R. See instructions.	
	1 Tovide additional information for responses to questions on ochequie 11. See instructions.	
-		
		_
		_
_		

Schedule R (Form 990) 2021

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

CANNIOVEN DATA TO 2022		
Name THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer Identi	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - ALTERNATIVE I	NVESTMEN	2,170,294.
FEDERAL PRE-2018 NET OPERATING LOSS		24,066.
FEDERAL CONTRIBUTION - 50% CASH		148,635,694.
FEDERAL CONTRIBUTION CARRYOVER HAS BEEN ADJUSTED		
DUE TO NET OPERATING LOSS CARRYOVER PER INCOME		
TAX REGULATIONS SEC. 1.170A-11(C)(2) AS FOLLOWS:		
CONTRIBUTION DEDUCTION BEFORE NOL		24,066.
LESS CONTRIBUTION DEDUCTION AFTER NOL		0.
ADJUSTMENT TO CONTRIBUTION CARRYOVER		24,066.

Name	THE COMMUNITY	FOUNDATION FOR	R GREATER							FEIN:	06-6032106
		ERNATIVE INVEST		.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Carryover	Total Amount Used	Section 382 Carryover Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	1,246,963.	45,579.	45,579.								
A 2018 B 2019 C 2020 D E F	573,741.										
E											
G H											
I											
J K											
L M											
N O P											
P Q											
Q R S T											
U V W											
Detai Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F											
E											
G											
H I											
J K											
L M											
N O P											
Q											
R S T											
U											
V W											

Name:	THE COMMUNITY	FOUNDATION FO	R GREATER							FEIN:	06-6032106
	and Entity: PRE 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2016		315,260.	216,596.								
Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

Name	: THE COMMUNIT	Y FOUNDATION FO	OR GREATER							FEIN:	06-6032106
	and Entity: CO	NTRIBUTION - 5			DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2017 B 2018	7 24,385,238 8 29,674,881										
C 2019 D 2020 E 2023 F	31,347,409										
G H											
J K											
L M N											
O P											
Q R S T											
υ V W											
Detail Type	E Amount I S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F											
G H											
J K											
L M N											
O P Q											
R S T											
υ V W											

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2021

Prepared F	For:
------------	------

The Community Foundation for Greater New Haven 70 Audubon Street New Haven, CT 06510

Prepared By:

CliftonLarsonAllen 29 South Main Street, 4th Floor West Hartford, CT 06107

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

IRS e-file Signature Authorization OMB No. 1545-0047 **8879-TE** for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning , 2021, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service THE COMMUNITY FOUNDATION FOR GREATER NEW EIN or SSN Name of filer 06-6032106 HAVEN WENDY GAMBA Name and title of officer or person subject to tax **CFO** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a Form 990 check here **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here > X 6a 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here > b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CLIFTONLARSONALLEN 32106 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 06754109205 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ______ Date ▶ <u>11/15/22</u> ERO's signature
MARY KAY CURTISS **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2021) LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

102521 01-11-22

09581115 131839 241-711766

F	990-T	l F	Exempt Organization Business Income Tax Return	ı I	OMB No. 1545-0047
Form	330-i	_	(and proxy tax under section 6033(e))	'	
		For cal	endar year 2021 or other tax year beginning , and ending		2021
D	to and of the Toneson		Go to www.irs.gov/Form990T for instructions and the latest information.	— · L	
Intern	tment of the Treasury al Revenue Service	▶	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
	address changed.		THE COMMUNITY FOUNDATION FOR GREATER NEW		
	xempt under section	Print	HAVEN		6-6032106 exemption number
X] 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		nstructions)
	408(e) 220(e)	"	70 AUDUBON STREET	┨	
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06510	<u> </u>	7
	529(a)529A			 ┡╴└─	Check box if
G	Chaok organization		bk value of all assets at end of year	<u> </u>	an amended return.
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		$\overline{}$
			ed Schedules A (Form 990-T)		1
				$\overline{}$	Yes X No
			d identifying number of the parent corporation.		_ 100 110
			WENDY GAMBA Telephone number ▶ 2	03-	777-7061
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	240,662.
2	Reserved			2	
3	Add lines 1 and 2			3	240,662.
4			see instructions for limitation rules) STMT 1 STMT 2	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	240,662.
6		•	ng loss. See instructions STATEMENT 3	6	240,662.
7			ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro			7	1 000
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	1,000.
10	Total deductions		nes 8 and 9 ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	10	1,000.
11		SS taxa	,	11	0.
Pa	rt II Tax Com	putati	on		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	•		ates. See instructions for tax computation. Income tax on the amount on		
-	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu	ım tax (5	
6	Tax on noncomp	liant fa	cility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form 990-T (2021) Page 2 Tax and Payments Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 2 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here · 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 Payments: A 2020 overpayment credited to 2021 2021 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х here ► SEE STATEMENT 5 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Enter available pre-2018 NOL carryovers here > \$ 240,662. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover 2,215,873. 901101 \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain</u> in Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here CFO the preparer shown below (see Signature of officer instructions)? X Yes Date Date Preparer's signature Print/Type preparer's name Check self- employed **Paid** MARY KAY CURTISS MARY KAY CURTISS 11/15/22 P01551484 **Preparer** Firm's name ► CLIFTONLARSONALLEN 41-0746749 Firm's EIN ▶ **Use Only** 29 SOUTH MAIN STREET, WEST HARTFORD, CT 06107 (860) 561-4000 Form 990-T (2021)

123711 01-31-22

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CHARITABLE CONTRIBUTIONS - TIFF PRIVATE EQUITY PARTNERS	N/A N/A	33,744,194.
2011, LLC CHARITABLE CONTRIBUTIONS - WARBURG PINCUS ENERGY (E&P) -	N/A	5.
A, L.P. CHARITABLE CONTRIBUTIONS -	N/A	7.
TIFF PARTNERS V-US, LLC CHARITABLE CONTRIBUTIONS -	N/A	1.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC CHARITABLE CONTRIBUTIONS -	N/A	5.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA		3.
TOTAL TO FORM 990-T, PART I, L	INE 4	33,744,215.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS S' QUALIFIED CONTRIBUTIONS S'			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020	UNUSED CONTRIBUTIONS 24,385,238 29,674,881 29,508,017 31,347,409		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO	NTRIBUTIONS	114,915,545 33,744,215	
TOTAL CONTRIBUTIONS AVAILATION TAXABLE INCOME LIMITATION		148,659,760 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION	S	148,659,760 0 148,659,760	_
ALLOWABLE CONTRIBUTIONS D	EDUCTION		0
TOTAL CONTRIBUTION DEDUCT	ION		0

YEAR T I, LINE 6 DULE A SHARE 0.	240,662. 240,662.
0.	
	0. 240,662. 0. 0.
ATING LOSS DEDUCTION	STATEMENT 4
	AVAILABLE THIS YEAR
664. 240,662.	240,662.
240,662.	240,662.
	REMAINING 240,662.

NAME OF COUNTRY

CAYMAN ISLANDS JERSEY

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter 33N numbers on this form as it	illay be	made public ii your organiz		,,(3).	501(c)(3) Organizations Only
A N	ame of the organization THE COMMUNITY FOUNDATION	ON F	FOR GREATER NE		er identific 03210	ation number) 6
C 1	Inrelated business activity code (see instructions) > 90110	1		D Sequen	ce: 1	. of 1
<u> </u>	Thelated business activity code (see instructions)	_		D Sequen	. <u>-</u>	. 01 -
E 0	escribe the unrelated trade or business ALTERNATIVE	INVE	ESTMENTS			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	198,643.			198,643.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 6	5	196,200.			196,200.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 7	12	221.			221.
13	Total. Combine lines 3 through 12	13	395,064.			395,064.
				5		
Pai	till Deductions Not Taken Elsewhere See instructions directly connected with the unrelated business in			ictions. Dec	ductions	s must be
	directly connected with the unrelated business in	COME	;			
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					13,506.
3	Repairs and maintenance					
4	Bad debts				4	
5	Interest (attach statement). See instructions					
6	T 10				6	11,152.
7	Depreciation (attach Form 4562). See instructions		·····			11/1321
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9					9	
10	Depletion Contributions to deformed componentian plans					
	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)		CPP CMAME	MENTO O	13	84,165.
14	Other deductions (attach statement)				1 1	108,823.
15			" 45.6 D.1.1" 40		15	100,043.
16	Unrelated business income before net operating loss deduction. So					206 241
	column (C)				16	286,241.
17	Deduction for net operating loss. See instructions				17	45,579.
18	Unrelated business taxable income. Subtract line 17 from line 16	b				240,662.
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedul	e A (Form 990-T) 2021

	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city, s				
•	A	1410, 211 0040). 01100	it ii a adai add. ddd iiidii d	iotiono.	
	В				
	c \square				
	D				
	<u> </u>	Α		•	
•	Double and a second	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	e and on Part I, line 6, co	lumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part	, line 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code).	Check if a dual-use. See	instructions.	
	A				
	В 🔲				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				
b					
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
_11	Total dividends-received deductions included in line	10		>	0.

09581115 131839 241-711766

1 Schedule A (Form 990-T) 2021 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2) (3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 Totals 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3) (4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) **Totals** Exploited Exempt Activity Income Other Than Advertising Income

••••	Exploited Exempt Activity income, Other man Advertising income (see instructions)		
1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,		
	line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete		
	lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line		
	4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Sched	lule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a d	consolidated basis		
	A 🔛				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	I			
	line 4 showing a loss or zero, do not complete	I			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D. Enter the gr				_
D	Part II, line 13)	0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (so	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
T	I Fatoulous and as Book II Page 4				0
Part					0.
rait	Supplemental information (se	ee instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
WARBURG PINCUS ENERGY (E&P) - A, L.P ORDINARY BUSINESS INCOME (LOSS) WARBURG PINCUS ENERGY (E&P) - A, L.P ROYALTIES	238,631. 67.
WARBURG PINCUS ENERGY (E&P) - A, L.P OTHER INCOME (LOSS)	-236,680.
WARBURG PINCUS ENERGY (E&P) TERRA - A, L.P ORDINARY BUSINESS INCOME (LOSS WARBURG PINCUS ENERGY (E&P) TERRA - A, L.P OTHER INCOME	63,616.
(LOSS) METROPOLITAN REAL ESTATE PARTNERS V, LP - ORDINARY	-12,034.
BUSINESS INCOME (LOSS) DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS	13.
INCOME (LOSS) DENHAM COMMODITY PARTNERS FUND VI LP - DIVIDEND INCOME	-3,037. 5.
DENHAM COMMODITY PARTNERS FUND VI LP - OTHER INCOME (LOSS) GEM REALTY FUND V, L.P ORDINARY BUSINESS INCOME (LOSS) GEM REALTY FUND V, L.P NET RENTAL REAL ESTATE INCOME	-242. -23,114. -19,569.
GEM REALTY FUND V, L.P OTHER INCOME (LOSS) GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	12. -12.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME LAKESTAR GROWTH I LP - OTHER INCOME (LOSS) LAKESTAR III LP - INTEREST INCOME	-5,873. -5,972. 34.
LAKESTAR III LP - OTHER INCOME (LOSS) RESOURCE LAND FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,306. 45,721.
RESOURCE LAND FUND V, LP - NET RENTAL REAL ESTATE INCOME JUNIPER CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS) JUNIPER CAPITAL II, LP - ROYALTIES	-6,630. -97,011. 19,017.
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS) METROPOLITAN REAL ESTATE PARTNERS V, LP BOA - ORDINARY	-279,439.
BUSINESS INCOME (LOSS TIFF PARTNERS V-US, LLC - ORDINARY BUSINESS INCOME (LOSS) TIFF PARTNERS V-US, LLC - OTHER INCOME (LOSS)	13. 1,307. -13.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	1,061.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - INTEREST INCOME TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ROYALTIES	12. 3. 77.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-1,075.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,071.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - INTEREST INCOME TIFF PRIVATE EQUITY PARTNERS 2011, LLC - OTHER INCOME (LOSS)	168. -785.
DARLINGTON PARTNERS II - OTHER INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - ORDINARY	527,584.
BUSINESS INCOME (LOS TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - INTEREST	-713.

THE COMMUNITY FOUNDATION FOR GREATER NEW	06-6032106
FIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - OTHER	
INCOME (LOSS)	-327.
TIFF PARTNERS III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-10.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- ORDINARY BUSINES	-696.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	•
- NET RENTAL REAL	-24.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	_
- OTHER NET RENTAL	1.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- INTEREST INCOME	104.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- DIVIDEND INCOME	389.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- ROYALTIES	42.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- OTHER PORTFOLIO	-19 .
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- OTHER INCOME (LO	-2,257.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - INTEREST	
INCOME	83.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - DIVIDEND	
INCOME	470.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - OTHER INCOME	
(LOSS)	-3,434.
POTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	196,200.
	
FORM 990-T (A) OTHER INCOME	STATEMENT 7
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - TIFF PRIVATE EQUITY PARTNERS 2011,	
LLC	123.
CANCELLATION OF DEBT - TIFF PRIVATE EQUITY PARTNERS 2011,	
LLC - BOA	82
CANCELLATION OF DEBT - COMMONFUND CAPITAL GLOBAL PRIVATE	
·	
	16.
EQUITY PARTNER II,	16. 221.

	' (A)	OTHER DEDUCTIONS	STATEMENT	8	
DESCRIPTIO)N		AMOUNT		
TAX PREPAR	— ATION FEE		2,!	500	
INVESTMENT	MANAGEMENT FE	E	78,	055	
OTHER NONP		544			
OTHER DEDU	Y	7			
PARTNERS 2	GLOBAL	1			
PRIVATE EQ		OLIO FROM COMMONFUND CAPITAL		59	
TOTAL TO S	84,	84,165.			
FORM 990-T	' (A)	POST 2017 NOL SCHEDULE	STATEMENT	9	
PRIOR YEA 2017 NO		NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL		
2,215,873.		45,579.	2,170,294.		
				10	
	7 DOC	m 2017 NEW ODEDAMENC FOCK DE			
990-T SCH	A POS'	T-2017 NET OPERATING LOSS DE	DUCTION STATEMENT		
990-T SCH	A POS'	LOSS			
	LOSS SUSTAIN	LOSS PREVIOUSLY LO			
TAX YEAR	LOSS SUSTAIN	LOSS PREVIOUSLY LO ED APPLIED REMA	SS AVAILABLE INING THIS YEAR		
TAX YEAR 12/31/18 12/31/19	LOSS SUSTAIN 1,246,96 395,16	LOSS PREVIOUSLY LO ED APPLIED REMA 3. 0. 1, 9. 0.	SS AVAILABLE THIS YEAR 246,963. 1,246,963. 395,169. 395,16	 63. 69.	
TAX YEAR 12/31/18	LOSS SUSTAIN	LOSS PREVIOUSLY LO ED APPLIED REMA 3. 0. 1, 9. 0.	SS AVAILABLE THIS YEAR 246,963. 1,246,96	 63. 69.	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

C02010C

HAVEN				00-	6032106	
Did the corporation dispose of any investme					► Yes X No	
If "Yes," attach Form 8949 and see its instru Part I Short-Term Capital Ga	-		_			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on Form(s) 8949 with Box A checked						
Totals for all transactions reported on Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					8,089.	
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	•	4		
5 Short-term capital gain or (loss) from like-kin				5		
6 Unused capital loss carryover (attach comput				6	(
				7	8,089.	
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year	'	0,0031	
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from	
round off cents to whole dollars	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)	
This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on	(sales price)				result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked	(sales price)					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9		(or other basis)	Part II, line 2, column	(g)	result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	(or other basis)	Part II, line 2, column	(g)	result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3 d exchanges from Form 8824	(or other basis)	Part II, line 2, column	11 12 13	result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions	from Form 6252, line 26 or 3 d exchanges from Form 8824	(or other basis)	Part II, line 2, column	11 12 13 14	47,748. 142,806.	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3 d exchanges from Form 8824	(or other basis)	Part II, line 2, column	11 12 13	result with column (g)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2021

190,554.

198,643

17

18

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

THE COMMUNITY FOUNDATION FOR GREATER NEW

Social security number or taxpayer identification no. 06-6032106

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (e*) ir combine the result Code(s) with column (g) the instructions adjustment LAKESTAR III LP 5,163. RESOURCE LAND FUND V, LP TIFF PRIVATE **EQUITY PARTNERS** 2008, LLC COMMONFUND CAPITAL GLOBAL PRIVATE EOUITY 300. COMMONFUND CAPTIAL VENTURE PARTNERS 2,354. XII, 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Form 8949 (2021)

Form 8949 (2021) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN 06-6032106 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Police Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment RESOURCE LAND FUND V, LP 31,168. TIFF PARTNERS V-US, LLC TIFF PRIVATE EQUITY PARTNERS 2008, LLC -77. COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY 7,605. COMMONFUND CAPTIAL VENTURE PARTNERS XII, 9.050. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

47,748.

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

Form **4797**

Department of the Treasury Internal Revenue Service Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment

Name(s) shown on return Identifying number THE COMMUNITY FOUNDATION FOR GREATER NEW 06-6032106 **HAVEN** 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 11 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 142,806. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 142,806. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Form 4797 (2021) HAVEN 06-6032106 Page 2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)								
19	9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:				(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)	
_A								
<u>B</u>								
_ <u>C</u>								
D								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	в	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
	If section 1250 property: If straight line depreciation	200						
20	was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
_ b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sur	mmary of Part III Gains. Complete property of	olumn	s A through D through li	ne 29b before o	going	to line 30.		
30	Total gains for all properties. Add property columns						30	
30	Total gains for all properties. Add property columns	A 11110	Jugit D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 2	8b, and 29b. Enter here	and on line 13			31	
	Subtract line 31 from line 30. Enter the portion from							
	from other than casualty or theft on Form 4797, line	6	•				32	
Pa	rt IV Recapture Amounts Under Section	ns 17	79 and 280F(b)(2) V	hen Busine	ess L	Jse Drops to	50%	or Less
	(see instructions)						1	
						(a) Section 179	ו	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wahle	in prior years	Γ	33			
34			in prior years		34			
	Recapture amount. Subtract line 34 from line 33. Se				35			

118012 12-17-21

Form 4797 (2021)

THE COMMUNITY FOUNDATION FOR GREATER NEW

FORM 4797	PRO	PERTY HEI	D MORE THAI	N ONE YEAR	ST	STATEMENT 11			
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS			
WARBURG PINCUS ENERGY (E&P) - A, L.P.						-13,501.			
GEM REALTY FUND V, L.P. RESOURCE LAND						52,819.			
FUND V, LP TIFF PRIVATE EQUITY PARTNERS						119,292.			
2011, LLC TIFF PRIVATE						-9,661.			
EQUITY PARTNERS 2011, LLC - COMMONFUND						-6,440.			
CAPITAL GLOBAL PRIVATE EQUITY						297.			
TOTAL TO 4797, PA	RT I, LINE	2				142,806.			

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name

Employer identification number

THE COMMUNITY	FOUNDATION	FOR	GREATER	NEW			
HAVEN						06-6032106	
corporation dispose of any	investment(s) in a qua	lified or	portunity fund c	luring the ta	x year?	► Yes X	ī

				• •	***************************************
Did the corporation dispose of any investmen					Yes X No
If "Yes," attach Form 8949 and see its instruct Part I Short-Term Capital Gai					
See instructions for how to figure the amounts		ets neid Offe Tear			(h) Gain or (loss)
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					0 000
Form(s) 8949 with Box C checked					8,089.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	, ,
6 Unused capital loss carryover (attach computa				<u>6</u>	0 000
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	e lines 1a through 6 in column	h hts Hold More Tha	n One Vear	7	8,089.
See instructions for how to figure the amounts	13 and 203363 - A336	ets field More fila			(h) Gain or (loss)
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					47,748.
11 Enter gain from Form 4797, line 7 or 9				11	47,748. 142,806.
11 Enter gain from Form 4797, line 7 or 912 Long-term capital gain from installment sales				12	
 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 				12 13	
 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 	d exchanges from Form 8824			12	142,806.
 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine 	d exchanges from Form 8824 lines 8a through 14 in column			12 13	
 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	d exchanges from Form 8824 lines 8a through 14 in column	ı h		12 13 14 15	142,806.
11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (line)	d exchanges from Form 8824 lines 8a through 14 in column I II le 7) over net long-term capital	l loss (line 15)		12 13 14 15	142,806. 190,554. 8,089.
 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	d exchanges from Form 8824 lines 8a through 14 in column I II 1 Property of the Property of the III 1 I I I I I I I I I I I I I I I I	l loss (line 15) short-term capital loss (lin	e 7)	12 13 14 15	142,806.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

THE COMMUNITY FOUNDATION FOR GREATER NEW **HAVEN**

Social security number or taxpayer identification no.

06-6032106

Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute RS by your
Part I Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are ger	nerally short-term (see	instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on F	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	ljustments or
You must check Box A, B, or C below. (If you have more short-term transactions than will	Check only one bo	x. If more than one b	ox applies for your short	term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions rep					-		
(B) Short-term transactions rep	=	•	-	· ·	110to ab	3 ()	
X (C) Short-term transactions no	•	,	O .	sported to the into			
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)		from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	with column (g)
LAKESTAR III LP						adjustificite	5,163.
RESOURCE LAND FUND							
V, LP							277.
TIFF PRIVATE							
EQUITY PARTNERS							
2008, LLC							<5.
COMMONFUND CAPITAL							
GLOBAL PRIVATE							
EQUITY							300.
COMMONFUND CAPTIAL							
VENTURE PARTNERS							
XII,							2,354.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2021)

8,089.

Form 8949 (2021) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. THE COMMUNITY FOUNDATION FOR GREATER NEW 06-6032106 HAVEN Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Police Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment RESOURCE LAND FUND V, LP 31,168. TIFF PARTNERS V-US, LLC TIFF PRIVATE EQUITY PARTNERS 2008, LLC <77.> COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY 7,605. COMMONFUND CAPTIAL VENTURE PARTNERS XII, 9,050. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

47,748.

negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E**

above is checked), or line 10 (if Box F above is checked)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

	E COMMONITY FOUNDAT	ION FOR G	REATER I	NEW				06-6032106
	Enter the gross proceeds from sales	or exchanges ren	orted to you for	2021 on Form(s) 1	1099-B or 1099-S			00 0002200
	(or substitute statement) that you are		0.4000				1a	
b	Enter the total amount of gain that yo	ou are including o	n lines 2, 10, an	d 24 due to the pa	artial dispositions o	f		
	MACRS assets						1b	
С	Enter the total amount of loss that yo	ou are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
_	assets		<u>.</u>	·····			1c	
Pa	Sales or Exchanges of Than Casualty or Theft						sions	From Other
				l	(e) Depreciation	(f) Cost or o	ther	(g) Gain or (loss)
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plus improvements		Subtract (f) from the
SI	EE STATEMENT 12				acquisition	expense of s		sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other to		6					
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	142,806.
	Partnerships and S corporations. F	Report the gain or	(loss) following	the instructions fo	r Form 1065, Sche	dule K,		
	line 10, or Form 1120-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	below.				
	Individuals, partners, S corporation	n shareholders, a	and all others.	If line 7 is zero or a	loss, enter the am	ount		
	from line 7 on line 11 below and skip		-	•				
	1231 losses, or they were recaptured				ng-term capital gair	n on		
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 be	elow.				
8	Nonrecaptured net section 1231 loss	ses from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or I			-		I		
	line 9 is more than zero, enter the am			~	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed v	with your return. S	See instructions				9	142,806.
Pa	art II Ordinary Gains and I	Losses (see ins	structions)					
40								
10	Ordinary gains and losses not include	ded on lines 11 th	irough 16 (includ	de property held 1	year or less): T			
	Loop if any from the 7					<u> </u>	44	/
11							11)
12	Gain, if any, from line 7 or amount from						12	
13							13	
14 15	Net gain or (loss) from Form 4684, lin						14	
15	Ordinary gain from installment sales to						15	
16 47	Ordinary gain or (loss) from like-kind						16	
17							17	
18	For all except individual returns, ente			appropriate line of	your return and sk	ip iines		
	a and b below. For individual returns,	•		(I-) (!!)	a a falla a l			
а	If the loss on line 11 includes a loss f							
	loss from income-producing property					· .	40.	
ı.	as an employee.) Identify as from "Fo						18a	
a	Redetermine the gain or (loss) on line						101-	
	(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

THE COMMUNITY FOUNDATION FOR GREATER NEW

Form 4797 (2021) **HAVEN** 06-6032106 Page **2**

Pa	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)											
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)				
_A												
В												
С												
D												
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property l	В	Property	С	Property D				
<u></u>	Gross sales price (Note: See line 1a before completing.)	20										
21	Cost or other basis plus expense of sale	21										
22	Depreciation (or depletion) allowed or allowable	22										
23	Adjusted basis. Subtract line 22 from line 21	23										
24	Total gain. Subtract line 23 from line 20	24										
25	If section 1245 property:											
	Depreciation allowed or allowable from line 22	25a										
	Enter the smaller of line 24 or 25a	25b										
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.	200										
а	Additional depreciation after 1975. See instructions	26a										
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b										
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c										
d	Additional depreciation after 1969 and before 1976	26d										
	Enter the smaller of line 26c or 26d	26e										
_												
	Section 291 amount (corporations only) Add lines 26b, 26e, and 26f	26f										
	Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't	26g										
	dispose of farmland or if this form is being completed for a partnership.	07.										
	Soil, water, and land clearing expenses	27a										
	Line 27a multiplied by applicable percentage	27b					+					
	Enter the smaller of line 24 or 27b	27c										
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a										
b	Enter the smaller of line 24 or 28a	28b		<u> </u>				<u> </u>				
29	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a										
b	Enter the smaller of line 24 or 29a. See instructions	29b										
	mmary of Part III Gains. Complete property of		s A through D through	ine 29b before (going	to line 30.	<u> </u>					
30	Total gains for all properties. Add property columns	Δ thro	ugh D. line 24				30					
30	Total gains for all properties. Add property columns	Auno	lugit D, lifte 24				30					
~4	Add assess to selection A Henry II. D. Face Office Office	07- 0	0h 00h F-t	and an line 40								
	Add property columns A through D, lines 25b, 26g,		·				31					
32	Subtract line 31 from line 30. Enter the portion from		lity or theft on Form 468	34, line 33. Ente	r the p	ortion						
Da	from other than casualty or theft on Form 4797, line Irt IV Recapture Amounts Under Section	6	70 and 000E/b\/0\ \	Mhan Duain		las Drans ta	32					
Pa		115 77	3 and 2007(D)(2)	wnen busine	ะธร เ	use props to	J 5U% (DI Less				
	(see instructions)				Ī							
						(a) Section	n	(b) Section				
				r		179		280F(b)(2)				
33	Section 179 expense deduction or depreciation allo	wable	in prior years		33							
34	Recomputed depreciation. See instructions				34							
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where to	report	35							

118012 12-17-21 Form **4797** (2021)

THE COMMUNITY FOUNDATION FOR GREATER NEW

FORM 4797	PROI	PERTY HELD	MORE THAN	ONE YEAR	ST	ATEMENT 12
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
WARBURG PINCUS ENERGY (E&P) - A, L.P.						-13,501.
GEM REALTY FUND V, L.P.						52,819.
RESOURCE LAND FUND V, LP TIFF PRIVATE						119,292.
EQUITY PARTNERS 2011, LLC TIFF PRIVATE						-9,661.
EQUITY PARTNERS 2011, LLC - COMMONFUND						-6,440.
CAPITAL GLOBAL PRIVATE EQUITY						297.
TOTAL TO 4797, PA	RT I, LINE	2				142,806.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

➤ Attach to your tax return.
➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

JAN 1 , 2021, and ending DEC 31 , 2021 beginning Filer's identification number Name of person filing this return

Attachment Sequence No. **865**

THE COMMUNITY FOUNI HAVEN	DATION FOR GR	EATER	NEW		*	*-**	****		
Filer's address (if you aren't filing this form wi	th your tax return)		A Category of	filer (see Categories	of Filers in th	e instructions	and check app	licable bo	ox(es)):
			1 [2	<u> </u>	X	4		
			B Filer's tax you	ear JAN 1	,202	1 , and end	ing DEC	31	2021
C Filer's share of liabilities: Nonrecourse \$	Qua	llified nonrec	course financin	a \$		Other	· \$		
D If filer is a member of a consolidated group									
Name	, ,	<u> </u>		•	EIN				
Address									
E Check if any excepted specified foreign fina	ancial assets are reported on	this form. Se	ee instructions						. \Box
F Information about certain other partners (s	ee instructions)								
						(4)	Check applica	ble box(e	s)
(1) Name	(2) Addr	ress		(3) Identification	number	Category 1	Category 2	Constru	ctive owner
G1 Name and address of foreign partnership						2(a) EIN	(if any)		
LAKESTAR GROWTH I, LI	2					98	-1473	489	
						2(b) Refe	erence ID nu	mber	
EAST WING TRAFALGAR (COURT								
LES BANQUES, ST. PETI	ER PORT GUERNS	SEY GY	71 3PP			3 Country	under who	se laws	organized
						GUERN			
4 Date of 4 organization 5 Principal place 5 of business 08/03/2017 GUERNSEY	6 Principal bus activity code 52390	siness e number 10	,Principal busi activity ヘアጥ⋤∩エ・コ	ness IO INVES	oa curre	tional ncy	8b Excha	nge rate structions 8 4 5	, ns) 5620
H Provide the following information for the fo	l .		OKIPOLL	LO INVES	0 نظ		<u> </u>	• 0 4 .	7020
			2 Chook if the	o foreign partners	hin must fi	lo:			
1 Name, address, and identification number	or agent (if any) in the officeu	ı States		e foreign partners m 1042	Form 88		Form 106	25	
				nter where Form	_		. FUIIII IUC	טט	
			E-FII		1003 13 11161	ı.			
3 Name and address of foreign partnership's	agent in country of organiza	tion if any		dress of person(s) wand the location of su	ith custody of	the books and	d records of the	e foreign	
*****		ition, ir any	* * * * * * *	* * * * * * * * * *	* **	* * * * *	(****		*) *
EAST WING, TRAFALGAR	•		EAST W	ING, TRA	FALGA	R COU	r r		,
LES BANQUES, ST. PETI			l	NQUES, S				JERN	SEY
5 During the tax year, did the foreign partr									
allowed under section 267A? See instruc						•	Yes	2	X No
If "Yes," enter the total amount of the dis							\$		
6 Is the partnership a section 721(c) partn	ership, as defined in Regulati	ions section	1.721(c)-1(b)(14)?			Yes	7	K No
7 Were any special allocations made by th							X Yes		No
8 Enter the number of Forms 8858, Inform	•								_
(FDEs) and Foreign Branches (FBs), atta			-	-		•			
9 How is this partnership classified under							PARTN	ERSE	ΊΡ
10 a Does the filer have an interest in the fore									
separate unit under Regulations section		-	-						
1.1503(d)-1(b)(4)(ii)? If "No," skip quest	. , . , . ,			-		•	Yes		No
b If "Yes," does the separate unit or combinate the separate the separate unit or combinate									
				_		•	Yes		No
11 Does this partnership meet both of the f				<u> </u>				_	
1. The partnership's total receipts for th		0.000.							
2. The value of the partnership's total as	-		nan \$1 million.	P		•	Yes		No
If "Yes," don't complete Schedules L, M-	•		•	J				_	
LHA For Privacy Act and Paperwork Redu		arate instru	ctions.					Form 88	365 (2021)

Form 88	365 (2)	021)	THE COMMUNITY FO	UNDA'	LION FOR G	3RE <i>l</i>	ATER NE	W		0.6	5-60	132I	.06	Page 2
12 a			this Form 8865 claiming a foreign-de		-	,								
			listed on Schedule N?							🕨	· 🔲	Yes	X	No
b			the amount of gross income derived					•	•					
			tions with or by the foreign partnersh				_							
			ne (FDDEI) The amount of gross income derived							P	_			
C		•	•				• .	•						
d			the amount of gross income derived		vices provided to or h						_			
u			s computation of FDDEI		•	-		-			•			
13			nber of foreign partners subject to se											
			nip or of receiving a distribution from							•	•			
14			luring the tax year were any transfers											
										>	•	Yes	X	No
15 a	Were	e there a	ny transfers of property or money wit											
	that	would re	quire disclosure under Regulations s	ection 1.7	03-3 or 1.707-6 ? If "	Yes," a	ttach a stateme	ent identifyin	ig the					_
	trans	sfers, the	e amount or value of each transfer, an	d an expl	anation of the tax trea	atment.	See instruction	ns for excep	otions	🕨	•	Yes	X	No
b		•	ership assume a liability or receive pr				-	•	•					
	-	•	od of transferring the property to the	•	•					Ι,		l	_ 	-
Sign Here			or value of each transfer, the debt assignment of perjury, I declare that I have examined.							knowle	dge and h	Yes relief it i	s true	No
if You're	Filing		and complete. Declaration of preparer (other											
This Forn Separate											I			
Not With Tax Retu		Si	ignature of general partner or limited liability	company m	nember								ate	
			e preparer's name		er's signature			Date	Chec	_k [] _{if} PT			
Paid	2202									mploye	d d			
Prepa Use	ai ei	Firm's r	name >	1					Firm's EI	N ►	·			
Only		Firm's a	address 🕨						Phone no					
<u></u>														
Sche	dule	Α	Constructive Ownership		-						•			
			box b , enter the name, add			riden	tification nu	ımber (if a	iny) of the	pers	on(s)	whose	Э	
			interest you constructively	own. S	ee instructions.	_								
			a X Owns a direct interest			b	Owns a	constructive	interest				Check if	Check if
			Name		Addr	ress			Identification	n numb	er (if any)		foreign	direct
												-+	person	partner
Sche	dule	A-1	Certain Partners of Foreig	un Part	nership (see ins	struct	tions)							
				Ī	(,							Check if
			Name		Addr	ress			Identi	fication	number (i	f any)		foreign person
Sche	dule	A-2	Foreign Partners of Secti	on 721	, ,	(see	instruction							
	of forei	gn	Address		Country of organization		U.S. taxp identification		Check if rela		F	Percenta	ge interes	st
pa	artner				(if any)		(if an	y)	U.S. trans	teror	Сар	ital	Pı	rofits
												%	+	%
												%	<u>,</u>	%
		_	nave any other foreign person as a dir			ا	magetist !-	المامان	fouc!	L	Yes			No
Sche	aule	A-3	Affiliation Schedule. List a direct interest or indirect			or do	ornestic) in v	vnich the	ioreign p	artne	rsnip (owns		_
			Name		Addr	ress			EIN (if any)			Total ord ncome o		Check i foreign partner ship

Form **8865** (2021)

SCHEDULE 0 (Form 8865)

(Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Internal Revenue Serv	vice		to www.irs.gov/Form					ation.				
Name of transfero		MMUNI	TY FOUNDATION	ON FOR	GREATI	ER NE	W	Filer's identi				
Name of foreign p	HAVEN partnership LA	KESTA	R GROWTH I,	LP			EIN (if any)		03210 Referenc		ber (see	e instr)
b If "Yes," wa2 Was any in	s the gain deferral tangible property t	method app ransferred c	rship (as defined in Regulied to avoid the recognitionsidered or anticipated	ion of gain up to be, at the t	oon the contrib	b)(14))? Soution of poster or at	oroperty?	ns		Yes Yes		No
			defined in Regulations s	ection 1.482-	7(c)(1)?					Yes	X	No
Part I T	ransfers Reportabl			T .			<u>. T</u>					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(c Cost or bas	other	(e Recover		(f) Section 704 allocation me			(g) ecognize transfer	d
Cash	12/31/21		686,777.									
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals			686,777.									
3 Enter the tr	•	_	in the partnership: (a) Be orted (see instructions):		sfer . 4	200	%	(b) After	the transfe	er •	420	0 %
Part II D	ispositions Report	able Under	Section 6038B									
(a) Type of property	(b) Date of original transfer		(c) (d) Date of Manner of disposition	n rec	(e) Gain ognized by artnership	re rec	(f) oreciation capture cognized artnership	(g) Gain alloca to partn		recaptu	(h) reciation re allocat partner	:ed
Part III s	u any transfer ver	tod on this s	pohodulo pubicat ta vaira	ranagnition	adar acction Of	04/f\/2\	r agation 004	(4)/E)/E\2		Ver	X	
			schedule subject to gain to the instructions for Fo		iuei section 90	v4(1)(3) 0l	ระบบบบ 904(Schedule (Yes) (Form 8		

Return of U.S. Persons With Respect to Certain Foreign Partnerships

➤ Attach to your tax return.
➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

beginning JAN 1 , 2021, and ending DEC 31

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

, 2021

Attachment Sequence No. **865**

Name of person filing this return THE COMMUNITY FOUNI	ATTON FOR (REATER NEW		F		er's identification number **_ *******			
HAVEN	MIION ION	MUNITUR NUM							
Filer's address (if you aren't filing this form wit	h your tax return)	A Categ	ory of filer (see Cate	gories of Filers	in the instructions	and check app	plicable box(es)):		
			1 🔲 2	2	3 X	4			
		B Filer's begin	tax year ning JAI	$\sqrt{1}$, 2	021 , and end	ing DEC	31,2021		
C Filer's share of liabilities: Nonrecourse \$	0.	Qualified nonrecourse fin			0 . Other	\$	0.		
D If filer is a member of a consolidated group				ıt:					
Name				EIN					
Address									
E Check if any excepted specified foreign fina	ncial assets are reported	on this form. See instruc	tions			<u></u>			
F Information about certain other partners (s	ee instructions)								
(1) Name	(2)	Address	(3) Identii	fication number	(4)	Check applica	able box(es)		
(I) Name	(2)	Address	(3) Identifi	ilcation number	Category 1	Category 2	Constructive owner		
					2() 5111	(,,)			
G1 Name and address of foreign partnership					2(a) EIN	,	0.47		
DIGITAL ALPHA FUND II	А ГБ					-1532			
2525 EVECUMINE MEDMIN	מת דגו	110			2(D) Neit	erence ID nu	iiiibei		
3535 EXECUTIVE TERMIN HENDERSON, NV 89052	IAL DR., ST	7 110			2 Country	under who	se laws organized		
HENDERSON, NV 89052					1 -	N ISL	•		
4 Date of organization 5 Principal place of business	e Principa	business 7 Principal rode number 7 activity	business	loo F	unational		ange rate nstructions)		
organization of business 02/13/2020 CAYMAN ISLA	ANDS activity of 523		olio in	ZESTISD	urrency	8b (see in	nstructions)		
H Provide the following information for the fo			OLIO III						
1 Name, address, and identification number of			if the foreign pa	rtnershin mu	st file:				
r ramo, address, and resimination names of	or agont (ii any) iii ano or		Form 1042			Form 106	35		
		Service	e Center where F			_ 1 01 100			
			FILE						
3 Name and address of foreign partnership's	agent in country of orga	nization, if any 4 Name a	and address of personship, and the location	on(s) with custoon of such books	dy of the books and and and records, if dit	records of the	e foreign		
***** **** ****									
PO BOX 309, UGLAND HO	USE								
GRAND CAYMAN, CAYMAN	I ISLANDS KY	71-110							
5 During the tax year, did the foreign partn	ership pay or accrue any	interest or royalty for whi	ch the deduction	ı is not					
allowed under section 267A? See instruc	tions					Yes	X No		
If "Yes," enter the total amount of the disa						\$	<u></u>		
6 Is the partnership a section 721(c) partnership						Yes	X No		
7 Were any special allocations made by the						Yes	X No		
8 Enter the number of Forms 8858, Inform		·	-						
(FDEs) and Foreign Branches (FBs), attac	ched to this return. See in	structions							
9 How is this partnership classified under t						PARTN.	ERSHIP		
10 a Does the filer have an interest in the fore									
separate unit under Regulations section							▼		
1.1503(d)-1(b)(4)(ii)? If "No," skip questi	on 10b					Yes	X No		
b If "Yes," does the separate unit or combin	•	•	•				□ Na		
section 1.1503(d)-1(b)(5)(ii)?	Mowing requirement-0					Yes	L No		
11 Does this partnership meet both of the fo		<u></u> ድርስ በበበ							
 The partnership's total receipts for the The value of the partnership's total as 	•	•	llion		_	Yes	□ No		
If "Yes," don't complete Schedules L, M-		your was 1035 than \$1 llll			>	res	LINU		
LHA For Privacy Act and Paperwork Reduc		senarate instructions	,				Form 8865 (2021)		

FUIIII 880	DD (ZI	UZ I)	THE COMMUNITY FOR	DMDW.	TION FOR GREA	ATER NE	ıW		U	0 - 0	0034	TOD	Page 2
			this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 2	50) with resp	pect to			_	г	
)	▶ ∟	Yes	L	X No
			r the amount of gross income derived			-	•	•					
			tions with or by the foreign partnershi			-							
			ne (FDDEI) r the amount of gross income derived							-			
							•						
			r the amount of gross income derived							-			
			ts computation of FDDEI				-)	•			
			mber of foreign partners subject to sec						,	-			
	the p	artnersl	nip or of receiving a distribution from t	the partn	ership)	▶ .			
			during the tax year were any transfers										
)	▶ [Yes		X No
15 a	Were	there a	ny transfers of property or money with	nin a 2-ye	ear period between the partr	ership and an	y of its partn	ers					
			equire disclosure under Regulations se		•			•		_		_	T7
			e amount or value of each transfer, and							▶ ∟	Yes	L	X No
		•	nership assume a liability or receive pro		•	•	-	•					
	-	-	od of transferring the property to the porty to the porty and the porty and the porty and the post of						ı, ▶		Yes	Г	X No
Sign Here	_		enalties of perjury, I declare that I have exami		<u> </u>				knowle	edge a			ZZ NU
if You're Fi This Form	iling	correct,	and complete. Declaration of preparer (other	than genera	al partner or limited liability compa	any member) is b	ased on all info	ormation of wh	nich pre	parer l	nas any ki	nowledge	; .
Separately Not With Y													
Tax Return			signature of general partner or limited liability of	company m	nember							Date	
Paid		Print/Typ	pe preparer's name	Prepar	er's signature		Date	Chec	k	if	PTIN		
Prepa	rer							self-e	employ	ed			
Use		Firm's	name >					Firm's EI	N ►				
Only		Firm's	address ▶					Phone no) .				
Calaa	11.	•	O a saturativa O a saturativa	4 David	anabia latawast Ob				- £:1-	1£			
Sched	uie	Α	Constructive Ownership of box b , enter the name, add		-		•				•		
			interest you constructively		· •	uncationin	illibei (ii a	iriy) Or tire	pei	SUIT	5) WIIO	30	
			a X Owns a direct interest	OWII. O	b	Owne a	constructive	interect					
			a 21 Owns a unect interest		U _	Owns a	CONSTRUCTIVE	IIIGIGSI				Check	if Check if
			Name		Address			Identification	n numl	oer (if a	any)	foreigr persor	
Sched	dule	A-1	Certain Partners of Foreig	ın Part	nership (see instruct	tions)							
			Name		Address			Identi	fication	numh	er (if any)		Check if foreign
													person
Calaa	11.	A O	Farriage Dantage of Conti	704	(a) Danta analain (asa	:							
Sched			Foreign Partners of Section	on 721	Country of Country of	instruction U.S. tax		I			Percei	ntage inte	erest
Name o par	t foreig tner	gn	Address		organization (if any)	identification (if an	number	Check if rela U.S. trans		ļ ,	Capital	Tage into	Profits
					(ii arry)	(II all	у)		1			%	%
]			%	%
Does the	nartr	nership	nave any other foreign person as a dire	ect partn	ı er?				Г	٦,	Yes	-/ 0	No (
Sched			Affiliation Schedule. List			mestic) in v	which the	foreign p	artne			s -	
			a direct interest or indirectly			,		٠.					
			Nama		Addin			EIN			Total o	ordinary	Check foreigr
ST/	\TE	MEN'	r 1 ^{Name}		Address			(if any)		\perp	income	e or loss	partner ship

Form **8865** (2021)

SCHEDULE 0 (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. October 2021)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Internal Revenue Serv						and the latest inform					
Name of transfero		MMUNI	TY FOUI	NDATIO	ON FOR GREAT	TER NEW	Filer's identif				
	HAVEN					Γ		03210			
Name of foreign pa	artnership DI	GITAL	ALPHA	FUND	II-A LP	EIN (if any) 98-153		Reference	ID numl	er (se	ee instr)
1a Is the partn	ership a section 7:	21(c) partne	ership (as defir	ned in Regu	lations section 1.721(c)-	1(b)(14))? See instruction			Yes	X	No
•	-		- •	_	ion of gain upon the cont				Yes	X	No
	-			-	to be, at the time of the tr						
time therea	fter, a platform co	ntribution as	s defined in Re	gulations s	ection 1.482-7(c)(1)?				Yes	X	No
Part I Tr	ansfers Reportabl	le Under Se	ction 6038B								
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair marke on date of		(d) Cost or other basis	(e) Recovery period	(f) Section 704 allocation met		Gain re	(g) ecogniz ransfer	ed
Cash	12/31/21		1,008	,329.							
Stock, notes	, ,			•							
receivable											
and payable, and other											
securities											
Inventory											
Tangible											
property											
used in trade or business											
Intangible											
property described in											
section											
197(f)(9)											
Intangible property, other than intangible property											
described in											
section 197(f)(9)											
Other											
property											
Totals			1,008	,329.							
	ansferor's percent	age interest			fore the transfer 1 .	1000 %	(b) After	the transfer		849	8 %
	ormation Required						(3) 7			<u> </u>	
Part II Di	spositions Report	able Under	Section 6038	В							
(a)	(b)		(c)	(d)	(e)	(f)	(g)			(h)	
Type of property	Date of original transfer		Date of sposition	Manner of disposition	Gain	Depreciation recapture recognized by partnership	Gain alloca to partne		recaptu	eciation	
Part III IS LHA For Paperw						904(f)(3) or section 904(► L	Yes (Form 8	X 865) 1	

110661 10-05-21

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

Attachment Sequence No. 865 JAN 1 , 2021, and ending DEC 2021 Filer's identification number Name of person filing this return THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 **X** Filer's tax vea 2021 R , and ending DEC 31 2021 JAN beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 2(a) EIN (if any) G1 Name and address of foreign partnership LAKESTAR III LP 98-1473139 2(b) Reference ID number EAST WING TRAFALGAR COURT LES BANQUES, ST. PETER PORT GUERNSEY GY1 3PP 3 Country under whose laws organized GUERNSEY 4 Date of organization 6 Principal business activity code number 8a Functional currency 5 Principal place of business Principal business activity 08/03/2017 GUERNSEY 523900 PORTFOLIO INVESEUR .845620 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 ____ Form 8804 Form 1065 Service Center where Form 1065 is filed: E-FILE Name and address of person(s) with custody of the books and records of the foreign 3 Name and address of foreign partnership's agent in country of organization, if any ****** *** (*.*.) ****** ***** ****** EAST WING, TRAFALGAR COURT EAST WING, TRAFALGAR COURT LES BANQUES, ST. PETER PORT GUERNSEY LES BANQUES, ST. PETER PORT GUERNSEY During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions Yes If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? X No X Yes No Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? ightharpoonup LTD. PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b X No Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations No section 1.1503(d)-1(b)(5)(ii)? Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. No If "Yes," don't complete Schedules L, M-1, and M-2.

110651 11-22-21

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2021)

FUIIII 00	ხე (2	.021)	THE COMMUNITY FO	ONDA:	TION FOR C	JKE!	ATER NE	W		U	0-0	0341	ַ טט.	Page Z
12 a			this Form 8865 claiming a foreign-de		•	,		,	•			٦	77	٦
			listed on Schedule N?							l	▶ ∟	Yes	X	No
b			the amount of gross income derived		· · · · · · · · · · · · · · · · · · ·		-	•	,					
			ions with or by the foreign partnersh	-			-							
С	If "V	oc " antar	ne (FDDEI)	from a li	canca of property to	or hy th	na foraign narti	archin that	tha	'	_			
·						-				1				
d			the amount of gross income derived		vices provided to or b					'	_			
•			s computation of FDDEI		•	-		-		ı	•			
13			nber of foreign partners subject to se								_			
			ip or of receiving a distribution from				-				>			
14			uring the tax year were any transfers											
	requ	irements	of Regulations section 1.707-8?								▶ □	Yes	X	No
15 a	Were	e there ar	ny transfers of property or money wit	hin a 2-ye	ar period between th	ne partr	nership and any	of its parti	ners					
	that	would re	quire disclosure under Regulations s	ection 1.7	03-3 or 1.707-6 ? If "	Yes," a	ttach a stateme	ent identifyiı	ng the					
	trans	sfers, the	amount or value of each transfer, an	d an expla	anation of the tax trea	atment.	See instructio	ns for exce _l	ptions		▶ □	Yes	X	No
b	Did t	the partne	ership assume a liability or receive pr	operty su	bject to a liability wh	ere suc	ch liability was	incurred by	a partner	within				
	a 2-y	ear perio	nd of transferring the property to the	partnersh	ip? If "Yes," attach a	statem	ent identifying	the property	y transferr	ed,		_		_
			r value of each transfer, the debt assi								<u> </u>	Yes	X	No
Sign Here if You're F			nalties of perjury, I declare that I have exami and complete. Declaration of preparer (other											
This Form Separately				_									_	
Not With	Your	-										_		
Tax Return	n.		gnature of general partner or limited liability e preparer's name		ember er's signature			Date			<u> </u>	PTIN	ate	
Paid		Printi Type	e preparer's name	Frepai	er s signature			Date		leck If-employ	if	IIIN		
Prepa	ırer	Firmala												
Use		Firm's n	<u> </u>						Firm's		•			
Only		Firm's a	ddress >						Phone	no.				
Sched	عادياه	Δ	Constructive Ownership	of Partr	arshin Interest	Ch	eck the hov	es that a	nnly to	the file	⊃r lf∨	ou che	ck	
Conce	uuic		box b , enter the name, add		-						•			
			interest you constructively		· •	10011	inodion no		a.i.y) 01 c	no poi	0011(0	, wiioo	•	
			a X Owns a direct interest			ьΓ	Ownsa	constructive	interect					
			u owns a direct interest				OWIIS a V	Jonisti delive	7 111101031				Check if	Check if
			Name		Add	ress			Identifica	tion num	ber (if an	y)	foreign person	direct partner
Sched	dule	A-1	Certain Partners of Foreig	n Part	nership (see in	struc	tions)					-		
														Check if
			Name		Add	ress			Ide	ntificatioi	n number	(if any)		foreign person
Sched	dule	A-2	Foreign Partners of Secti	on 721(c) Partnership	(see	instructions	s)						
Name o		ign	Address		Country of organization		U.S. taxp		Check if			Percenta	ge intere	st
par	rtner		Address		(if any)		(if any		U.S. tra	ınsferor	Ca	apital	Pi	ofits
												9/	0	%
												9/	0	%
Does the	parti	nership h	ave any other foreign person as a dir	ect partne	er?					[Ye	es		No
Sched	dule	A-3	Affiliation Schedule. List			or do	mestic) in v	vhich the	foreign	partn	ership	owns		
			a direct interest or indirect	y owns	a 10% interest.									
			Name		Add	roce			EIN			Total ord	•	Check if foreign
			INGILIE		Add	1 COS			(if any)			income or loss		partner- ship
				I				- 1			- 1			

Form **8865** (2021

SCHEDULE 0 (Form 8865)

(Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Internal Revenue Serv						ns and the latest infor				
Name of transfero		MMUNI	TY FOUN	DATIO	N FOR GREA	ATER NEW	Filer's ident			
N	HAVEN			_		T		03210		
Name of foreign p	artnership LA	KESTA	R III I	ιP		EIN (if any 98-14		Reference	ID numb	oer (see instr)
1a Is the partr	nership a section 7	21(c) partne	ership (as defin	ed in Regula	ations section 1.721(c)-1(b)(14))? See instructi	ons	<u> </u>	Yes	X No
b If "Yes," wa	s the gain deferral	method app	lied to avoid th	ne recognitio	on of gain upon the co	ntribution of property?		\square	Yes	☐ No
					be, at the time of the				_	
				gulations se	ction 1.482-7(c)(1)?				Yes	X No
Part I Tr	ransfers Reportabl	le Under Se T	ction 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of ti		(d) Cost or other basis	(e) Recovery period	(f) Section 70- allocation me		Gain re	(g) ecognized ransfer
Cash	12/31/21		729,	,188.						
Stock, notes										
receivable and payable,										
and other										
securities										
Inventory										
,										
				+						
Tangible										
property used in trade										
or business										
Intangible										
property										
described in section										
197(f)(9)										
Intangible										
property, other than intangible										
property described in										
section 197(f)(9)										
Other										
property										
T-1-1-			700	100						
Totals			•	,188.	and the transfer	7100 %	(h) A (h			7100 %
	ansferor's percent				ore the transfer	.7100 %	(D) Aπer	the transfer	•	7100 %
Supplemental init	omianom nequired	i to be nep	olica (see ilis	u ucuons).						
Part II Di	ispositions Report	able Under	Section 6038B	3						
(a)	(b)		(c)	(d)	(e)	(f)	(g)			(h)
Type of property	Date of original		Date of sposition	Manner of disposition	Gain recognized by	Depreciation recapture	Gain alloo to partr			eciation e allocated
	transfer				partnership	recognized by partnership				partner
Dort III		And or thi			a a maisia mana and a	004(f)(0)	4/4)/5)/5)0			V
						on 904(f)(3) or section 90		<u> </u>	Yes	X No
LHA FOR Paperv	vork Reduction Ac	t NOTICE, SE	e the instruction	ons tor Forn	T 8865.			ochedule ()	(Form 8	865) 10-2021

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury

Information furnished for the foreign partnership's tax year

Attachment Sequence No. 865 JAN 1 , 2021, and ending DEC 2021 Internal Revenue Service Name of person filing this return Filer's identification number THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 **X** Filer's tax vea 2021 В , and ending DEC 31 JAN beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 2(a) EIN (if any) **G1** Name and address of foreign partnership ATLAS PARTNERS HOLDINGS II (A) LP 98-1462148 2(b) Reference ID number 79 WELLINGTON ST. WEST, SUITE 3500 TORONTO, ONTARIO CANADA 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 8a Functional currency Principal business activity INVESTMENTS 11/05/2018 CANADA 523900 USD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: E-FILE Name and address of person(s) with custody of the books and records of the foreign Name and address of person(s) with custody of the seconds, if different partnership, and the location of such books and records, if different partnership. 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No Were any special allocations made by the foreign partnership? Yes Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b X No Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. No If "Yes," don't complete Schedules L, M-1, and M-2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2021)

Form 88	365 (2)	021)	THE COMMUNITY FO	UNDA'	LION FOR (3RE <i>l</i>	ATER NE	W		0	6-6(1321	.06	Page 2
12 a			this Form 8865 claiming a foreign-de		-	,		,						
			listed on Schedule N?							🕨	-	Yes	L X	No
b			the amount of gross income derived		· · · · · · · · · · · · · · · · · · ·			•	•					
			tions with or by the foreign partnersh				_			_				
			ne (FDDEI) The amount of gross income derived							🕨	_			
С		•	•			-	• .	•						
d			the amount of gross income derived		vices provided to or h						_			
u			s computation of FDDEI		•	-		-						
13			nber of foreign partners subject to se								_			
			nip or of receiving a distribution from		. , . ,					•	-			
14			luring the tax year were any transfers											
										>	•	Yes	X	No
15 a	Were	e there a	ny transfers of property or money wit											
	that	would re	quire disclosure under Regulations s	ection 1.7	03-3 or 1.707-6 ? If "	Yes," a	ttach a stateme	ent identifyin	g the			_		_
	trans	sfers, the	e amount or value of each transfer, an	d an expl	anation of the tax trea	atment.	See instruction	ns for excep	tions	🕨	-	Yes	X	No
b		•	ership assume a liability or receive pr				-	-						
	-	•	od of transferring the property to the	•	•					1,		1	\	
Sign Here			or value of each transfer, the debt assumenations of perjury, I declare that I have examined in the control of							knowle	dge and	Yes	is true	No
if You're	Filing		and complete. Declaration of preparer (other											
This Forn Separate											1			
Not With Tax Retu		$-\frac{1}{s}$	ignature of general partner or limited liability	company m	ember								ate	
			e preparer's name		er's signature			Date	Chec	,] _{if} P1	ΓIN		
Paid	2202									employe	ed			
Prepa Use	ai ei	Firm's r	name >	1					Firm's EI	N ►	•			
Only		Firm's a	address 🕨						Phone no					
Sche	dule	Α	Constructive Ownership		•						•			
			box b , enter the name, add		· •	r iden	tification nu	ımber (if a	ny) of the	e pers	son(s)	whos	е	
			interest you constructively	own. S	ee instructions.	_	_							
			a X Owns a direct interest			b L	Owns a	constructive I	interest				Check if	Check if
			Name		Add	lress			Identification	n numb	er (if any		foreign	direct
												-+	person	partner
												_		
Sche	dule	A-1	Certain Partners of Foreig	un Part	nership (see in	struc	tions)							
				Ī	. (•							Check if
			Name		Add	Iress			Identi	fication	number ((if any)		foreign person
Sche	dule	A-2	Foreign Partners of Section	on 721		(see	instruction							
	of forei	gn	Address		Country of organization		U.S. taxp identification		Check if rela				ge intere	
	ai ti ici				(if any)		(if an	y)	U.S. trails	n ieror	Cap	pital	+	rofits
										<u> </u>		%		%
			<u> </u>		2						—	%	<u>-</u>	<u>%</u>
Does th			nave any other foreign person as a dir Affiliation Schedule. List			or do	moetic) in :	which the	foreign n	L	Yes			No
Sche	uule	H-2	a direct interest or indirect			or ac	miestic) III V	willer the	ioreign p	ai li 16	ısııp	OWIIS		
				<u>,</u>					FIN			Total acc	dinor:	Çheçk i
Sπ	ΔጥΕ	MEN	Г 1 ^{Name}		Add	lress			EIN (if any)			Total ord income o		foreign partner ship
			<u> </u>											- sulp
											+			+

Form **8865** (2021)

SCHEDULE 0 (Form 8865) (Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Department of the Trea Internal Revenue Servi		▶ Go	to www.ir			for instructions			nation.			
Name of transferor		MMUNI	TY FO	UNDATIO	I NC	FOR GREAT	ER NI	ΞW	Filer's identi	ying num	ber	
	HAVEN								06-6)321() 6	
Name of foreign pa	artnership AT	LAS P.	ARTNE	RS HOLI	DIN	GS II (A)		EIN (if any) 98-146	1	Referenc	e ID numb	oer (see instr)
1a Is the partne	ership a section 72	21(c) partne	rship (as de	efined in Regu	lations	section 1.721(c)-1		•	-		Yes	X No
b If "Yes," was	the gain deferral	method app	lied to avoi	d the recognit	ion of g	gain upon the contr	bution of p	property? .		[Yes	☐ No
						it the time of the tra				_	_	
					ection	1.482-7(c)(1)?				L	Yes	X No
Part I Tra	ansfers Reportabl	e Under Se	ction 6038E	3	Ι							
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) trket value of transfer		(d) Cost or other basis		(e) ry period	(f) Section 704 allocation me		Gain re	(g) ecognized ransfer
Cash	12/31/21		99	3,599.								
Stock, notes												
receivable and payable,												
and other												
securities												
Inventory								+				
										\longrightarrow		
												
Tangible property												
used in trade												
or business												
Intangible												
property described in												
section												
197(f)(9) Intangible												
property, other												
than intangible property								+				
described in												
section 197(f)(9)												
Other												
property												
Totals			99	3,599.								
3 Enter the tra	ansferor's percenta ormation Required					e transfer •	3200	%	(b) After	the transf	er •	3200 %
Part II Di	spositions Report	able Under	Section 603	38B								
(a) Type of property	(b) Date of original transfer		(c) Date of sposition	(d) Manner of disposition		(e) Gain recognized by partnership	re	(f) preciation ecapture cognized partnership	(g) Gain alloca to partne		Depr recaptur	(h) eciation e allocated partner
					\perp				1			
Dort III		to all our state.	a a la a alvida de	hinatta!		tian malanti	0.4(£)(0)		(f)(F)(F)0			V
Part III Is	any transfer repor	<u>tea on th</u> is s	<u>scneaule</u> su	bject to gain r	ecogni	tion under section 9	<i>i</i> u4(T)(3) 0	r section 904	<u>(1)(5)(F)? </u>		Yes	X No

110661 10-05-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

THE COMMUNITY FOUNDATION FOR GREATER NEW

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 13
NAME	ADDRESS	IDENTIFYING NUMBER	CK TOTAL IF ORDINARY FOR- INCOME EIGN OR (LOSS) P'SH
DA EDGE SOLUTIONS LP	3535 EXECUTIVE TERMINAL DR HENDERSON, NV 89052	98-1550809	
DA 5G SOLUTIONS EQUITY SPV	3535 EXECUTIVE TERMINAL DR	86-1688180	
DA 5G SOLUTIONS OUTCOME BA	HENDERSON, NV 89052 3535 EXECUTIVE TERMINAL DR	86-1717284	
	HENDERSON, NV 89052		
DA 5G SOLUTIONS SPLITTER L	3535 EXECUTIVE TERMINAL DR	86-1669517	
THEA TOPCO LP	HENDERSON, NV 89052 3535 EXECUTIVE TERMINAL DR HENDERSON, NV 89052	87-3847403	

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 14
NAME	ADDRESS	IDENTIFYING NUMBER	CK TOTAL IF ORDINARY FOR- INCOME EIGN OR (LOSS) P'SH
PYE-BARKER PARENT	2500 NORTHWINDS PARKWAY	88-1091704	
HOLDCO L	ALPHARETTA, GA 30009		
APH II UWH, LP	79 WELLINGTON STREET WEST TORONTO, ONTARIO CANADA	86-2597658	

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attachment Sequence No. **128** ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)				
Name of transferor		Identi	fying numbe	er (see instructions)
THE COMMUNITY FOUNDATION FOR GREATER NEW				
HAVEN		06	-60323	106
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corp	oration?		Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 3	68(c)) by			
five or fewer domestic corporations?			Yes	☐ No
b Did the transferor remain in existence after the transfer?		_	Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).				
Controlling shareholder		Identifying	n number	
Controlling Shareholder		luentilying	y number	
			_	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pare If not, list the name and employer identification number (EIN) of the parent corporation.	nt corporation	? L	Yes	∟ No
Name of parent corporation	T F	IN of parent	t corporati	ion
	_	с. рапон	. ос. реган	
d Have basis adjustments under section 367(a)(4) been made?		Г	Yes	No
a Have basis adjustments under section 367(a)(4) been made?		L	165	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated	ae euch under	section 367)		
complete questions 3a through 3d.	as such under	Section 507)	,	
a List the name and EIN of the transferor's partnership.				
a cist the name and city of the transferor's partite ship.				
Name of partnership		EIN of pa	rtnership	
DIGITAL ALPHA II-A, LP	98-15	32247		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		_	Yes	X No
c Is the partner disposing of its entire interest in the partnership?			Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta			100	[==] 140
		Г	Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			163	11 140
4 Name of transferee (foreign corporation)		5a Identify	vina numh	er if any
4 Name of transfered (foreign corporation)		oa identii	ying namb	CI, II ally
DA EDGE SOLUTIONS BLOCKER LLC		**_**	****	
6 Address (including country)		5b Referer	nce ID num	
3535 EXECUTIVE TERMINAL DRIVE		JD TIEIEIEI	ice ib rium	ibei
HENDERSON, NV 89052				
		I		
7 Country code of country of incorporation or organization CJ				
8 Foreign law characterization (see instructions) LLC				
		Γ	Yes	X No
9 Is the transferee foreign corporation a controlled foreign corporation? 124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.				Rev. 11-2018)
ILTOUR VIEW ICE I CHIEN I OF LANCHWOLK HEADQUOIDE ACLIVATOR SCC SCHALAG HISHACHOLIS.			OHIH JEU (1104. 11-2010)

Form 926 (Rev. 11-2018) 'T					V HAVE U6-0	6032106	Page 2
	Regarding Trans	sfer of Property (see in	nstructi	ons)			
Section A - Cash							
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	Gain rec	(e) cognized on ansfer
Cash	12/31/2021			154,217.			
10 Was cash the only pro If "Yes," skip the rema	ainder of Part III and g					X Yes	☐ No
	* * `	n intangible property s	subject		. ,,		(-)
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	Gain rec	(e) cognized on ansfer
Stock and securities							
Inventory							
Other property (not listed under another category)							
Property with				+			
built-in loss							
Totals							
foreign corporation? If "Yes," go to line 12b b Was the transferor a d (including a branch the If "Yes," continue to lin c Immediately after the transferee foreign corp If "Yes," continue to lin d Enter the transferred let	lomestic corporation to at is a foreign disregate to 12c. If "No," skip litransfer, was the domooration? ne 12d. If "No," skip lites amount included sfer property describe		all of the %-owned line 13. reholder v	assets of a foreigr foreign corporatio vith respect to the	n branch n?	Yes Yes Yes	No No No No
Section C - Intangible	Property Subje	ct to Section 367(d)					
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pric on date of transfe	(e) e Cost or other basis		(f) inclusion for of transfer
Property described							
in sec. 367(d)(4)							
Totals							

Form	n 926 (Rev. 11-2018) THE COMMUNITY FOUNDATION FOR GREATER NEW HAVE 06	-6032106	Page 3
b	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes Yes	No No No
Sun	oplemental Part III Information Required To Be Reported (see instructions)		
Оир	spionional i are in information rioquirou io bo rioportou (See instructions)		
	Additional Life and the December Transfer of December 1		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
4-	(a) Before 1.097 % (b) After		
17	Type of nonrecognition transaction (see instructions)		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	□ Vos	X No
	Gain recognition under section 904(f)(3)	Yes Yes	X No
b		Yes	X No
c		Yes	X No
19	Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes	X No
		Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	res	_21 INO
h	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	• ¢	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the	- Ψ	
C		Yes	No
21	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	165	NO
~ I	covered by section 367(e)(1)? See instructions	Yes	X No

(Rev. November 2018)

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OIVID	INO.	1545-0026	

Attachment Seguence No. 128

Attach to your income tax return for the year of the transfer or distribution.	Sequence No. 120
Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
THE COMMUNITY FOUNDATION FOR GREATER NEW	
HAVEN	06-6032106
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
	Yes No
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation El	N of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes No
Trave basic adjustments under social con (a)(+) been made:	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under s	ection 367)
	ection 307),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
ETGUMEGI D DENI EGMAME GADIMAI EUNID II ID	16107
EIGHTFOLD REAL ESTATE CAPITAL FUND V, LP 36-484	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
c Is the partner disposing of its entire interest in the partnership?	Yes X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
EIGHTFOLD REAL ESTATE CAPITAL FUND V CAYMAN CORP	**_****
6 Address (including country)	5b Reference ID number
CRICKET SQUARE, HUTCHINS DRIVE, PO BOX 2681	
GRAND CAYMAN, KY1-111 CAYMAN ISLANDS	
7 Country code of country of incorporation or organization	
CJ	
Foreign law characterization (see instructions)	
CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	X Yes No
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)
12700 OTO 172 LIPA I OI I APELYOIN HEAUCHOII ACLIYOUCE, SEE SEPAIALE IIISH UCHOIIS:	1 01111 320 (NEV. 112010)

		sfer of Property (see in		NEW HAV	E 00-00)3 <u>Z</u> 1U0	Page 2
Section A - Cash	negarding trans	sier of Property (See ii	istructions)				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value date of transfe		(d) or other pasis	(e) Gain recogr transf	nized on ier
Cash	12/31/2021		734,7	34.			
10 Was cash the only pro	ainder of Part III and g					∛ Yes [No
Type of property	(a) Date of	n intangible property s (b) Description of	(c) Fair market value	e on Cost	(d) or other	(e) Gain recogn	nized on
Stock and securities	transfer	property	date of transfe	er r	pasis	transf	er
Inventory							
Other property (not listed under another category)							
- · · · · · · · · · · · · · · · · · · ·							
Property with built-in loss							
 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a continue to limple. c Immediately after the transferee foreign corporation. d Enter the transferred I d Enter the transferred I 13 Did the transferor transfer Skip Section C 	foreign branch (included to the content of the corporation of the corp	hrough 15.	disregarded entity) all of the assets of a 6-owned foreign co ine 13. eholder with respec	transferred to a a foreign branch rporation? to the		Yes	No No No No No
Section C - Intangible	Property Subje	ct to Section 367(d)					
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's len on date o	gth price C	(e) ost or other basis	Income income year of t	lusion for
Property described in sec. 367(d)(4)							
TOTALS						1	

Form	1926 (Rev. 11-2018) THE COMMUNITY FOUNDATION FOR GREATER NEW HAVE	06-603210	6 Page 3
	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?		No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii)		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Da	rt IV Additional Information Regarding Transfer of Property (see instructions)		
rai	rt IV Additional Information Regarding Transfer of Property (see instructions)		
40			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before • 753 % (b) After • 743 %		
47	· · · · · · · · · · · · · · · · · · ·		
17 40	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	□ v _{aa}	X No
a	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
С.	Recapture under section 1503(d)		
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a		Yes	X No
	If "Yes," complete lines 20b and 20c.		
	5	> \$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Form **926**(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Go to www.irs.gov/Form926 for instructions and the latest information.

OMB N	o. 1545-	0026

	ment of the Treasury I Revenue Service Attach to your income tay return for the year of the transfer or distribution		Attachme	nt No. 128
_	Attach to your income tax return for the year of the dansier or distribute	<u>n.</u>	Sequence	NO. 120
Pai	· · · ·	 		
	e of transferor	10	dentifying numbe	(see instructions)
	HE COMMUNITY FOUNDATION FOR GREATER NEW			
_H2	AVEN		06-60321	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?		Yes	☐ No
b	Did the transferor remain in existence after the transfer?		X Yes	☐ No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Identi	ifying number	
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	on?	. L Yes	No
	If not, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation	EIN of pa	arent corporation	on
		·	•	
	Harry having all returned and all resulting 207/AVA have greated			X No
d	Have basis adjustments under section 367(a)(4) been made?		Yes	A No
•			007)	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such und	er section .	367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN o	of partnership	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	No
				=
	Is the partner disposing of its entire interest in the partnership?		Yes	∟ No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
Pai	securities market? t II Transferee Foreign Corporation Information (see instructions)	<u></u>	Yes	No
		Τ=		.,
4	Name of transferee (foreign corporation)	5a Ide	entifying numbe	er, if any
CZ	AMELOT/BARKER			
		Fb Do	forence ID numb	har
6 м⊂	Address (including country) MANAGEMENT LTS., 2F LANDMARK SQUARE 65 EARCH CLOSE	ob Rei	ference ID num	ber
	AND CAYMAN KY1-1201 CAYMAN ISLANDS	CAM	·1	
		CAM	· -	
7 Cü	Country code of country of incorporation or organization T			
8				
_	Foreign law characterization (see instructions) KEMPTED LIMITED PARTNERSHIP			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
	1 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.	·····		Rev. 11-2018)
55			(1	

		sfer of Property (see in			HAVE U0-6	032106 Page 2
Section A - Cash	negaluling ITalis	sier of Property (see ii	istructio	0118)		
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		3,5	500,000.		
10 Was cash the only pro	ainder of Part III and g					X Yes No
		n intangible property s	subject		(d)	(0)
Type of property	(a) Date of transfer	(b) Description of property	Fair ma date	(c) arket value on e of transfer	Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with						
built-in loss						
Totals						
 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a continue to limple. c Immediately after the transferee foreign corporation. d Enter the transferred I d Enter the transferred I 13 Did the transferor transfer Skip Section C 	foreign branch (includ foreign branch (includ foreign branch (includ at is a foreign disregane 12c. If "No," skip litransfer, was the domooration? ne 12d. If "No," skip litransfer included sfer property described and questions 14a the	nrough 15.	all of the a %-owned fine 13. eholder w	ed entity) transferre	oranch	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ct to Section 367(d)			T	
Type of property	(a) Date of transfer	(b) Description of property		(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form	926 (Rev. 11-2018) THE COMMUNITY FOUNDATION FOR GREATER NEW HAVE	<u>06-6032106</u>	Page 3
	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?		No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)·1(c)(3)(ii) \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pai	t IV Additional Information Regarding Transfer of Property (see instructions)		
	to the state of t		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 2.790 % (b) After 2.780 %		
17	Type of nonrecognition transaction (see instructions) SECTION 351		
17 18	Indicate whether any transfer reported in Part III is subject to any of the following.		
	Gain recognition under section 904(f)(3)	Yes	X No
a			X No
b	Gain recognition under section 904(f)(5)(F)		X No
c	Recapture under section 1503(d) Evaluation again under section 197		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(a)(1)? See instructions	Vac	X No

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Pa	t I U.S. Transferor Information (see instructions)	•
Nam	e of transferor	Identifying number (see instructions)
ΤI	HE COMMUNITY FOUNDATION FOR GREATER NEW	
HZ	AVEN	06-6032106
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2	If the transferor was a corporation, complete questions 2a through 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
	five or fewer domestic corporations?	Yes No
b	Did the transferor remain in existence after the transfer?	
-	If not, list the controlling shareholder(s) and their identifying number(s).	
	Controlling shareholder	Identifying number
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No
·	If not, list the name and employer identification number (EIN) of the parent corporation.	
	Thou, list the haine and employer identification humber (Env) of the parent corporation.	
	Name of parent corporation E	IN of parent corporation
d	Have basis adjustments under section 367(a)(4) been made?	Yes X No
_	That's said adjustments and esselon sortally bear made.	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367)
	complete questions 3a through 3d.	,,,
a	List the name and EIN of the transferor's partnership.	
<u> </u>	Elect the Hamb and Enviorable translators of partitionship.	
	Name of partnership	EIN of partnership
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes No
	Is the partner disposing of its entire interest in the partnership?	= - = -
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
_	securities market?	Yes No
Pa	rt II Transferee Foreign Corporation Information (see instructions)	
4	Name of transferee (foreign corporation)	5a Identifying number, if any
•	Traine of transfer of frontight corporation)	Tacharying namber, in any
В	AYBERRY OFFSHORE LTD	**_****
6	Address (including country)	5b Reference ID number
	MAPLES CORPORATE SERVICES, PO BOX 39	Teleferice is number
ᡛᢕᠮ	AND HOUSE GRAND CAYMAN KY1-1104 CAYMAN TSLANDS	
	LAND HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS Country code of country of incorporation or organization	
7	Country code of country of incorporation or organization	
7 Ci	Country code of country of incorporation or organization	
7 Ci	Country code of country of incorporation or organization T Foreign law characterization (see instructions)	
7 Ci	Country code of country of incorporation or organization	X Yes

		sfer of Property (see in			HAVE U6-6	032106 Page 2
Section A - Cash	negaluling ITalis	sier of Froperty (see ii	istructio) is)		
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		7,5	500,000.		
10 Was cash the only pro	ainder of Part III and g					X Yes No
	perty (otner thai	n intangible property s	ubject	(c)	(d)	(e)
Type of property	Date of transfer	(b) Description of property	Fair ma date	arket value on of transfer	Cost or other basis	Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
			_			
recognition agreemen 12 a Were any assets of a reforeign corporation? If "Yes," go to line 12th b Was the transferor a complete (including a branch that If "Yes," continue to limediately after the transferee foreign corporation of the continue to limediately after the transferree foreign corporation.	t was filed? foreign branch (includ co. lomestic corporation to at is a foreign disrega ne 12c. If "No," skip litransfer, was the domeoration? ne 12d. If "No," skip litransfer no 12d. If "No," skip litransfer, was the domeoration? and 12d. If "No," skip litransfer property described and questions 14a the state of the state o	hrough 15.	disregard all of the a %-owned to ine 13. eholder w under sect	ed entity) transferre assets of a foreign be foreign corporation? ith respect to the	oranch	Yes No Yes No Yes No Yes No Yes No
Section C - intangible	Property Subje	ct to Section 307(d)	П			
Type of property	(a) Date of transfer	(b) Description of property		(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
างเสเร					<u> </u>	

Form	926 (Rev. 11-2018) THE COMMUNITY FOUNDATION FOR GREATER NEW HAVE 06	5-603210	6 Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	Yes	No No No
15	Regulations section 1.367(d)·1(c)(3)(ii) \$\bigstylessymbol{\text{\$\bigstylessymbol{\text{\$\coloredge}}}}\$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
47	(a) Before 2.970 % (b) After 2.970 % Type of nonrecognition transaction (see instructions) ► SECTION 351		
17	· · · · · · · · · · · · · · · · · · ·	_	
18	Indicate whether any transfer reported in Part III is subject to any of the following.	Yes	X No
a	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
C C	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19 20 -	Did this transfer result from a change in entity classification?	· =	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	L res	ZZ NO
L	If "Yes," complete lines 20b and 20c.	• •	
		▶\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	X No
	covered by section 367(e)(1)? See instructions	ı ı tes	1.72 180

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Pai	t I U.S. Transferor Information (see instructions)	•
Nam	e of transferor	Identifying number (see instructions)
Τŀ	HE COMMUNITY FOUNDATION FOR GREATER NEW	
_H <i>Z</i>	AVEN	06-6032106
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2	If the transferor was a corporation, complete questions 2a through 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
	five or fewer domestic corporations?	
b	Did the transferor remain in existence after the transfer?	X Yes No
	If not, list the controlling shareholder(s) and their identifying number(s).	
	Controlling shareholder	Identifying number
	Controlling Charcitories	
	If the transferor upon a member of an effiliated aroun filing a concelled to distribution around it the parent corporation?	Vec No
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No
	If not, list the name and employer identification number (EIN) of the parent corporation.	
	Name of parent corporation El	N of parent corporation
d	Have basis adjustments under section 367(a)(4) been made?	Yes X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under s	section 367),
	complete questions 3a through 3d.	
а	List the name and EIN of the transferor's partnership.	
	Name of partnership	EIN of partnership
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes No
	Is the partner disposing of its entire interest in the partnership?	
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
u	*** 1.40	Yes No
Pai		
4	Name of transferee (foreign corporation)	5a Identifying number, if any
PC	C FEEDER V L.P.	* * _ * * * * * *
6	Address (including country)	5b Reference ID number
	-34 HILL STREET	
ST.	HELIER, JE4 8PN JERSEY	
7	Country code of country of incorporation or organization	
JI		
8	Foreign law characterization (see instructions)	
	DRPORATION Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
9	is the transfered foreign corporation a controlled foreign corporation?	Yes 🔼 No

124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.

		sfer of Property (see in			HAVE UD-0	032106 Page 2
Section A - Cash	negarding trans	sier of Froperty (see ii	istruction	15)		
Type of property	(a) Date of transfer	(b) Description of property	Fair marl	(c) ket value on if transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		5	83,958.		
10 Was cash the only pro	ainder of Part III and g					X Yes No
Type of property	(a) Date of	n intangible property s (b) Description of	Fair marl	(c) ket value on	(d) Cost or other	(e) Gain recognized on
Stock and securities	transfer	property	date o	of transfer	basis	transfer
Inventory						
Other property (not listed under another category)						
Property with						
built-in loss						
Totals						
 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a continue to limple. c Immediately after the transferee foreign corporation. d Enter the transferred I d Enter the transferred I 13 Did the transferor transfer Skip Section C 	foreign branch (includ foreign branch (includ foreign branch (includ at is a foreign disregane 12c. If "No," skip litransfer, was the domooration? ne 12d. If "No," skip litransfer included sfer property described and questions 14a the	hrough 15.	all of the as %-owned for ine 13. eholder with	sets of a foreign by reign corporation?	anch	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ct to Section 367(d)		T		
Type of property	(a) Date of transfer	(b) Description of property		(d) rm's length price n date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Forn	n 926 (Rev. 11-2018) THE COMMUNITY FOUNDATION FOR GREATER NEW HAVE (06-603210	6 Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	☐ No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	☐ No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	☐ No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	pplemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 1.067 % (b) After 1.067 %		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	0.1	Yes	X No
b			X No
C			X No
	Exchange gain under section 987		X No
19			X No
	•	····	X No
∠∪a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	L res	LA NO
b		▶\$	
		▶ Φ	
С	Did the demostic correction not recognize asia or loss on the distribution of property because the		
~4	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21		Yes	☐ No

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

FOR THE YEAR ENDING

December 31, 2021

Pre	nai	har	F	n r	•
1 10	γai	cu		V.	•

The Community Foundation for Greater New Haven 70 Audubon Street New Haven, CT 06510

Prepared By:

CliftonLarsonAllen 29 South Main Street, 4th Floor West Hartford, CT 06107

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$ 11,152
Less: payments and credits	\$ 0
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 0
Balance due	\$ 11,152

Overpayment:

Credited to your estimated tax	\$ 0)
Other amount	\$ 0)
Refunded to you	\$ 0)

Make Check Payable To:

Commissioner of Revenue Services

Mail Tax Return and Check (if applicable) To:

Department of Revenue Services State of Connecticut PO Box 5014 Hartford, CT 06102-5014

Return Must be Mailed On or Before:

November 15, 2022

Special Instructions:

2022 ESTIMATED TAX FILING INSTRUCTIONS

CONNECTICUT ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

The Community Foundation for Greater New Haven 70 Audubon Street New Haven, CT 06510

Prepared By:

CliftonLarsonAllen

29 South Main Street, 4th Floor West Hartford, CT 06107

Amount of Tax:

Total Estimated Tax	\$ 11,152
Less credit from prior year	\$ 0
Less amount already paid on 2022 Estimate	\$ 0
Balance Due	\$ 11,152

Payable in full or in installments as follows:

Voucher	Amount		Due Date
No 1	\$	3,346	March 15, 2022
No 2	\$ 	4,460	June 15, 2022
No 3	\$	1,116	September 15, 2022
No 4	\$ 	2,230	December 15, 2022

Make Check Payable To:

Commissioner of Revenue Services

Mail Voucher and Check To:

Department of Revenue Services PO Box 2965 Hartford, CT 06104-2965

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

Form CT-990T EXT 990TEXT1221V011019 Application for Extension of Time to File Unrelated Business Income Tax Return (Rev. 12/21) Enter Income Year, Beginning: ▶ 01012021 and Ending: ► 12312021 THE COMMUNITY FOUNDATION FOR GREATER NEW 01906 70 AUDUBON STREET 066032106 NEW HAVEN CT06510 -Request for six-month extension of time to file Form CT-990T only N 401(a) or 408(a) trust N Other trust Check type of organization: Y Corporation N Other I request a six month extension of time to file my Form CT-990T, Connecticut Unrelated Business Income Tax Return, for calendar year 2021, or until 11152022 (MMDDYYYY) for fiscal year ending 12312021 (MMDDYYYY). Y A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2021 or 12312021 (MMDDYYYY). If a federal extension has not fiscal year beginning 01012021 (MMDDYYYY) and ending been filed, explain here the reason for the Connecticut extension request: Notification will be sent only if the extension request is denied. **Computation of Tentative Return** 1. Tentative amount of tax due for this income year, including surtax if applicable. 1. 2. 2. Reserved for future use 3. Total amount of tax due for this income year: Enter amount from Line 1. 4a. Tax credits 4a. 4b. Payments of estimated tax 4b. 4c. Overpayment from prior year

4. Total tax credits and payments: Add Lines 4a, 4b, and

5. Balance due with this return: Subtract Line 4 from Line 3.

CFO

11152 .00

Officer or fiduciary's signature

11152

11152

Print name of officer or fiduciary

WENDY GAMBA

Telephone number 2037772386

Date

Paid preparer's signature

MARY KAY CURTISS

Date 11152022

Preparer's SSN or PTIN P01551484

Paid preparer's name

Firm's FEIN 410746749

Firm's name and address

Telephone number

CLIFTONLARSONALLEN

8605614000

WEST HARTFORD CT 06107

990TEXT1221V011019

141911 01-05-22

CT-990T ES, Page 2 of 2

990TES0122V021019

141932 12-08-21

8. Payment due with this coupon (subtract Line 7 from Line 6)

11152 1. Tax shown on prior year return (including surtax) before any tax credits. 1. 11152 2. Estimated current year tax before applying tax credits. 2. 3. Estimated tax credits. 3. 11152 4. Subtotal: Subtract Line 3 from Line 2. 4. 11152 5. Current year installment 5. 11152 6. Installment due: Lesser of Line 1 or Line 5. 6. 7. 7. Overpayment from prior year. 11152.00

CT-990T ES

2022

2022 Estimated Unrelated Business Income Tax Payment Coupon

FOR YOUR RECORDS

141931 12-08-21



CT-990T ES 2022 Estimated Unrelated Business Income Tax Payment Coupon

Ν

2022 (Rev. 01/22)

Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

THE COMMUNITY FOUNDATION FOR GREAT

▶ 01906

70 AUDUBON STREET

▶ 066032106

NEW HAVEN

CT 06510 -

For income year ending:

12312022

Closing month has changed (Attach explanation).

Payment amount

3346.00

CT-990T ES

2022

EOR OR 2022 Estimated Unrelated Business Income Tax Payment Coupon

FOR YOUR RECORDS

141931 12-08-21



CT-990T ES
2022 Estimated Unrelated Business
Income Tax Payment Coupon

Ν

2022(Rev. 01/22)

Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

THE COMMUNITY FOUNDATION FOR GREAT

▶ 01906

70 AUDUBON STREET

▶ 066032106

NEW HAVEN

CT 06510 -

For income year ending:

12312022

Closing month has changed

(Attach explanation).

Payment amount

4460.00

CT-990T ES

2022 Estimated Unrelated Business Income Tax Payment Coupon

DO NOT FILE

R YOUR RECORDS

141931 12-08-21



CT-990T ES 2022 Estimated Unrelated Business **Income Tax Payment Coupon**

Ν

Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

THE COMMUNITY FOUNDATION FOR GREAT

▶ 01906

70 AUDUBON STREET

▶ 066032106

NEW HAVEN

CT06510 - For income year ending:

12312022

Closing month has changed (Attach explanation).

Payment amount

1116.00

CT-990T ES

2022

E C R C R 2022 Estimated Unrelated Business Income Tax Payment Coupon

FOR YOUR RECORDS

141931 12-08-21



CT-990T ES 2022 Estimated Unrelated Business Income Tax Payment Coupon

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2022(Rev. 01/22)

Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

THE COMMUNITY FOUNDATION FOR GREAT

▶ 01906

70 AUDUBON STREET

▶ 066032106

NEW HAVEN

CT 06510 -

For income year ending:

12312022

Closing month has changed (Attach explanation).

Payment amount

2230.00

990T1221V011019



Form CT-990T **Connecticut Unrelated Business Income Tax Return**

2021

(Rev. 12/21)

Enter Income Year, Beginning: ▶ 01012021

and Ending: ▶ 12312021

THE COMMUNITY FOUNDATION FOR G

CT Tax Reg. # ▶ 01906

70 AUDUBON STREET

FEIN ▶ 066032106

NEW HAVEN

CT06510 -

Check All Applicable Boxes:

▶ N Organization is annualizing its income Change of:

N Mailing address N Closing month (Attach explanation)

Return status:

N Amended return ▶ N Initial return ▶ N Final return

If final return:

Dissolved

Withdrawn

Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

Y Corporation N 401(a) or 408(a) trust

N Other trust ► N Other:

Explain

Date unrelated trade or business began in Connecticut:

Nature of unrelated trade or business income activity:

ALTERNATIVE INVESTMENTS

Corporation only: Enter state of corporation:

Date of organization:

Date qualified in Connecticut if not incorporated in Connecticut:

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary

Title **CFO** Date

Print name of officer or fiduciary

Date

WENDY GAMBA

Telephone number 2037772386

Email address of officer

Paid preparer's signature

11152022

Preparer's PTIN

MARY KAY CURTISS

CLIFTONLARSONALLEN

May DRS contact the preparer shown

P01551484

Firm's FFIN

Firm's name, address, and ZIP code

below about this return?

410746749

29 SOUTH MAIN STREET 4TH FLOOR WEST HARTFORD CT 06107

Telephone number 8605614000

141901 12-08-21

990T1221V011019

Keep a copy for your records. Sign Here

Form CT-990T, Page 2 of 4

(Rev. 12/21)



990T1221V021019



066032106

11152 .00

- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

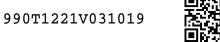
Federal unrelated business taxable income from 2021 federal Form 990-T	1. ▶	0
2. Federal net operating loss deduction claimed on 2021 federal Form 990-T	2. ▶	286241
3. Federal deduction for Connecticut tax on unrelated business taxable income	3. ▶	11152
4. Total: Add Lines 1, 2, and 3.	4.	297393
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5. 🕨	0
6. Unrelated business taxable income: Subtract Line 5 from Line 4.	6.	297393
Computation of Tax		
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.	1. ▶	297393
2. Apportionment fraction from Schedule A, Line 5 on Page 3. Carry to six places.	2. ▶	1.000000
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2.	3. ▶	297393
4. Operating loss carryover from Schedule B, Line 21 on Page 4. Do not exceed 50% of Line 3.	4.	148697
5. Income subject to tax: Subtract Line 4 from Line 3.	5. 🕨	148696
6. Tax: Multiply Line 5 by 7.5% (.075).	6.	11152
Computation of Amount Payable		
Tax: Include surtax if applicable.	1.	11152
2. Reserved for future use	2.	
3. Total Tax: Enter the amount from Line 1.	3.	11152
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1.	4.	0
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5.	11152
6a. Paid with application for extension from Form CT-990T EXT	6a. 🕨	0
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b.	0
6c. Overpayment from prior year	6c. 🕨	0
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.	6.	0
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.	7.	11152
8a. Penalty	8a. 🕨	0
8b. Interest	8b. 🕨	0
8c. Form CT-1120l Interest	8c. 🕨	0
8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c.	8.	0
9a. Amount to be credited to 2022 estimated tax	9a. 🕨	0
9b. Amount to be refunded	9b. 🕨	0
9. Total credited and refunded	9.	0
9c. Acct. type: Ck ► Sv ► 9d. Rout. # ► 9e. Acct. # ►		
9f. Will this refund go to a bank account outside the U.S.? ▶ 9g. Bank name ▶		11150

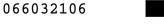
141902 12-08-21

10. Balance due with this return: Add Line 7 and Line 8.

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Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B.		
Droporty		0	0	Carry to six places		
Property	1a. Inventories	Ü	0			
(Average value)	1b. Tangible property	0	0			
	1c. Real property	0	0			
	1d. Capitalized rent	0	0			
	1. Total	0	0	0.000000		
Receipts	2a. Sales of tangibles	0	0			
	2b. Services	0	0			
	2c. Rentals	0	0			
	2d. Other	0	0			
	2. Total	0	0	0.000000		
Wages, salaries,	3. Total	0	0	0.000000		
and other	4. Total: Add Lines 1, 2, and 3 in Column C.			0.000000		
compensation	5. Apportionment fraction: Divide Line 4 by	Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on				
	Schedule C, Line 4; and on Page 2, Compu	utation of Tax, Line 2.		1.000000		

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990T1221V041019



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Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2021

1.	2001 Connecticut net operating loss available for use in 2021	1.	0
2.	2002 Connecticut net operating loss available for use in 2021	2.	0
		3.	ő
3.	2003 Connecticut net operating loss available for use in 2021		
4.	2004 Connecticut net operating loss available for use in 2021	4.	0
5.	2005 Connecticut net operating loss available for use in 2021	5.	0
6.	2006 Connecticut net operating loss available for use in 2021	6.	0
7.	2007 Connecticut net operating loss available for use in 2021	7.	0
8.	2008 Connecticut net operating loss available for use in 2021	8.	0
9.	2009 Connecticut net operating loss available for use in 2021	9.	0
10.	2010 Connecticut net operating loss available for use in 2021	10.	0
11.	2011 Connecticut net operating loss available for use in 2021	11.	0
12.	2012 Connecticut net operating loss available for use in 2021	12.	0
13.	2013 Connecticut net operating loss available for use in 2021	13.	0
14.	2014 Connecticut net operating loss available for use in 2021	14.	0
15.	2015 Connecticut net operating loss available for use in 2021	15.	0
16.	2016 Connecticut net operating loss available for use in 2021	16.	130007
17.	2017 Connecticut net operating loss available for use in 2021	17.	18690
18.	2018 Connecticut net operating loss available for use in 2021	18.	0
19.	2019 Connecticut net operating loss available for use in 2021	19.	0
20.	2020 Connecticut net operating loss available for use in 2021	20.	0
21.	Total: Add Lines 1 through 20. Enter here and on Computation of Tax, Line 4.		
	Do not exceed 50% of Computation of Tax, Line 3.	21.	148697
Scl	nedule C - Computation of Net Operating Loss Carryforward		

1.	Enter amount from Computation of Income, Line 6, if less than zero.	1.	0
2.	Add back specific deduction claimed on 2021 federal Form 990-T	2.	0
3.	Subtotal: Add Line 1 and Line 2.	3.	0
4.	Apportionment fraction from Schedule A, Line 5	4.	1.000000
5.	2021 Connecticut net operating loss available for carryforward:		
	Line 3 or Line 3 multiplied by Line 4	5.	0

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