EXTENDED TO NOVEMBER 16, 2628 39316314345 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification numb (Employees' trust, see Check box if Name of organization (Lagrand Check box if name changed and see instructions.) address changed THE COMMUNITY FOUNDATION FOR GREATER NEW instructions) HAVEN B Exempt under section 06-6032106 Print E Unrelated business activity code x 501(c)(3 0.0 Number, street, and room or suite no. If a P.O. box, see instructions. Type 1220(e) 408(e) 70 AUDUBON STREET 408A __530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) NEW HAVEN CT 523000 C Book value of all assets F Group exemption number (See instructions.) at end of year x 501(c) corporation 645,643,145. G Check organization type 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 > ALTERNATIVE INVESTMENTS . 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? _ Yes X No 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 **Unrelated Trade or Business Income** Part I (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 338,540 338,540, b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 -703 768 -703,768, Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 .76 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 -365,228 Deductions Not Taken Elsewhere (See instructions for limitations/on deductions) Part II (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 1,493, Salarıes and wages \ 15 Repairs and maintenance 16 16 Š ∝Rad debts 17 17 Theres Nattach Chedule (See Instructions) 18 18 axes and licenses 19 19 Depreoration (attent Form 4562) 20 21a ichedulle A and elsewhere on return 21b Depletion 22 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 25 Excess exempt expenses (Schedule 1) 25 Excess readership costs (Schedule J) 26 27 Other deductions (attack schedule) SEE STATEMENT 1 27 28,448. Total deductions Add lines 14 through 27 28 28 29,941. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -395 169 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Form **990-T** (2019)

-395 169.

30

31

(see instructions)

SEE STATEMENT 2

S 00	1	THE COMMUNITY FOUNDATION FOR (DEAMED NEW WAVEN				0.6	6022106		_
		Total Unrelated Business Taxa					06-	6032106		Page 2
32		unrelated business taxable income computed		e (cae inetrue	tione)		32		-395	169
33		is paid for disallowed fringes	a none an unrelated trades or businesse	3 (366 1136 06	110113)	1	33			, 105.
34		ple contributions (see instructions for limitation	on rules) STMT 5	STMT 6			34			0.
35		related business taxable income before pre-2	•		the eum	of lynna 22 and 23			-395	
36		on for net operating loss arising in tax years t				STMT 4	36			0.
37		unrelated business taxable income before sp		=			37		-395	
38		deduction (Generally \$1,000, but see line 38				ą.	38			000.
39	•	ed business taxable income. Subtract line 3	• •	line 37		, , , ,	٣			,
•		e smaller of zero or line 37	o nom mio or. Il mio oo io greater man			11	39		-395	169.
Part	: IV 1	Tax Computation				- 1	1 002	l		, =
40		ations Taxable as Corporations. Multiply lin	e 39 by 21% (0.21)	·—···		•	40			0.
41		Taxable at Trust Rates. See instructions for t		ount on line 39	from:		· · ·			
		x rate schedule or Schedule D (Form	•			•	41			
42	Proxy ta	ax. See instructions	,				42			
43	•	ive minimum tax (trusts only)				•	43			
44	Tax on	Noncompliant Facility Income. See instruction	ons				44	·		
45		dd lines 42, 43, and 44 to line 40 or 41, which					45			0.
Part		Tax and Payments				·	1			· · ·
46a	Foreign	tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	46a						
b	Other cr	redits (see instructions)		46b			1			
C	General	business credit. Attach Form 3800		46c		A-1	1			
d	Credit fo	or prior year minimum tax (attach Form 8801	or 8827)	46d		.	1			
6	Total cr	edits. Add lines 46a through 46d			•		46e			
47	Subtrac	t line 46e from line 45					47			0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8697 Form 8697	orm 8866 🗀	Other	(attach schedule)	48			•
49	Total ta	x. Add lines 47 and 48 (see instructions)					49			0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Fo	orm 965-B, Part II, column (k), line 3				50			0.
51 a	Paymen	its: A 2018 overpayment credited to 2019		51a						
b	2019 es	timated tax payments		51b]			
C	Tax dep	osited with Form 8868		51c						
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d						
е	Backup	withholding (see instructions)		51e						
f	Credit fo	or small employer health insurance premiums	(attach Form 8941)	51f						
9	Other cr	edits, adjustments, and payments: 💹 Fo	orm 2439							
			ther Tota	ıl ▶ <u>51g</u>						
52		syments. Add lines 51a through 51g					52			_
53		ed tax penalty (see instructions). Check if For	•				53			
54		e. If line 52 is less than the total of lines 49, 50				>	54			
55		yment. If line 52 is larger than the total of line		d		>	55			
		e amount of line 55 you want. Credited to 20				efunded 🕨	56			
Part		Statements Regarding Certain		<u>`</u>		···				
57		me during the 2019 calendar year, did the or	•		•				Yes	No
		nancial account (bank, securities, or other) in								
		Form 114, Report of Foreign Bank and Financ	cial Accounts. If "Yes," enter the name of	f the foreign c	ountry				_	-
	here	SEE STATEMENT 3				·			Х	
58		the tax year, did the organization receive a dis		or transferor t	o, a fore	eign trust?				Х
		see instructions for other forms the organization								
59	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax year > \$							<u> </u>
Sign	co	der penalties of per bry, I reclare that I have examine rect, and comprete Declaration of preparer (other tha	o uns return, including accompanying schedul in taxpayer) is based on all information of which	es and statemer h preparer has a	its, and to ny knowle	o the best of my kno edge	wledge a	nd belief, it i	s true,	
Here		9/11/	La			M	lay the IR	S discuss th	ıs return ı	with
		Signature of officer	Date SR VIC	E PRESIDE	NT AN			sr shown bel		ا ا
	مندا	Print/Upe preparer's name	,	10-4-			structions		es	No
_		Franc u ype preparer s name	Preparer's signature	Date		· · · · · · · · · · · · · · · · · · ·	if PTII	N		
Paid		MARY KAY CURTISS	MARY KAY CURTISS	11/13/2	,	self- employed		1166440		
•	arer	Firm's name BLUM SHAPIRO & CO.		11/13/2		Firm's FIM N		1551484		
Use	Only	1 mil 3 haine Buon Shartro & CO.	.,			Firm's EIN	06	-100920	75	

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29 SOUTH MAIN STREET Firm's address
WEST HARTFORD, CT 06127-2000

Phone no. (860)561-4000

Form **990-T** (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6	
2 Purchases	2		7 Cost of goods sold. Su	btract li	ne 6		
3 Cost of labor	3		from line 5. Enter here	and in P	art I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	•	,		
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Prop	perty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued			2/a\Daduations directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions directly connected with the income in 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)	0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	: instructions)				
		· · · · ·	2. Gross income from		3. Deductions directly conn to debt-finance		
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 ischedule)	6. Column 4 divided 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)			%				
(4)			%			Ĭ	
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			▶		0	. 0.	
Total dividends-received deductions in	icluded in column	18			>	0.	
						Form 990-T (2019)	

Schedule F - Interest,		, ,	,		Controlled O				1000 1113	GO ((O)	,	
Name of controlled organization	tion	2. Emj identifi num	cation	3. Net unrelated income (loss) (see instructions) 4. To pay		4. Tota payn	ments made includ		5. Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income		inrelated incon see instructions		9. Total	of specified pay made	nents	10. Part of column the controllingross	mn 9 tha ing orgai s income	nization's	11. Do wit	eductions directly connected h income in column 10	
(1)												
(2)						1						
(3)											· · · · · · · · · · · · · · · · · · ·	
(4)												
							Add colun Enter here and line 8, c		a 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme		me of a	Section	501(c)(7), (9), or	(17) Or	ganizatior	1				
(see insti	ructions)				т	T		-				
1. Desc	1. Description of income				2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)						Î						
					Enter here and Part I, line 9, co					•	Enter here and on page Part I, line 9, column (B)	
Totals					L	0.					0	
Schedule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ac	lvertisi	ng income	•				
1. Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						+						
(2)	1				T	<u> </u>			l			
(3)				*******	1				<u> </u>			
(4)					1							
	page 1	re and on , Part I, col (A)	Enter ner page 1, line ⁻ 0,	, Part I,	1,	, -	ı			,	Enter here and on page 1, Part II, line 25	
Totals • Advertisi	<u> </u>	0.		<u> </u>	<u> </u>		-	•			0	
Schedule J - Advertisi						<u> </u>						
Part I Income From	Periodic	als Rep	orted oi	n a Con	isolidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c		5. Circulat e income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							1					
(2)							<u> </u>				1	
(3)											1	
(4)								 -			1	
Totals (carry to Part II, line (5))	•		0.		0.					_	0	
							•				Form 990-T (2019	

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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	4. 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)			,				
(3)							
(4)							
Totals from Part I	•	0.	, O.		٠.		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enfer here and on page 1, Part I, line 11, col (B)			÷ .	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.		•		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)		r		%	
(2)		1		%	
(3)				%	
(4)		'		%	
「otal. Enter here and on page	1, Part II, line 14			•	

Form 990-T (2019)

FÒRM 990-T		OTHER	DEDUCTION	ONS	STATEMENT	1
DESCRIPTION					AMOUNT	
TAX PREPARATION INVESTMENT MANAG OTHER NONPERSONN	EMENT FEE					500. 552. 396.
TOTAL TO FORM 99	0-T, PAGE 1,	LINE 27			28,	448.
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT	2
TAX YEAR LOSS	SUSTAINED	LOS: PREVIOU APPL:	USLY	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	1,246,963.		0.	1,246,963.	1,246,9	53.
NOL CARRYOVER AV	AILABLE THIS	YEAR		1,246,963.	1,246,9	63.
FORM 990-T	NAME OF ORGANIZAT		COUNTRY :	-	STATEMENT	3

NAME OF COUNTRY

CAYMAN ISLANDS JERSEY

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
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.

FÒRM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS	N/A	29,508,017.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	29,508,017.

FÖRM 990-T CONTI	RIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED CONTRIBUTIONS SUBJECT				
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	24,385,238 29,674,881			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBU	54,060,119 29,508,017			
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS A	 DJUSTED	83,568,136		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	_	83,568,136 0 83,568,136		
ALLOWABLE CONTRIBUTIONS DEDUCT:	nc)			0
TOTAL CONTRIBUTION DEDUCTION				0

SCHÈDULE 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

THE COMMUNITY FOUNDATION FOR GREATER NEW

HAVEN

Employer identification number

06-6032106

Schedule D (Form 1120) 2019

Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax y	/ear?		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.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	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			~		
Form(s) 8949 with Box C checked	-21,065.				-21,065.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4	
5 Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)	SEE STAT	EMENT 7	6	(10,470.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-31,535.
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts			(5)	-	45
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) (sales price) (or other basis) (g) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (s				9,	(ħ) Gain or (loss) Subtract column (e) from 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	111,533.		<u> </u>		111,533.
11 Enter gain from Form 4797, line 7 or 9				11	258,542.
12 Long-term capital gain from installment sales	•	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		ı h	<u> </u>	15	370,075.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lii		• •		16	
17 Net capital gain. Enter excess of net long-term			e 7)	17	338,540.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	i	18	338,540.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA

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

Form

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

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

Note: You may aggregate all	short-term transac	ctions reported on	Form(s) 1099-B show	ving basis was repor	ted to the IF	RS and for which no	adjustments or
codes are required Enter the You must check Box A, B, or C below.	totals directly on	Schedule D, line 1	a; you aren't required	to report these tran	sactions on	Főrm 8949 (see inst	ructions)
If you have more short-term transactions than wi	ll fit on this page for o	ne or more of the box	es, complete as many fo	rms with the same box	checked as yo	ou need	or each applicable box
(A) Short-term transactions rep					e Noté ab	ove)	
(B) Short-term transactions rej	oorted on Form(s	s) 1099-B showir	ng basis wasn't re	ported to the IRS			
(C) Short-term transactions no	t reported to yo	u on Form 1099-	В				
1 (a)	(b)	(c)	_ (d)	(e)		nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	I in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Suics price)	Note below and	column (f). See instructions.	from column (d) &
		(Mo , day, yr.)		see <i>Çólumn (e)</i> in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
TIFF PARTNERS V-US, LLC			<66.	2			<66,
TIFF PRIVATE EQUITY							
PARTNERS 2008, LLC			/ 1.				1.
HOUND PARTNERS CONCENTRATED							
FUND, LP			<21,000.	>			<21,000.
				···			
			/				
			<u> </u>				
		/					
		/					
		/					
		<i>y</i>					
		<u></u>					
	/						
	/						
<i>k</i>	Ĺ						
2 Totals. Add the amounts in colur	nns (d), (e), (g <mark>),</mark> a	ınd (h) (subtract					
negative/amounts) Enter each to	tal here and incl	ude on your			ļ		
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	ox C above is ch	necked)	<21,065.	>			<21,065.>

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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 number or taxpayer identification no.

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, 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 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 (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh XYZ Co.) (Mo, day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr.) (g) see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment GEM REALTY FUND V, L.P. <12,686 <12,686.> METROPOLITAN REAL ESTATE PARTNERS V, LP <214 <21.> METROPOLITAN REAL ESTATE PARTNERS V, LP - BOA /<21. <21. WARBURG PINCUS ENERGY (CAYMAN) L.P. 6,530. 6,530 TIFF PARTNERS V-US, LLC <705 <705. TIFF PRIVATE EQUITY PARTNERS 2008, LLC 2,251. 2,251. TIFF PRIVATE EQUITY PARTNERS 2011 LLC 21,512. 21,512 HOUND PARTNERS CONCENTRATED 80,332. FUND, LP 80,332. TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA 14,341 14,341. 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) 111,533 111,533.

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.

SCHEDULE D	C	APITAL LOSS CARRYOV	ER	STATEMENT		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
	2014 2015 2016 2017					
	2018	10,470		10,4	170	
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	R	10,4	170	