2939334104821 EXTENDED TO NOVEMBER 15, 2019 **Exempt Organization Business Income Tax Return** OMB No 1545-0687 Form 990-T (and proxy tax under section 6033(e)) 2018 ► Go to www.irs gov/Form990T for instructions and the latest information Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service DEmployer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions) address changed THE COMMUNITY FOUNDATION FOR GREATER NEW B Exempt under section HAVEN 06-6032106 **Print** Unrelated business activity code (See instructions) x 501(c 1)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 70 AUDUBON STREET City or town, state or province, country, and ZIP or foreign postal code J408A ____530(a) 523000 529(a) NEW HAVEN, CT 06510 6 Book value of all assets at end of year F Group exemption number (See instructions.) 545,832,388. G Check organization type x 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No ___ Yes If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ANDREW F. ALDEN Telephone number ► 203-777-7061

Part	Unrelated Trade or Business Income	е		(A) Income	(B) Expenses	(G) Net
1a G	ross receipts or sales					
b L	ess returns and allowances c Ba	alance >	1c			, ,
2 C	ost of goods sold (Schedule A, line 7)		2			
3 G	ross profit. Subtract line 2 from line 1c		3		-	,
4a C	apıtal gaın net ıncome (attach Schedule D)		4a			
b N	et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797	') \	4b			
c C	apıtal loss deduction for trusts		4c		-	
5 Ir	ncome (loss) from a partnership or an S corporation (attach s	statement)	5	-1,076,953.		-1,076,953.
6 R	ent income (Schedule C)		6			
7 U	nrelated debt-financed income (Schedule E)		7		· · · · · · ·	
8 In	iterest, annuities, royalties, and rents from a controlled organi	ızatıon (Schedule F)	8			
9 Ir	ivestment income of a section 501(c)(7), (9), or (17) organization	ation (Schedule G)	9			
10 E	xploited exempt activity income (Schedule I)		10			
11 A	dvertising income (Schedule J)		11			
12 0	ther income (See instructions; attach schedule)		12		J.	
13 T	otal. Combine lines 3 through 12		13	-1,076,953.		-1,076,953.
Part	Deductions Not Taken Elsewhere (Se (Except for contributions, deductions must be d				income)	

14 Compensation of officers, directors, and trustees (Schedule K) RFCFI/FD 15 Salaries and wages 15 3,107. 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 OGDEN LIT 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) SEE STATEMENT 2 20 ٥. Depreciation (attach Form 4562) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b DepletionZ 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) SEE STATEMENT 3 28 226,176. 29 Total deductions Add lines 14 through 28 29 229,283. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -1,306,236, 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31

32 Unrelated business taxable income. Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

-1,306,236. Form **990-T** (2018)

32

Form 990-					06-6032	106		*		Page 2
Part I	II Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or bu	sinesses	(see ınstru	ctions)		L	33		1,306	5,236.
34	Amounts paid for disallowed fringes					L	34		59	273.
35	Deduction for net operating loss arising in tax years beginning before January 1, 201	8 (see ın	structions)	ST	MT 6	L	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 3	5 from th	e sum of							
	lines 33 and 34					L	36		1,246	5,963.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)					L	37		1	L,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is great	er than lu	ne 36,							
	enter the smaller of zero or line 36						38	-	1,246	5,963.
'Part'I	V Tax Computation									
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				•	▶	39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the	the amou	int on line 3	88 from:	:	_				
	Tax rate schedule or Schedule D (Form 1041)				•	▶	40			
41	Proxy tax. See instructions				•	▶	41			
42	Alternative minimum tax (trusts only)					L	42			
43	Tax on Noncompliant Facility Income. See Instructions					L	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				_	丄	44			٥.
Part \						_				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a			٦,				
	Other credits (see instructions)		45b			⊣′				
	General business credit. Attach Form 3800		45c			-				
	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d			- -				
	Total credits. Add lines 45a through 45d					-	45e			
46	Subtract line 45e from line 44	¬-		1			46			0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697	Form	8866	Uther	(attach schedule	′ —	47			
48	Total tax. Add lines 46 and 47 (see instructions)	0				-	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), li	ne 2	FA.			ŀ	49			0.
	Payments A 2017 overpayment credited to 2018		50a 50b			\dashv				
	2018 estimated tax payments		50c			⊢.				
	Tax deposited with Form 8868		50d						,	
	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions)		50e			⊣.				
	Credit for small employer health insurance premiums (attach Form 8941)		50f			⊢,				
	Other credits, adjustments, and payments Form 2439		301			\dashv				
a	Form 4136 Other	Total D	► 50g			- [;				
51	Total payments. Add lines 50a through 50g	TOTAL P	Cog			⊣-	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached						52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed						53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	overnaid				-	54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax			Re	efunded •	-	55			
Part ³	Statements Regarding Certain Activities and Other In	nforma	ition (se	e instru	uctions)					
56	At any time during the 2018 calendar year, did the organization have an interest in or								Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organizat	tion may ha	ve to fi	le				,	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the	name of t	the foreign	country	1				ı	
	here SEE STATEMENT 5								х	
57	During the tax year, did the organization receive a distribution from, or was it the grain	ntor of, o	r transferor	to, a fo	reign trust?					Х
	If "Yes," see instructions for other forms the organization may have to file.									
58	Enter the amount of tax-exampt interest received or accrued during the tax year	3							1 .	ı
	Under penalties of penalti, I declare that I have examined this return, including accompanying scorrect, and complete peclaration of preparer (other than taxpayer) is based on all information of	chedules a	nd statement	s, and to	the best of my k	nowle	dge an	d belief, it	is true,	
Sign			opular maa am	,	.ugo	_		discuss ti		with
Here		VICE :	PRESIDE	NT AN	D CFO			shown be		
	Bignature of officer Dayle Title					ınstru	ıctıons)	¹⁷ X \	es _	No
	Print/Type preparer's name Preparer's signature		Date		Check	ıf	PTIN			
Paid	'				self- employe	ed .				
Prepa	mary kay curtiss Mary kay curtiss	1	1/12/19					155148		
Use C	Only Firm's name ▶ BLUM SHAPIRO & CO., P.C.				Firm's EIN	<u> </u>	06	-10092	05	
	29 SOUTH MAIN STREET					, -				
	Firm's address WEST HARTFORD, CT 06127-2000				Phone no.	(86	0)56			
823711 01	1-09-19							Form §	990-T	(2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				-	
1 Inventory at beginning of year	1		T 6	Inventory at end of year	ır		6	_	
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			1	line 2		· -	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Ye	es No	
b Other costs (attach schedule)	4b		1	property produced or a	cquirec	for resale) apply to		1	
5 Total. Add lines 1 through 4b	5			the organization?	•	, , , ,		_	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	erty)		
Description of property									
(1)									
(2)				<u></u>					
(3)									
(4)					·				
		ed or accrued				3(a) Deductions directly o	connected with the inco-	ma in	
rent for personal property is more than of rent for				onal property (if the percents property exceeds 50% or if ed on profit or income)	ige	columns 2(a) and	2(b) (attach schedule)		
(1)									
(2)									
(3)							-		
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	٥.	
Schedule E - Unrelated Del		Income (see	ınstru	ctions)					
			T	2. Gross income from		Deductions directly connected with or allocable to debt-financed property			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)		=		%					
(3)			Ī	%					
(4)	1			%					
4		-··	.*			nter here and on page 1, Part I, line 7, column (A)	Enter here and on p		
Totals				▶		0.		0.	
Total dividends-received deductions in	ncluded in column	ı 8				<u> </u>		0.	
		. .					Farm 000	T (2010)	

Form **990-T** (2018)

Schedule F - Interest,	Annuities,	Hoyaltı		t Controlled C			zations (see instruc	tions)
1. Name of controlled organiza	ation	2. Emplo identificat number	yer 3 Net u	inrelated income ee instructions)	4. Tot	tal of specified ments made	ıncluded ın	olumn 4 that is the controlling s gross incom	3	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)									Л	
Nonexempt Controlled Organ										
7. Taxable Income	8. Net unrel	ated income (nstructions)	loss) 9. Tot	al of specified pay made	ments		mn 9 that is in ing organizatio s income			uctions directly connected ncome in column 10
(1)					,			ĺ		
(2)										
(3)										
(4)										
T-1-1				,		Enter here and	nns 5 and 10 on page 1, Pa column (A)		nter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals	4 1	-4 - 0		\(\frac{1}{2}\)\(\frac{1}\2\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac	<u>// // // // // // // // // // // // // </u>			0.		0.
Schedule G - Investme	ent income ructions)	e or a Se	ection build)(/), (9), or	(17) Or	ganization	•			
	cription of income			2. Amount of	ncome	3. Deductio directly conne (attach sched	cted	4. Set-asides		5. Total deductions and set-asides (col 3 plus col 4)
(1)			•							· · · · · · · · · · · · · · · · · · ·
(2)				İ						ĺ
(3)										
(4)						•				
Totals			•	Enter here and Part I, line 9, co		1 1 3 3		•		Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited (see instri		ctivity l	ncome, Oth	er Than Ad	lvertisi	ng Income)			
1. Description of exploited activity	2. Gross unrelated bus income fro trade or busi	iness im	3. Expenses directly connected with production of unrelated business income	4. Net incorfrom unrelated business (communication gain, comput through	d trade or olumn 2 in 3), If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								-		
(2)										
(3)										
(4)	Enter here ar page 1, Pa	nti,	Enter here and on page 1, Part I,)† -{						Enter here and on page 1,
Totals -	line 10, col	(^)	line 10, col (B)	. [Part II, line 26
Schedule J - Advertisi	na Income	-1		<u>'•1</u>		-	-			0.
Part I Income From				nsolidated	l Basis					
1. Name of periodical	ad	. Gross vertising income	3. Direct advertising cost	or (loss) (c ts col 3) If a g	tising gain of 2 minus ain, comput nrough 7	5 Circulate income		. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)									่	
(4)			<u></u>	_];	
Totals (carry to Part II, line (5))	•	0		0.	· · · · · · · · · · · · · · · · · · ·					0.
										Form 990-T (2018)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					-		<u> </u>
(3)							
(4)							
Totals from Part I	▲	0.	0.	- -	=		0.
•		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)], -			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>	0.	0.	 		1	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business.	Compensation attributable to unrelated business
(1)		%	. "
(2)	,	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	•	▼	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
	В	USINESS ACTIVITY	Y			

ALTERNATIVE INVESTMENTS QUALIFIED PARKING

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS	N/A	29,674,881.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	29,674,881.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DESCRIPTION TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE OTHER NONPERSONNEL EXPENSES	-	2,500. 212,167. 11,509.

FORM 990-T C	CONTRIBUTIONS SUMMARY	_	STATEMENT	4
QUALIFIED CONTRIBUTIONS SUE	JECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UN FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	USED CONTRIBUTIONS			
FOR TAX YEAR 2017	24,385,238			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONT	RIBUTIONS	24,385,238 29,674,881		
TOTAL CONTRIBUTIONS AVAILABTE TAXABLE INCOME LIMITATION A		54,060,119		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		54,060,119 0 54,060,119		
ALLOWABLE CONTRIBUTIONS DEC	UCTION			0
TOTAL CONTRIBUTION DEDUCTIO	N			0

5 FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

CAYMAN ISLANDS

JERSEY

FORM 990-T	NET	OPERATING LOSS	PERATING LOSS DEDUCTION		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/16	339,326.	98,664.	240,662.	240,662.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	240,662.	240,662.	

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

THE COMMUNITY FOUNDATION FOR GREATER NEW

Employer identification number

06-6032106

i Part		ins and Losses (See	instructions)			
to enter o	uctions for how to figure the amounts n the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gal or loss from Form(s) 894	19.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form round off	may be easier to complete if you cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	a)	combine the result with column (g)
repor was r have Howe trans	s for all short-term transactions ted on Form 1099-B for which basis eported to the IRS and for which you no adjustments (see instructions). ever, if you choose to report all these actions on Form 8949, leave this line and go to line 1b		,			
	s for all transactions reported on					,
Form	(s) 8949 with Box A checked					
	s for all transactions reported on					
	(s) 8949 with Box B checked					
	s for all transactions reported on					
	(s) 8949 with Box C checked	-146,528.		<u>l</u>		-146,528.
	-term capital gain from installment sales		7		4	
	-term capital gain or (loss) from like-kind	· ·			5	
	ed capital loss carryover (attach computa	•			6	(
	nort-term capital gain or (loss). Combin				7	-146,528.
	I Long-Term Capital Gai	ns and Losses (See	instructions)			
to enter o	octions for how to figure the amounts in the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19	(h) Gain or (loss) Subtract column (e) from column (d) and
This form round off	may be easier to complete if you cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (s	9)	combine the result with column (g)
on Fo repor no ac if you	s for all long-term transactions reported rm 1099-B for which basis was ted to the IRS and for which you have justments (see instructions). However, choose to report all these transactions rm 8949, leave this line blank and go to b					
8b Total	s for all transactions reported on					, ,
Form	(s) 8949 with Box D checked					
9 Total	s for all transactions reported on					
Form	(s) 8949 with Box E checked					
10 Total	s for all transactions reported on					
Form	(s) 8949 with Box F checked	107,002.				107,002.
11 Enter	gain from Form 4797, line 7 or 9				11	29,056.
•	-term capital gain from installment sales	· ·	7		12	
13 Long	-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capit	al gain distributions				14	
15 Net l	ong-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	136,058.
Part	III Summary of Parts I and	d II				
16 Enter	excess of net short-term capital gain (lir	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net c	apital gain. Enter excess of net long-term	n capital gain (line 15) over ne	t short-term capital loss (line	7)	17	
18 Add	ines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.		18	0.
Note	If losses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Form **8949**

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
2018

Attachment Sequence No 12A

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, 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 | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

transactions, see page 2 Note: You may aggregate al	l short-term transa	ctions reported on	Form(s) 1099-B show	ving basis was report	ted to the IF	S and for which no	adjustments or
codes are required Enter the You must check Box A, B, or C below.	Check only one b	ox, If more than one b	oox applies for your shor	t-term transactions, com	plete a separ	ate Form 8949, page 1, 1	ructions) or each applicable box
If you have more short-term transactions than wi	ill fit on this page for o	one or more of the box	es, complete as many fo	orms with the same box of	checked as yo	ou need	
(A) Short-term transactions rep (B) Short-term transactions rep		•	•		e note ao	ove)	
(C) Short-term transactions rep			_	ported to the INS			
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	où 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 see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
HOUND PARTNERS CONCENTRATED						adjustificht	
FUND, LP			<146,528.	>			<146,528.>
,			,	· · · · · · ·			
-	-					,	
							
							
		······································					
				····			
							
							_
	,						
		·· -u- ·					
						-	
			·-··				
					·		
			···				
		···- ···					
2 Totals. Add the amounts in colur	nns (d), (e), (a), a	and (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if Bo			<146,528.	>			<146,528.>

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Attachment Line 5, Form 990T						
The Community Foundation for Greater New Haven CYE 12/31/18 2018 K-1 Analysis - For Income Other Than Cap Gains	ordinary inc (loss)	Other income	Dividend	Interest Income	Deductions Related to Portfolio	Total UBI
Resource Land Fund V. I.P.	(37 789)	,		ı		(37 789)
Hound Partners Concentrated Fund LP	22.995	•	•	ı	•	22.995
GEM Realty Fund V, L.P.	5,264	3,458	,	943	(276)	9,389
GEM Realty Fund VI, L.P.	(88)				, '	(88)
Warburg Pincus Energy (E&P) TERRA-A, L.P.	44,129	•	•	1	(28,618)	15,511
Warburg Pincus Energy (E&P) A, L.P.	(52,351)	35	,	•	(314,836)	(367,152)
Metropolital Real Estate Partners International II, LP	2,055	(229)	•	_	•	1,797
Metropolitan Real Estate Partners III-A, LP	6,957	799		ı	•	7,756
Metropolitan Real Estate Partners III-B, LP	6,873	(62)		,	1	6,794
Metropolitan Real Estate Partners V, LP	(849)	894	1	•	•	45
Juniper Capital II, L.P.	(171,365)	t	•	•	(508,631)	(966'629)
Denham Commodity Partners Fund VI, LP	78,898	20,546	•	•	(164,228)	(64,784)
The Varde Fund IX, LP Trustee	(91)	•	,		•	(91)
The Varde Fund IX, LP CFGN	(135)	•	t	•	•	(135)
TIFF Private Equity Partners 2008, LLC	(1,914)	781	•	•	(1,888)	(3,021)
TIFF Partners III, LLC	(E)	•		•	•	<u>(</u>
TIFF Partners V-US, LLC	(1,568)	22,308	1	1,035	(624)	21,151
TIFF Private Equity Partners 2011, LLC	(6,766)	190	•	110	(2,852)	(9,318)
<u> </u>	(105,762)	48,673		2,089	(1,021,953)	1
		מן	Income subject to UBIT	ВІТ		(1,076,953)

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Form 8949 (2018)				Attachn	nent Seque	ence No 12A	Page 2	
Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 THE COMMUNITY FOUNDATION FOR GREATER NEW Social security taxpayer identification no not required if shown on page 1 taxpayer identification no not required if shown on page 1								
HAVEN							06-6032106	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which	ation as Form 10	you received an 99-B Either will	y Form(s) 1099-B (show whether you	or substitute statei ir basis (usually yo	ment(s) fro ur cost) wa	m your broker As as reported to the	substitute IRS by your	
Part II Long-Term. Transaction		al assets vou held	more than 1 year are	generally long-term	(see instruct	ions) For short-term	transactions.	
see page 1								
Note: You may aggregate al codes are required. Enter the	e totals directly on	Schedule D. line 8	a vou aren't require	d to report these tran	sactions on	Form 8949 (see inst	ructions)	
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one be il fit on this page for or	ox, if more than one be ne or more of the boxe	ox applies for your long as, complete as many fo	-term transactions, comp rms with the same box o	olete a separat hecked as you	te Form 8949, page 2, fo u need	r each applicable box	
(D) Long-term transactions rep	ported on Form(s	s) 1099-B showir	ng basis was repoi	rted to the IRS (se	e Note abo	ove)		
(E) Long-term transactions rep	orted on Form(s	s) 1099-B showin	ig basis wasn't re	ported to the IRS				
(F) Long-term transactions not	t reported to you	on Form 1099-	3					
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss. If you no column (f)	e(s) Amount of with column (a)		
				the instructions	Code(s)	adjustment	with column (g)	
HOUND PARTNERS CONCENTRATED	1							
FUND, LP			23,796.				23,796.	
METROPOLITAN REAL ESTATE								
PARTNERS V, LP			291.				291.	
TIFF PRIVATE EQUITY								
PARTNERS 2008, LLC			3,553.				3,553.	
TIFF PARTNERS V, LLC			12,078.				12,078.	
TIFF PRIVATE EQUITY								
PARTNERS 2011, LLC			67,284.				67,284.	
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W-C-								
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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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

107,002.

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

823012 11-28-18

Attachment Schedule D Form 1120

The Community Foundation for Greater New Haven

CYE 12/31/18

Election to forgo the entire net operating loss carryback period

The Community Foundation for Greater New Haven incurred a net operating loss in the year ended December 31, 2018, and is entitled to a two year carryback under IRC Sec. 172(b)(1)(A), of all or a portion of the loss. Pursuant to IRC Sec. 172(b)(3), The Community Foundation for Greater New Haven hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

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