

PUBLIC DISCLOSURE COPY

DocuSigned by:  
*Wendy Gamba*  
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11/15/2023

\*\*PUBLIC INSPECTION COPY\*\*

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**A For the 2022 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**70 AUDUBON STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NEW HAVEN, CT 06510****F** Name and address of principal officer: **WENDY GAMBA****70 AUDUBON STREET, NEW HAVEN, CT 06510****D** Employer identification number**06-6032106****E** Telephone number**(203) 777-2386****G** Gross receipts \$ **280,263,122.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CFGNH.ORG****K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other**L** Year of formation: **1928** **M** State of legal domicile: **CT****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities:	<b>SEE SCHEDULE O</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>48</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>554</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,560,022.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>241,025.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>56,432,139.</b>	<b>27,510,579.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>45,822,003.</b>	<b>46,133,735.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>12</b>		<b>102,254,142.</b>	<b>73,644,314.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>33,864,953.</b>	<b>79,237,145.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,563,086.</b>	<b>5,757,896.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,811,333.</b>	
	<b>17</b>		<b>9,965,464.</b>	<b>10,779,371.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>49,393,503.</b>	<b>95,774,412.</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>52,860,639.</b>	<b>-22,130,098.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>835,102,821.</b>	<b>679,592,958.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>38,021,045.</b>	<b>49,266,230.</b>
<b>22</b>		<b>797,081,776.</b>	<b>630,326,728.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** **WENDY GAMBA, CFO** **11/15/2023**  
 Signature of officer Date  
 Type or print name and title

**Paid** Print/Type preparer's name **SARAH HINTZ** Preparer's signature **SARAH HINTZ** Date **11/15/23** Check ☐ if self-employed PTIN **P00492291**

**Preparer Use Only** Firm's name **CLIFTONLARSONALLEN LLP** Firm's EIN **41-0746749**  
 Firm's address **8390 EAST CRESCENT PARKWAY, SUITE 300**  
**GREENWOOD VILLAGE, CO 80111** Phone no. **(303) 779-5710**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Form 990 (2022)

06-6032106 Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****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 PHILANTHROPY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

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

**4** Describe the 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 \$ **56,444,062.** including grants of \$ **52,296,516.** ) (Revenue \$ )  
**CIVIC VITALITY: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE  
CIVIC VITALITY.**

**4b** (Code: ) (Expenses \$ **10,262,557.** including grants of \$ **9,508,457.** ) (Revenue \$ )  
**ARTS AND CULTURE: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT  
PROMOTE ARTS AND CULTURE.**

**4c** (Code: ) (Expenses \$ **5,131,278.** including grants of \$ **4,754,229.** ) (Revenue \$ )  
**HEALTH: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT ENSURE HEALTH  
AND WELLNESS.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **13,683,409.** including grants of \$ **12,677,943.** ) (Revenue \$ )**4e** Total program service expenses **85,521,306.**Form **990** (2022)

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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Form 990 (2022)

06-6032106 Page **3****Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>X</b>	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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Form 990 (2022)

06-6032106 Page **4****Part IV Checklist of Required Schedules** (continued)

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	62
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> 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	<b>2a</b> 48		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	<b>X</b>	
<b>4a</b> 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)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		<b>X</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		<b>X</b>
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		<b>X</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		<b>X</b>
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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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**

	1a	1b	Yes	No
<b>1a</b> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5			X
<b>6</b> Did the organization have members or stockholders? .....	6			X
<b>7a</b> 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? .....	7a		X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b		X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	8b		X	
<b>9</b> 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 .....	9			X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed CT

**18** Section 6104 requires an organization to make its Forms 1023 (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.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**WENDY GAMBA - 203-777-7061**  
**70 AUDUBON STREET, NEW HAVEN, CT 06510**

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM W. GINSBERG PRESIDENT & CEO	40.00			X				464,616.	0.	81,987.
(2) ANDREW F. ALDEN SR. VP FOR INVESTMENTS	40.00				X			366,693.	0.	52,931.
(3) ANGELA POWERS SR. VP FOR OPERATIONS	37.50				X			331,651.	0.	43,496.
(4) DOROTHY WESTON-MURPHY SR. VP FOR DEVELOPMENT	37.50				X			243,055.	0.	27,258.
(5) CHRISTINA CIOCIOLA SR. VP FOR GRANTMAKING	37.50				X			247,616.	0.	21,825.
(6) LEON BAILEY SR. VP ORGANIZATIONAL EFPE	37.50				X			240,830.	0.	27,191.
(7) WENDY GAMBA CHIEF FINANCIAL OFFICER	37.50			X				194,030.	0.	31,783.
(8) NICK NORCOTT JR. CHAIR	1.00	X		X				0.	0.	0.
(9) MARCELLA NUNEZ-SMITH VICE CHAIR	1.00	X		X				0.	0.	0.
(10) KEITH CHURCHWELL DIRECTOR	1.00	X						0.	0.	0.
(11) MAYSA ABKAR DIRECTOR	1.00	X						0.	0.	0.
(12) ROXANNE COADY DIRECTOR	1.00	X						0.	0.	0.
(13) JOE GORDON DIRECTOR	1.00	X						0.	0.	0.
(14) HEATHER TOOKES ALEXOPOULOS DIRECTOR	1.00	X						0.	0.	0.
(15) TERRY JONES DIRECTOR	1.00	X						0.	0.	0.
(16) FERNANDO J. MUNIZ DIRECTOR	1.00	X						0.	0.	0.
(17) GREG PEPE DIRECTOR	1.00	X						0.	0.	0.



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06-6032106 Page **8****Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VALARIE SHULTZ WILSON DIRECTOR	1.00	X						0.	0.	0.
(19) BANK OF AMERICA MERRILL LYNCH TRUSTEE COMMITTEE	1.00		X					0.	0.	0.
(20) KEYBANK NATIONAL ASSOCIATION TRUSTEE COMMITTEE	1.00		X					0.	0.	0.
(21) WELLS FARGO BANK, NA TRUSTEE COMMITTEE	1.00		X					0.	0.	0.
<b>1b Subtotal</b> .....								2,088,491.	0.	286,471.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,088,491.	0.	286,471.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
U.S. TRUST BANK OF AMERICA 99 FOUNDERS PLAZA, EAST HARTFORD, CT 06108	INVESTMENT MANAGER	358,005.
PERMIAN INVESTMENT PARTNERS, 295 MADISON AVE., 34TH FL., NEW YORK, NY 10017	INVESTMENT MANAGER	301,571.
RAVEN ASSET BASED OPPORTUNITY FUND 110 GREENE ST., STE. 9G, NEW YORK, NY 10012	INVESTMENT MANAGER	299,824.
CREWCIAL PARTNERS, LLC 750 3RD AVE., 20TH FL., NEW YORK, NY 10017	INVESTMENT ADVISOR	272,481.
WESTWOOD GLOBAL INVESTMENTS, LLC, ONE FINANCIAL CENTER STE. 1620, BOSTON, MA	INVESTMENT MANAGER	259,018.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	14	

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06-6032106 Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,271,752.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	26,238,827.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,315,071.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			12,508,522.		413,704.	12094818.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			73,644,314.	0.	1560022.	44573713.	

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06-6032106 Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	78,987,336.	78,987,336.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	127,500.	127,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	122,309.	122,309.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	772,416.	293,518.	347,588.	131,310.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,773,708.	1,434,009.	1,698,169.	641,530.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	343,820.	130,652.	154,719.	58,449.
<b>9</b> Other employee benefits	532,081.	202,191.	239,436.	90,454.
<b>10</b> Payroll taxes	335,871.	127,631.	151,142.	57,098.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	48,579.	18,460.	21,861.	8,258.
<b>c</b> Accounting	63,005.	23,942.	28,352.	10,711.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	7,717,144.	2,932,515.	3,472,715.	1,311,914.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	90,944.	34,559.	40,925.	15,460.
<b>12</b> Advertising and promotion	167,158.	63,520.	75,221.	28,417.
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	284,458.	108,094.	128,006.	48,358.
<b>17</b> Travel	4,058.	1,542.	1,826.	690.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	108,430.	41,203.	48,794.	18,433.
<b>20</b> Interest	1,459,971.	554,789.	656,987.	248,195.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	60,100.	22,838.	27,045.	10,217.
<b>23</b> Insurance	96,405.	36,634.	43,382.	16,389.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIPMENT RENTAL AND MA</u>	288,316.	109,560.	129,742.	49,014.
<b>b</b> <u>PRINTING AND PUBLICATIO</u>	156,248.	59,374.	70,312.	26,562.
<b>c</b> <u>GENERAL</u>	67,203.	25,537.	30,242.	11,424.
<b>d</b> <u>SUPPLIES</u>	62,098.	23,597.	27,944.	10,557.
<b>e</b> All other expenses	105,254.	39,996.	47,365.	17,893.
<b>25</b> Total functional expenses. Add lines 1 through 24e	95,774,412.	85,521,306.	7,441,773.	2,811,333.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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06-6032106 Page **11****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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	18,865,157.	<b>2</b>	9,517,425.
	<b>3</b> Pledges and grants receivable, net .....	36,698,146.	<b>3</b>	1,757,826.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	39,182,280.	<b>7</b>	46,505,008.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,324,992.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,264,458.		
		175,888.	<b>10c</b>	60,534.
	<b>11</b> Investments - publicly traded securities .....	489,168,900.	<b>11</b>	404,111,412.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	246,240,218.	<b>12</b>	213,983,455.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	4,345,851.	<b>13</b>	3,608,179.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	426,381.	<b>15</b>	49,119.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	835,102,821.	<b>16</b>	679,592,958.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	714,471.	<b>17</b>	1,172,104.
	<b>18</b> Grants payable .....	708,921.	<b>18</b>	794,506.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	36,296,220.	<b>23</b>	47,036,051.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	301,433.	<b>25</b>	263,569.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	38,021,045.	<b>26</b>	49,266,230.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	795,188,372.	<b>27</b>	628,903,714.
	<b>28</b> Net assets with donor restrictions .....	1,893,404.	<b>28</b>	1,423,014.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	797,081,776.	<b>32</b>	630,326,728.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	835,102,821.	<b>33</b>	679,592,958.

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06-6032106 Page **12****Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	73,644,314.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	95,774,412.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-22,130,098.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	797,081,776.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-144,154,560.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-470,390.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	630,326,728.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	<b>X</b>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14672987.	32613549.	20517393.	56432139.	27510579.	151746647
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14672987.	32613549.	20517393.	56432139.	27510579.	151746647
<b>5</b> 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) .....						40767491.
<b>6 Public support.</b> Subtract line 5 from line 4.						110979156

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	14672987.	32613549.	20517393.	56432139.	27510579.	151746647
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7196517.	7825808.	8659246.	11457017.	12508522.	47647110.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						199393757
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	55.66	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	44.78	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



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**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ 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>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

Employer identification number

06-6032106

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

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

Schedule B (Form 990) (2022)

Name of organization

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,888,777.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,286,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,026,785.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,271,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>598,763.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,258,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 741,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 4,174,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Schedule B (Form 990) (2022)

Page **4**

Name of organization

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

Open to Public  
Inspection

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) organizations: Complete Part III.

Name of organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number	06-6032106
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and 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) 2022

LHA

232041 11-08-22

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule C (Form 990) 2022

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....		95,774,412.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		95,774,412.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
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.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**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 (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule C (Form 990) 2022

06-6032106 Page 3

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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Schedule C (Form 990) 2022

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**Name of the organization** THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**Employer identification number**  
06-6032106**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	353	2346
2 Aggregate value of contributions to (during year) .....	6,188,052.	22,371,890.
3 Aggregate value of grants from (during year) .....	5,396,981.	77,126,841.
4 Aggregate value at end of year .....	55,836,884.	574,526,619.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
.....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
.....

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and  
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the  
organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2022

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule D (Form 990) 2022

06-6032106 Page **2**

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations

(ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,324,992.	1,264,458.	60,534.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,534.

Schedule D (Form 990) 2022

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule D (Form 990) 2022

06-6032106 Page **3****Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) <b>ALTERNATIVE INVESTMENTS</b>	<b>213,983,455.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>213,983,455.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SPLIT INTEREST AGREEMENTS</b>	<b>263,569.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>263,569.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2022





**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

Employer identification number

06-6032106

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on  
Form 990, Part IV, line 14b.**1 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? ..... ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO TWO ORGANIZATIONS FROM LEE SCHOLARSHIP AND DAVID POWRIE FUNDS		122,309.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		467,179,068.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		8,876,198.
<b>3 a Subtotal</b> .....	0	0			476,177,575.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			476,177,575.

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

Schedule F (Form 990) 2022

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

06-6032106

Schedule F (Form 990) 2022

**Part II** **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)
		NORTH AMERICA	GENERAL PURPOSE	117,809.	WIRE TRANSFER	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2

3 Enter total number of other organizations or entities ..... 2



**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule F (Form 990) 2022

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**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)* ..... ☒ 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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 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)* ..... ☒ 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)* ..... ☒ Yes ☐ No
- 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)* ..... ☒ 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 ☒ No

Schedule F (Form 990) 2022

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

Schedule F (Form 990) 2022

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FUNDS ARE DONOR DESIGNATED AND THERE IS USE OF A GRANT REMITTANCE FORM.

PART I, LINE 3:

FMV IS USED FOR GRANTS PAID AND INVESTMENTS.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
InspectionName of the organization **THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**Employer identification number  
**06-6032106****Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABBA'S HOUSE INT'L FELLOWSHIP			8,650.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
ACES EDUCATION FOUNDATION			8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ACT OF CONNECTICUT			30,000.	0.	N/A	N/A	2021 BURRY FREDRIK FOUNDATION GRANT
AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT			296,693.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ALL ACCESS TRAINING AND STUDENT ATHLETE DEVELOPMENT			7,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ALL OUR KIN, INC.			50,000.	0.	N/A	N/A	CHILD CARE EDUCATION, GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **465.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS CATHOLIC ACADEMY			46,009.	0.	N/A	N/A	FOR SCHOLARSHIPS FOR NEEDY STUDENTS AND NECESSARY
ALZHEIMER'S ASSOCIATION CONNECTICUT CHAPTER			7,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN ANTI-VIVISECTION SOCIETY			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY, INC.			65,000.	0.	N/A	N/A	RESEARCH PROFESSORSHIP
AMERICAN CANCER SOCIETY, INC.			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN FOUNDATION FOR THE BLIND			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF THE CANADIAN CENTRE FOR ARCHITECTURE			23,562.	0.	N/A	N/A	FOR THE BENEFIT OF THE AMERICAN FRIENDS OF THE CANADIAN CENTRE FOR ARCHITECTURE
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE			15,000.	0.	N/A	N/A	TO HELP SUPPORT UKRAINE
AMERICAN JEWISH WORLD SERVICE			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF NEW ENGLAND			5,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN RED CROSS, CONNECTICUT CHAPTER			20,958.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN SCHOOL FOR THE DEAF			9,822.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMITY TEEN CENTER INC.			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ANIMAL HAVEN, INC.			64,177.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ANSONIA HIGH SCHOOL			50,245.	0.	N/A	N/A	TO ASSIST IN THE PAYMENT OF TUITION FOR THE FRESHMAN, TO BE USED TO PROVIDE SCHOLARSHIPS TO
APOSTLE IMMIGRANT SERVICES			8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AREA CONGREGATIONS TOGETHER, INC.			22,550.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS, GENERAL OPERATING SUPPORT
AREA COOPERATIVE EDUCATION SERVICES (ACES)			24,564.	0.	N/A	N/A	INCLUSIVE PLAYGROUND FOR STUDENTS WITH SPECIAL NEEDS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMORY COMMUNITY GARDEN			11,000.	0.	N/A	N/A	ARMORY COMMUNITY GARDEN
ARTHRITIS FOUNDATION			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ARTS COUNCIL OF GREATER NEW HAVEN			60,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, CONSULTANT COSTS FOR EXECUTIVE DIRECTOR SEARCH.
ARTS FOR LEARNING CONNECTICUT, INC.			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ARTS IN CT CORPORATION			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ARTSPACE INC.			170,000.	0.	N/A	N/A	ANTI-RACISM TRAINING FOR THE BOARD OF DIRECTORS, GENERAL OPERATING SUPPORT
AUDUBON CONNECTICUT			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BEACHSIDE DEVELOPMENT FUND			20,000.	0.	N/A	N/A	FOR PROGRAM SCHOLARSHIPS
BELIEVE IN ME EMPOWERMENT CORPORATION			45,000.	0.	N/A	N/A	KITCHEN RENOVATIONS, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENHAVEN, INC.			6,405.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BEST VIDEO FILM & CULTURAL CENTER			7,492.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BETHANY LAND TRUST			8,000.	0.	N/A	N/A	FOR THE ACQUISITION OF BEACON HILL BROOK PRESERVE
BETH-EL CENTER INC.			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BETHESDA NURSERY SCHOOL			37,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BEULAH HEIGHTS SOCIAL INTEGRATION PROGRAM			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BEULAH LAND DEVELOPMENT CORPORATION, INC.			75,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BHCARE			20,261.	0.	N/A	N/A	FOR THE UMBRELLA CENTER FOR DOMISTIC VIOLENCE CENTER
BLACK BUSINESS ALLIANCE, INC.			50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK HAVEN			24,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BLACK INFINITY COLLECTIVE			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BLOSSOM HILLS FOUNDATION			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BOTSFORD HISTORICAL ASSOCIATION, INC.			50,239.	0.	N/A	N/A	ALICE BOTSFORD FUND
BOY SCOUTS OF AMERICA, CONNECTICUT YANKEE COUNTY			126,489.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF NEW HAVEN			90,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROFESSIONALS, GENERAL OPERATING SUPPORT
BOYS & GIRLS VILLAGE INC			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BRANFORD ARTS & CULTURAL ALLIANCE			13,000.	0.	N/A	N/A	WEBSITE AND TECHNOLOGY UPGRADES, AND CONSULTANT
BRANFORD COMMUNITY FOUNDATION			156,085.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANFORD COMPASSION CLUB			7,500.	0.	N/A	N/A	VETERINARY COSTS
BRANFORD ELECTRIC RAILWAY ASSOCIATION			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BREGAMOS COMMUNITY THEATER			22,000.	0.	N/A	N/A	RENOVATIONS AND INCREASED OUTREACH
BRIDGEPORT ROTARY CLUB FOUNDATION			160,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BRIDGES HEALTHCARE, INC.			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BRIDGES HEALTHCARE, INC.			15,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM
BRITISH SCHOOLS AND UNIVERSITIES FOUNDATION			10,000.	0.	N/A	N/A	FOR THE UNIVERSITY OF NOTTINGHAM SCHOLARSHIP FUND
BROOKLYN JESUIT PREP			10,000.	0.	N/A	N/A	TO SPONSOR A STUDENT
BRUNSWICK SCHOOL			100,000.	0.	N/A	N/A	FOR THE ENDOWMENT GIFT FOR HORIZONS AT BRUNSWICK SCHOOL

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAL DOCK BOATHOUSE, INC.			55,000.	0.	N/A	N/A	BOATING AND ENVIRONMENTAL PROGRAMMING, GENERAL OPERATING SUPPORT, EMERGING LEADERS OF
CAPITAL FOR CHANGE			200,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CARTIE			7,500.	0.	N/A	N/A	MOBILE ART MUSEUM
CATHEDRAL OF HIGHER PRAISE, CHURCH OF GOD OF PROPHECY			12,950.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
CATHOLIC RELIEF SERVICES			7,500.	0.	N/A	N/A	TO AID UKRAINIANS
CENTER FOR CHILDREN'S ADVOCACY			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CENTRAL CONNECTICUT COAST YMCA			103,949.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CENTRAL CONNECTICUT COAST YMCA, HAMDEN/NORTH			13,987.	0.	N/A	N/A	TO BE AWARDED ANNUALLY TO ONE OR MORE BOYS
CENTRAL CONNECTICUT STATE UNIVERSITY			15,000.	0.	N/A	N/A	STIPEND FOR OUTER ISLAND INTERNS - SUMMER 2022 SEASON

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**THE COMMUNITY FOUNDATION FOR GREATER NEW  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL HAVEN SCHLEIFER CENTER, INC.			32,924.	0.	N/A	N/A	SCHOLARSHIPS, SUPPORT FOR THE GRADUATE PROGRAM
CHESHIRE ACADEMY			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CHESHIRE HISTORICAL SOCIETY			8,303.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CHILDREN IN PLACEMENT OF CT, INC.			35,000.	0.	N/A	N/A	FOR THE SALARY OF THE EXECUTIVE DIRECTOR, GENERAL OPERATING SUPPORT
CHILDREN, INC.			16,730.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CHILDREN'S LAW CENTER OF CONNECTICUT			10,000.	0.	N/A	N/A	NEW HAVEN LEGAL REPRESENTATION PROGRAM
CHRIST CHURCH PARISH OF NEW HAVEN			28,723.	0.	N/A	N/A	TO ENABLE CHURCH TO STRENGTHEN, BROADEN AND INCREASE
CHRIST EPISCOPAL CHURCH OF BETHANY			6,785.	0.	N/A	N/A	CHRIST ESPICOPAL CHURCH OF BETHANY
CHRISTIAN COMMUNITY ACTION			128,606.	0.	N/A	N/A	RENOVATION OF THE KATHY CARROLL COMMUNITY PLAYGROUND, GENERAL OPERATING SUPPORT, ARISE

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(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 non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF CHRIST CONGREGATIONAL			16,274.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CIRCLE OF CARE FOR FAMILIES OF CHILDREN WITH CANCER			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CITYSEED, INC.			77,950.	0.	N/A	N/A	CULINARY TRAINING PROGRAM, NONPROFIT MANAGEMENT PROGRAM, GENERAL OPERATING
CITYWIDE YOUTH COALITION, INC.			15,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM
CLELIAN ADULT DAY CENTER			14,500.	0.	N/A	N/A	NEW AIR CONDITIONING UNIT
CONNECTING THROUGH LITERACY: INCARCERATED PARENTS, THEIR CHILDREN, AND CARE			40,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM, GENERAL OPERATING SUPPORT
CLIFFORD W. BEERS GUIDANCE CLINIC			195,899.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COLLAB INCORPORATED			97,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COLLABORATION OF MINORITY WOMEN PROFESSIONALS			20,000.	0.	N/A	N/A	MAGNIFY BY CMWP PROGRAM

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COLLABORATORY			15,000.	0.	N/A	N/A	COLLABS WOMEN INITIATIVE
COLUMBUS HOUSE, INC.			121,008.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM, GENERAL OPERATING SUPPORT
COMMITTEE OF THE PROPRIETORS OF COMMON AND UNDIVIDED LANDS			170,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COMMUNITY ACTION AGENCY OF NEW HAVEN, INC.			110,000.	0.	N/A	N/A	SINGLE MOTHERS ACTIVELY REACHING THE TOP (SMART), GENERAL OPERATING SUPPORT, FINANCIAL
COMMUNITY BONDS, INC.			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI			70,000.	0.	N/A	N/A	TO SUPPORT THE DELTA DIRECTIONS ENDOWMENT CHALLENGE
COMMUNITY SOUP KITCHEN			37,950.	0.	N/A	N/A	GENERAL OPERATING SPपोर्ट, PROVISION OF MATERIAL BASIC NEEDS
CONGREGATIONS ORGANIZED FOR A NEW CONNECTICUT			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT AFTER SCHOOL NETWORK			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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CONNECTICUT ARTS ALLIANCE			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES			35,000.	0.	N/A	N/A	CHILD CARE FOR CONNECTICUTS FUTURE CAMPAIGN, GENERAL OPERATING SUPPORT
CONNECTICUT ASSOCIATION FOR THE PERFORMING ARTS			227,319.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT ASSOCIATION OF LATINOS IN HIGHER EDUCATION			15,375.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS			10,000.	0.	N/A	N/A	INTEGRATION OF SCHOOL BASED HEALTH CENTERS
CONNECTICUT AUDUBON SOCIETY			51,153.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT CENTER FOR ARTS & TECHNOLOGY			147,718.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, TP ENDOW A FUND AT CONNCAT, JOB TRAINING FOR HEALTH CARE,
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION			9,822.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT CHILDREN'S MUSEUM			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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CONNECTICUT COLLEGE			13,963.	0.	N/A	N/A	TO BE AWARDED ANNUALLY TO ONE OR MORE GIRLS
CONNECTICUT COUNCIL FOR PHILANTHROPY			21,707.	0.	N/A	N/A	2022 MEMBERSHIP SUPPORT RENEWAL
CONNECTICUT FOODSHARE			45,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT FOREST & PARK ASSOCIATION			5,650.	0.	N/A	N/A	FOR THE BENEFIT OF CONNECTICUT FOREST & PARK ASSOCIATION
CONNECTICUT GREEN BUILDING COUNCIL			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT HOSPICE, INC.			17,629.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT HUMANE SOCIETY			21,331.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT MENTAL HEALTH CENTER FOUNDATION			19,900.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT NEWS PROJECT			150,000.	0.	N/A	N/A	FOR CT MIRROR PUBLICATION AND GENERAL OPERATING

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CONNECTICUT ORAL HEALTH INITIATIVE, INC.			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT PUBLIC BROADCASTING			10,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT RADIO INFORMATION SYSTEM, INC.			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT STATE CONFERENCE OF NAACP BRANCHES			48,715.	0.	N/A	N/A	ONE MILLION JOBS CAMPAIGN
CONNECTICUT STATE GOLF ASSOCIATION			13,987.	0.	N/A	N/A	TO AWARD A SCHOLARSHIP TO A CADDIE WHO HAS SERVED
CONNECTICUT STUDENTS FOR A DREAM			55,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT VETERANS LEGAL CENTER			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT VIOLENCE INTERVENTION PROGRAM			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CONNECTICUT VOICES FOR CHILDREN			130,000.	0.	N/A	N/A	FOR WORK IN CHILD WELFARE AND GENERAL OPERATING SUPPORT

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CONNECTICUT WOMEN'S CONSORTIUM, INC			15,000.	0.	N/A	N/A	EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT PROGRAM
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND			71,691.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM, GENERAL OPERATING SUPPORT, ANNUAL DISTRIBUTION
CONTINUUM OF CARE, INC.			59,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CORNELL SCOTT HILL HEALTH CORPORATION			42,000.	0.	N/A	N/A	EYE CLINIC, FOR GENERAL OPERATING
COURAGE KENNY FOUNDATION			16,730.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COVENANT TO CARE FOR CHILDREN			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CREATIVE ARTS WORKSHOP			57,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, FOR TUITION SUPPORT AND COMMUNITY OUTREACH
CREATIVE HEARTS INC.			7,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CT HBCU ALUMNI NETWORK, INC.			45,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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DARTMOUTH COLLEGE			25,000.	0.	N/A	N/A	TO SUPPORT CENTENNIAL CIRCLE
DEFENDERS OF WILDLIFE			11,153.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DELIVERANCE TEMPLE			10,000.	0.	N/A	N/A	COMMUNITY OUTREACH PROGRAMMING
DENISE PAGE : UBUNTU STORYTELLERS			24,000.	0.	N/A	N/A	UBUNTU STORYTELLERS
DERBY HIGH SCHOOL			7,212.	0.	N/A	N/A	TO PROVIDE FOR THE ANNUAL AWARD AT DERBY HIGH SCHOOL
DISCOVERING AMISTAD			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DIXWELL COMMUNITY HOUSE INC.			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DONALD GRANT MITCHELL BICENTENNIAL COMMITTEE			5,510.	0.	N/A	N/A	200TH ANNIVERSARY OF THE BIRTH OF DONALD GRANT MITCHELL
DOWNTOWN EVENING SOUP KITCHEN			52,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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DPB PRIESTHOOD ASSOCIATION DOMINICAN FRIARS			36,647.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DUKE UNIVERSITY PRESS			8,000.	0.	N/A	N/A	TO SUPPORT PUBLICATION
EASTERN CONNECTICUT STATE UNIVERSITY			23,000.	0.	N/A	N/A	SCHOLARSHIP
EASTMAN SCHOOL OF MUSIC			12,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
EAT UP FOUNDATION INC.			6,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
EDGERTON PARK CONSERVANCY			7,199.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
EDUCATORS FOR EXCELLENCE			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ELENA'S LIGHT			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ELM CITY INTERNATIONALS			44,730.	0.	N/A	N/A	COLLEGE READINESS ACADEMY, GENERAL OPERATING SUPPORT

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(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 non-cash assistance	(h) Purpose of grant or assistance
ELM CITY LITFEST			29,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, KULTURALLYLIT
ELM SHAKESPEARE COMPANY			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
EMMANUEL COLLEGE			6,000.	0.	N/A	N/A	SCHOLARSHIP
ENVIRONMENT AND HUMAN HEALTH, INC.			81,379.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ENVIRONMENTAL DEFENSE FUND			5,577.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FAIR HAVEN COMMUNITY HEALTH CARE			53,450.	0.	N/A	N/A	FOR GENERAL PURPOSES, NONPROFIT MANAGEMENT PROGRAM, PROVISION OF MATERIAL BASIC NEEDS
FAITH INSPIRED SERVANTS HELPING OTHERS REACH			8,650.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FARM SCHOOL			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FELLOWSHIP PLACE			163,845.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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FIDELCO GUIDE DOG FOUNDATION			40,000.	0.	N/A	N/A	GUIDE DOG PARTNERSHIPS AND VOLUNTEER PUPPY RAISERS
FIREBIRDS SOCIETY OF GREATER NEW HAVEN, INC.			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FIRST CALVARY BAPTIST CHURCH			20,664.	0.	N/A	N/A	FIRST CALVARY ACADEMY SUMMER ENRICHMENT PROGRAM, CONSULTANT COSTS FOR CHARTER SCHOOL
FIRST CHURCH OF BETHLEHEM			19,396.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FIRST CHURCH OF CHRIST NEW HAVEN			107,703.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FIRST CHURCH OF CHRIST NEW HAVEN, LADIES HOME			13,963.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF NEW HAVEN			13,962.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FISH OF GREATER NEW HAVEN, INC.			63,117.	0.	N/A	N/A	TO SUPPORT THE ELDERLY IN NEW HAVEN, GENERAL OPERATING SUPPORT, DOROTHY PICKOP FUND
FIVE FROGS, INC.			10,000.	0.	N/A	N/A	GROUP COACHING FOR 8 NEW HAVEN LEADERS OF COLOR

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FIXING FATHERS			22,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, FILM BASED ON A NEW HAVEN LEGEND, THE FLUTE MAN.
FOSTERING FAMILY HOPE			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FOUNDATION FOR THE ARTS AND TRAUMA			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FOUNDATION OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE			35,504.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FRANKLIN PIERCE COLLEGE			8,000.	0.	N/A	N/A	SCHOLARSHIP
FRIENDS OF ANIMALS			11,153.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FRIENDS OF CHESHIRE PUBLIC LIBRARY			8,780.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GARDEN CLUB OF NEW HAVEN			8,635.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GATEWAY COMMUNITY COLLEGE FOUNDATION, INC.			86,651.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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GATHER NEW HAVEN			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GAYLORD HOSPITAL			137,422.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GIRL SCOUTS OF CONNECTICUT INC.			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GIRLS ON THE RUN GREATER HARTFORD			6,420.	0.	N/A	N/A	FALL PROGRAMMING FOR NEW HAVEN GIRLS
GLOBAL YOUTH MEDIA INITIATIVE			24,000.	0.	N/A	N/A	MUSIC PRODUCTION AND GEN-Z TALK
GOLDMAN SACHS PHILANTHROPY FUND			31,787.	0.	N/A	N/A	FOR THE TIMOTHY C. SHEPARD AND ANDRA GEORGES PHILANTHROPY
GOOD CHILD DEVELOPMENT CENTER			8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GOODSPEED MUSICALS			85,000.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT
GOODWILL INDUSTRIES OF SOUTHERN NEW ENGLAND,			25,872.	0.	N/A	N/A	FOR PLAYGROUND IMPROVEMENTS AND UPKEEP, FOR THE BENEFIT OF EASTER SEALS GOODWILL INDUSTRIES

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GREATER NEW HAVEN BUSINESS & PROFESSIONAL ASSOCIATION			15,000.	0.	N/A	N/A	EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT PROGRAM
GREATER NEW HAVEN CHAMBER OF COMMERCE			68,982.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GREATER NEW HAVEN LABOR HISTORY ASSOCIATION			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GRIFFIN HOSPITAL			9,148.	0.	N/A	N/A	YUDKIN FAMILY FUND
GUIDE DOG FOUNDATION FOR THE BLIND			39,822.	0.	N/A	N/A	COMMUNICATIONS CAMPAIGN
GUIDING EYES FOR THE BLIND			51,606.	0.	N/A	N/A	NEW AND EXISTING GUIDE DOG TEAMS IN GREATER NEW HAVEN
GUILFORD ART CENTER			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GUNS DOWN BOOKS UP			22,550.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS
HABITAT FOR HUMANITY OF GREATER NEW HAVEN			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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HAMDEN HALL COUNTRY DAY SCHOOL			52,559.	0.	N/A	N/A	FOR THE PURPOSE OF PROVIDING COLLEGE AND/OR GRADUATE SCHOLARSHIPS
HAMDEN HIGH SCHOOL			50,465.	0.	N/A	N/A	SCHOLARSHIPS
HAMDEN LIBRARY			6,532.	0.	N/A	N/A	PURCHASE LIBRARY BOOKS AND OTHER EQUIPMENT
HANNAH GRAY HOME, INC.			21,147.	0.	N/A	N/A	PURCHASE OF AN INDUSTRIAL STOVE, GENERAL OPERATING SUPPORT
HARTFORD STAGE			146,951.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT
HAVENLY			114,440.	0.	N/A	N/A	HAVENLY FELLOWSHIP JOB TRAINING PROGRAM, GENERAL OPERATING SUPPORT, EMERGING LEADERS OF
HAVEN'S HARVEST			35,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT
HAZELDEN FOUNDATION			15,000.	0.	N/A	N/A	TO SUPPORT THE CHILDREN'S PROGRAM
HELPING OUR PEOPLE TO EXCEL, INCORPORATED			35,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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(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 non-cash assistance	(h) Purpose of grant or assistance
HENRY S. HARRISON FOUNDATION, INC.			79,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HIAS, INC. - HEBREW IMMIGRANT AID SOCIETY			15,000.	0.	N/A	N/A	TO SUPPORT REFUGEE RELIEF EFFORTS IN UKRAINE
HIGH HOPES THERAPEUTIC RIDING, INC.			75,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HIGHER HEIGHTS YOUTH EMPOWERMENT PROGRAMS, INC			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HILL REGIONAL CAREER MAGNET HIGH SCHOOL			17,384.	0.	N/A	N/A	TO PROVIDE SCHOLARSHIPS
HIS DIVINE WILL FELLOWSHIP, INC.			7,500.	0.	N/A	N/A	FOR SUPPORT OF THE ANNUAL THANKSGIVING DAY OF JOY
HOCKEY HAVEN			12,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HOME CARE PLUS			100,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HOPE PARTNERSHIP INC.			15,000.	0.	N/A	N/A	HIRING OF AN EXECUTIVE DIRECTOR

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HORIZONS AT FOOTE			21,000.	0.	N/A	N/A	TO FUND TWO STUDENTS, GENERAL OPERATING SUPPORT
HOUSATONIC COUNCIL, BOY SCOUTS OF AMERICA			24,058.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HOUSING OPERATIONS MANAGEMENT ENTERPRISES			35,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HUMANE SOCIETY OF NEW YORK			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HUMANE SOCIETY OF THE UNITED STATES			5,577.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HUNEEBEE PROJECT, INC.			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ICE THE BEEF			44,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
IMMACARE INC.			6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
IN A HEARTBEAT, INC.			7,500.	0.	N/A	N/A	CARDIAC SCREENING PROGRAM

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INSPIRED COMMUNITIES			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
INTERFAITH VOLUNTEER CARE GIVERS OF GREATER NEW HAVEN			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
INTERNATIONAL FESTIVAL OF ARTS & IDEAS			150,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
INTERNATIONAL RESCUE COMMITTEE			48,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
IRIS - INTEGRATED REFUGEE & IMMIGRANT SERVICE			90,450.	0.	N/A	N/A	GENERAL PURPOSES, PROVISION OF MATERIAL BASIC NEEDS
JAMAICAN AMERICAN CONNECTION			12,500.	0.	N/A	N/A	NEW HAVEN CARIBBEAN HERITAGE FESTIVAL
JAMES HILLHOUSE HIGH SCHOOL			14,390.	0.	N/A	N/A	TO BE AWARDED ANNUALLY TO ONE OR MORE GIRLS
JAMES VICK FOUNDATION			8,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH COMMUNITY CENTER OF GREATER NEW HAVEN			22,077.	0.	N/A	N/A	TO PROVIDE MEMBERSHIP AND ACTIVITY FEES, YUDKIN FAMILY FUND

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JEWISH FAMILY SERVICE OF GREATER NEW HAVEN			81,268.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS
JEWISH FEDERATION OF GREATER NEW HAVEN			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
JOHN B. PIERCE FOUNDATION			1,796,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
JUMPSTART FOR YOUNG CHILDREN, INC.			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND			30,000.	0.	N/A	N/A	WORK READINESS PROGRAM
JUNTA FOR PROGRESSIVE ACTION			59,950.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS
KATAL CENTER FOR EQUITY, HEALTH AND JUSTICE			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
KEENE STATE COLLEGE			14,000.	0.	N/A	N/A	SCHOLARSHIP
LATINAS & POWER INC.			6,750.	0.	N/A	N/A	LATINAS IN LEADERSHIP INSTITUTE

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LEAP			209,381.	0.	N/A	N/A	FOR GENERAL OPERAITNG SUPPORT, EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT, GENERAL
LEEWAY, INC.			35,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LEILA DAY NURSERIES, INC.			51,961.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LIBERTY COMMUNITY SERVICES, INC.			36,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LIFE HEALTH AND WELLNESS CENTER, INC.			15,000.	0.	N/A	N/A	SUMMER CAMP
LIGHTHOUSE INTERNATIONAL			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LIONS LOW VISION CENTERS OF FAIRFIELD & NEW HAVEN			25,000.	0.	N/A	N/A	ADAPTIVE AND ASSISTIVE DEVICES FOR INDIVIDUALS
LITERACY VOLUNTEERS OF GREATER NEW HAVEN			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LOAVES & FISHES			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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LONG WHARF THEATRE			4,247,898.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT, SEEDLINGS FUND FOR THE LONG WHARF THEATRE
LULAC HEAD START			8,085.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LYME CONNECTION			8,500.	0.	N/A	N/A	FINANCIAL ASSISTANCE FOR TREATMENT OF LYME DISEASE
MAKEHAVEN			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MANUFACTURING AND TECHNICAL COMMUNITY HUB			50,000.	0.	N/A	N/A	MATCH INTERNSHIPS
MARK T. SHEEHAN HIGH SCHOOL			14,292.	0.	N/A	N/A	LISL KAREN STREETT FUND - SCHOLARSHIP FUND
MARY WADE HOME			8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MASONIC CHARITY FOUNDATION			17,920.	0.	N/A	N/A	MASONIC CHARITY FOUNDATION
MASSARO COMMUNITY FARM, INC.			10,000.	0.	N/A	N/A	TO SUPPORT EDUCATIONAL PROGRAMS

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MASTER'S MANNA, INC.			8,650.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
MEDIATORS BEYOND BORDERS INTERNATIONAL			110,000.	0.	N/A	N/A	FOR GENERAL PURPOSES, FOR MEDIATION
MERCY CENTER AT MADISON			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
METROPOLITAN OPERA			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MILFORD FINE ARTS COUNCIL			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MILFORD PUBLIC LIBRARY			5,931.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MINORITY CONSTRUCTION COUNCIL			25,000.	0.	N/A	N/A	STUDY ON THE TRANSFORMATION OF THE MINORITY CONSTRUCTION COUNCIL
MOUNT ZION SDA CHURCH			18,550.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
MURPHY'S PAW RESCUE INC.			6,000.	0.	N/A	N/A	SHELTER, FOSTER, AND ADOPT DOGS

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MUSIC HAVEN, INC.			56,722.	0.	N/A	N/A	ACADEMIC SUCCESS INITIATIVE AND COLLEGE AND CAREER, GENERAL OPERATING SUPPORT
MUSIC THEATRE OF CONNECTICUT			15,000.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT
MUTUAL HOUSING ASSOC SO. CNTRL CT			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NAACP LEGAL DEFENSE AND EDUCATIONAL FUND			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIONAL HUMANE EDUCATION SOCIETY			5,577.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIONAL VETERANS COUNCIL FOR LEGAL REDRESS			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE FEDERATION			11,153.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIONS DESTINY ENTERPRISE USA INC.			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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NEIGHBORHOOD HOUSING SERVICES OF NEW HAVEN			11,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEIGHBORHOOD MUSIC SCHOOL, INC.			408,654.	0.	N/A	N/A	SCHOLARSHIPS, GENERAL PURPOSES
NEW HAVEN ADULT AND CONTINUING EDUCATION			20,000.	0.	N/A	N/A	CAREER EXPLORATION, COLLEGE AND THE ARTS
NEW HAVEN BALLET			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN BOARD OF PARK COMMISSIONERS			9,212.	0.	N/A	N/A	PHILIP H. ENGLISH MEMORIAL
NEW HAVEN CHORALE			21,827.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN ECOLOGY PROJECT (COMMON GROUND)			60,650.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT
NEW HAVEN FREE PUBLIC LIBRARY			158,212.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN FREE PUBLIC LIBRARY FOUNDATION			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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NEW HAVEN GREEN FUND, INC.			76,238.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN HOMEOWNERSHIP CENTER			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN HOUSING FUND			22,000.	0.	N/A	N/A	ARTS PROGRAMMING
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION INC.			116,830.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN LEON SISTER CITY PROJECT			7,500.	0.	N/A	N/A	CLIMATE CHANGE CAMPAIGNS IN NEW HAVEN
NEW HAVEN MUSEUM AND HISTORICAL SOCIETY			1,575,126.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN PAINT & CLAY CLUB			5,427.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN PRESERVATION TRUST			9,520.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN PRIDE CENTER			69,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM, GENERAL OPERATING SUPPORT, RACIAL JUSTICE AND ADVOCACY

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NEW HAVEN PROMISE			50,000.	0.	N/A	N/A	JOB TRAINING IN HEALTHCARE FIELD
NEW HAVEN PUBLIC SCHOOLS			27,798.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN READS			37,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN SCHOLARSHIP FUND, INC.			132,461.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, SCHOLARSHIPS
NEW HAVEN SCIENCE FAIR			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN SYMPHONY ORCHESTRA			1,229,505.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN URBAN DEBATE LEAGUE			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW HAVEN WORKS			50,000.	0.	N/A	N/A	CAREER PLANNING AND COACHING
NEW HAVEN YOUTH TENNIS EDUCATION			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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NEW LIFESTYLES TRANSITIONAL HOUSING			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NEW OPPORTUNITIES, INC.			8,650.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
NEW REACH			154,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, MERGER WITH FISH OF GREATER NEW HAVEN
NEWALLIANCE FOUNDATION			919,619.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NHSO FOUNDATION, INC.			62,737.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NORTH HAVEN HIGH SCHOOL			6,033.	0.	N/A	N/A	TO PROVIDE SCHOLARSHIP AID TO DESERVING STUDENTS
NORTHWEST CONNECTICUT COMMUNITY FOUNDATION, INC			43,679,879.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NOTRE DAME HIGH SCHOOL			12,696.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NUTRITION SECURITY SOLUTIONS, INC.			28,650.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS

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OMEGA SEVENTH-DAY ADVENTIST CHURCH			34,850.	0.	N/A	N/A	ROOF REPAIRS, PROVISION OF MATERIAL BASIC NEEDS
ONE VILLAGE HEALING			24,000.	0.	N/A	N/A	WELLNESS AND RESILIENCE PROGRAMMING
OPEN COMMUNITIES ALLIANCE			44,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, GROWING TOGETHER CONNECTICUT CONSORTIUM'S EFFORT
OPERA THEATER OF CONNECTICUT			7,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
OPERATION FUEL, INC.			57,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ORANGE CONGREGATIONAL CHURCH			100,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ORANGE LAND TRUST			91,560.	0.	N/A	N/A	TO MAINTAIN AND PRESERVE OPEN SPACE
ORCHARD HOUSE (MEDICAL ADULT DAY CENTER)			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
OXFAM AMERICA			43,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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PARTNERSHIPS CENTER FOR ADULT DAY CARE, INC.			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PEQUENAS LIGAS HISPANAS DE NEW HAVEN			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PETIT FAMILY FOUNDATION			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PLACES TO GO			12,000.	0.	N/A	N/A	QPOC ARTIST COLLECTIVE'S OPEN-SOURCE, INTERACTIVE
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND			35,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
POWER CLEAN RECOVERY CORP			6,000.	0.	N/A	N/A	FITNESS-BASED RECOVERY PROGRAM
PRESBYTERIAN CHURCH OF OLD GREENWICH			100,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PRISCILLA MAXWELL ENDICOTT SCHOLARSHIP FUND			12,593.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PRO BONO PARTNERSHIP			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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PROJECT ACCESS OF NEW HAVEN			50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PROJECT MORE, INC.			30,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PROVINCE OF ST. AUGUSTINE			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PUBLIC ALLIES CONNECTICUT			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
QUALITY STAFFING TRAINING PROGRAM, INC.			6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
QUINNIPIAC UNIVERSITY			18,418.	0.	N/A	N/A	PRESENCE AND DISTRIBUTION OF POLLUTANTS
'R KIDS, INC.			192,256.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
REACH OUT AND READ			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
READ TO GROW			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READYCT			75,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, WORK BASED-LEARNING
REDEMPTION HOUSE			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
REGIS COLLEGE			6,000.	0.	N/A	N/A	SCHOLARSHIP
RIVER ADVOCATES OF SOUTH CENTRAL CT			16,577.	0.	N/A	N/A	COLIFORM BACTERIA TESTING AND PERMIT ADVOCACY
ROGER WILLIAMS UNIVERSITY BURSAR'S OFFICE			9,000.	0.	N/A	N/A	SCHOLARSHIP
RONALD MCDONALD HOUSE OF CONNECTICUT AND WEST			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE			9,000.	0.	N/A	N/A	SCHOLARSHIP
ROYAL CONSERVATORY OF MUSIC			117,809.	0.	N/A	N/A	FOR ONE OR MORE ANNUAL SCHOLARSHIPS
SACRED HEART CHURCH			12,696.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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SAINTS AEDAN BRENDAN PARISH			12,696.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SALVATION ARMY, EASTERNTERRITORIAL HEADQUARTERS			9,808.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SARAH INC.			105,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SAVE THE SOUND			64,255.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SEYMOUR HISTORICAL SOCIETY			22,609.	0.	N/A	N/A	TO MAINTAIN BUILDING AND GROUNDS
SEYMOUR PUBLIC LIBRARY			45,205.	0.	N/A	N/A	FOR THE LIMITED PURPOSE OF PURCHASING BOOKS
SHORT BEACH UNION CHURCH			6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SHRINERS HOSPITALS FOR CHILDREN			17,920.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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SMITH COLLEGE			12,520.	0.	N/A	N/A	FOR THE BENEFIT OF THE ALUMNAE FUND
SOCIAL VENTURE PARTNERS CT			40,000.	0.	N/A	N/A	FOR UNRESTRICTED CAPACITY BUILDING
SOLAR YOUTH			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOUL FRIENDS			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOUTHERN CONNECTICUT STATE UNIVERSITY			61,911.	0.	N/A	N/A	SCHOLARSHIP, BIOPATH
SOUTHERN CONNECTICUT STATE UNIVERSITY FOUNDATION			25,000.	0.	N/A	N/A	TO SUPPORT 2022 SCSU PROGRAM ON OUTER ISLAND, TRAININGS FOR FOSTER FAMILIES OF CHILDREN WITH
SOUTHERN CT STATE UNIVERSITY			6,659.	0.	N/A	N/A	FOR THE USE OF WOMEN RETURNING TO SCHOOL
SOUTHERN NEW HAMPSHIRE UNIVERSITY			6,000.	0.	N/A	N/A	SCHOLARSHIP
SOUTHWEST CONSERVATION DISTRICT			9,490.	0.	N/A	N/A	ENHANCEMENTS TO THE QUINNIPIAC WATERSHED

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SPANISH COMMUNITY OF WALLINGFORD			64,675.	0.	N/A	N/A	TECHNOLOGY EDUCATIONAL SESSIONS, GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL
SPECIAL HOPE NETWORK			7,200.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SQUASH HAVEN, INC.			15,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM
ST. ANTHONY TRUST OF HARTFORD, INC.			10,000.	0.	N/A	N/A	FOR PRESERVING AND PROTECTING THE GALL FOR THE 21S
ST. GEORGE CHURCH			18,680.	0.	N/A	N/A	FOR SPECIAL COLLECTIONS
ST. MARTIN DE PORRES ACADEMY			85,000.	0.	N/A	N/A	DEMOLITION OF THE FORMER RECTORY AND CONVENT, GENERAL OPERATING SUPPORT
STANFORD UNIVERSITY, CENTER OF DELIBERATIVE DEMOCRACY			75,000.	0.	N/A	N/A	FOR GENERAL SUPPORT FOR RESEARCH AND EDUCATIONAL ACTIVITIES
STANFORD UNIVERSITY, DELIBERATIVE DEMOCRACY LAB			80,000.	0.	N/A	N/A	TO SUPPORT EDUCATIONAL AND RESEARCH ACTIVITIES
STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC.			25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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STUDENT LOAN FUND			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SUSTAINABLE CT			7,890.	0.	N/A	N/A	SUSTAINABLE CT FELLOWSHIP PROGRAM
THATEAM PODCAST LLC			24,000.	0.	N/A	N/A	#THATEAM PODCAST
THE BREED ACADEMY			7,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE CENTER FOR FAMILY JUSTICE			12,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE CHILDREN'S CENTER OF HAMDEN			94,231.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE COUNTRY SCHOOL			15,000.	0.	N/A	N/A	EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT PROGRAM
THE CURLY HAIR SALON BY LUVENA LESLIE			12,500.	0.	N/A	N/A	CURLFRIENDS IN THE PARK 2022/2023
THE EUGENE O'NEILL THEATER CENTER			30,000.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT

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(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 non-cash assistance	(h) Purpose of grant or assistance
THE GREATER NEW HAVEN CAT PROJECT			32,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, SPAY/NEUTER PROGRAMS FOR TAME AND FERAL CATS
THE GREEN PEACOCK CORPORATION			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE GUILFORD FOUNDATION			219,417.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE HOUSING COLLECTIVE			15,000.	0.	N/A	N/A	HISTORY OF HOUSING AND SEGREGATION IN CONNECTICUT
THE JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH			25,306.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE MADISON FOUNDATION			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE MUSIC NOTE KIDS CLUB INC.			7,200.	0.	N/A	N/A	RELOCATION COSTS AND FINANCIAL CONSULTANT
THE NATIONAL FEDERATION OF THE BLIND OF CONNECTICUT			40,000.	0.	N/A	N/A	HARLOW FINANCIAL ASSISTANCE PROGRAM
THE NATURE CONSERVANCY IN CONNECTICUT			44,153.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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(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 non-cash assistance	(h) Purpose of grant or assistance
THE PERFECT BLEND INC			12,000.	0.	N/A	N/A	THE COMMUNITY CONNECTION PROJECT
THE PROSPERITY FOUNDATION			136,017.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE SAGE SCHOOL			5,154.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE STOREHOUSE PROJECT, INC.			15,000.	0.	N/A	N/A	NONPROFIT MANAGEMENT PROGRAM
THE TOWERS FOUNDATION			38,650.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS
THE VALLEY COMMUNITY FOUNDATION			130,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE WILLIAM PENN CHARTER SCHOOL			500,000.	0.	N/A	N/A	TO SUPPORT THE LOWER SCHOOL LIBRARY BUILDING
THE WORD			22,000.	0.	N/A	N/A	WRITING LIBERATION
THE WORKPLACE, INC.			50,000.	0.	N/A	N/A	CONCIER-CARE

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(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 non-cash assistance	(h) Purpose of grant or assistance
THEATERWORKS			64,000.	0.	N/A	N/A	2021 BURRY FREDRIK FOUNDATION GRANT
TOTAL JOY ARE YOU (TJAY) AUTISM FOUNDATION			10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
TOWN OF HAMDEN			45,000.	0.	N/A	N/A	FINANCIAL ASSISTANCE FOR HAMDEN SENIORS
TOWN OF ORANGE			97,990.	0.	N/A	N/A	TO ENSURE THAT THE LAND WHICH INCLUDES, 0168-DESIGNATED: MARY W. AND ROBERT D. PRYDE
TRAVELER ON A MISSION			6,950.	0.	N/A	N/A	PROVISION OF MATERIAL BASIC NEEDS
TRINITY CHURCH ON THE GREEN			12,520.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
TRINITY LUTHERAN CHURCH			99,988.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ULYSSES S. GRANT FOUNDATION			847,073.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
UNIDAD LATINA ACCION			22,000.	0.	N/A	N/A	EL DIA DE LOS MUERTOS PARADE

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNITARIAN SOCIETY OF NEW HAVEN			7,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
UNITED NEGRO COLLEGE FUND			6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
UNITED WAY OF GREATER NEW HAVEN			239,341.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
UNITED WAY OF MERIDEN & WALLINGFORD			40,000.	0.	N/A	N/A	COMMUNITY IMPACT MODEL FOR WORKFORCE DEVELOPMENT
UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT			685,395.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
UNIVERSITY OF CONNECTICUT			13,500.	0.	N/A	N/A	SCHOLARSHIP
UNIVERSITY OF CONNECTICUT - OFFICE OF THE VICE PRESIDENT			20,000.	0.	N/A	N/A	CONDITION OF OYSTERS IN THE QUINNIPIAC RIVER
UNIVERSITY OF MASSACHUSETTS DARTMOUTH			7,000.	0.	N/A	N/A	SCHOLARSHIP
UNIVERSITY OF NEW HAMPSHIRE			6,000.	0.	N/A	N/A	SCHOLARSHIP

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(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAVEN			5,500.	0.	N/A	N/A	SCHOLARSHIP
UNIVERSITY OF NEW HAVEN, DEPARTMENT OF BIOLOGY			18,930.	0.	N/A	N/A	HEAVY METALS FOUND IN FISH SPECIES IN THE QUINNIPIAC RIVER
UPON THIS ROCK MINISTRIES			15,000.	0.	N/A	N/A	AFTER SCHOOL AND SUMMER PROGRAMS
UR COMMUNITY CARES			30,000.	0.	N/A	N/A	DIRECTORY THAT WILL HELP VISUALLY IMPAIRED INDIVIDUALS
URBAN COMMUNITY ALLIANCE			71,000.	0.	N/A	N/A	WOMEN-FOCUSED ENTREPRENEURIAL PROGRAM, GENERAL OPERATING SUPPORT, TO SUPPORT THE
URBAN RESOURCES INITIATIVE			55,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
VALLEY UNITED WAY			5,406.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
VISITING NURSE ASSOCIATION OF SOUTH CENTRAL CONNECTICUT			5,742.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
VOLUNTEER SERVICES CENTER, INC.			37,731.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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WAGGLE FOUNDATION, INC.			12,307.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WALK OF FAITH CHURCH, INC.			7,500.	0.	N/A	N/A	FOOD PANTRY
WALLINGFORD PUBLIC SCHOOLS			16,224.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WE ARE THE VILLAGE			15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WEST HAVEN CHILD DEVELOPMENT CENTER			20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WEST HAVEN COMMUNITY HOUSE			37,187.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WEST HAVEN HIGH SCHOOL			25,285.	0.	N/A	N/A	TO PROVIDE SCHOLARSHIP TO DESERVING AND GRADUATING
WESTERN NEW ENGLAND PSYCHOANALYTIC INSTITUTE			11,407.	0.	N/A	N/A	TO PROVIDE SCHOLARSHIPS FOR STUDENTS
WESTPORT COUNTRY PLAYHOUSE			60,000.	0.	N/A	N/A	2022 BURRY FREDRIK FOUNDATION GRANT

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WINE DOWN CT			12,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WOMEN AND FAMILY LIFE CENTER			59,886.	0.	N/A	N/A	FOUR-PART CAREER WORKSHOP, GENERAL OPERATING SUPPORT, WOMEN AND FAMILY LIFE CENTER
WOMEN IN NEED INC.			10,000.	0.	N/A	N/A	FOR GENERAL SUPPORT FOR THE HOMELESS
WOMEN'S HEALTH RESEARCH AT YALE			57,007.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, TO SUPPORT THE CONDUCTING OF HIGH-LEVEL CLINICALS
WORCESTER POLYTECHNIC INSTITUTE			10,000.	0.	N/A	N/A	SCHOLARSHIP
WORLD WILDLIFE FUND			5,577.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YALE CANCER CENTER			179,884.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YALE NEW HAVEN HOSPITAL			61,464.	0.	N/A	N/A	MARTHA & HERMAN COPEN FUND, ELIZABETH KINGSLEY HARVEY FUND, JOHN DAY JACKSON FUND, WILLIAM R.
YALE NEW HAVEN HOSPITAL SAINT RAPHAEL CAMPUS			17,696.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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YALE REPERTORY THEATRE			45,000.	0.	N/A	N/A	2021 AND 2022 BURRY FREDRIK FOUNDATION GRANT
YALE SCHOOL OF MANAGEMENT			50,000.	0.	N/A	N/A	FOR THE SCHOOL OF MANAGEMENT SOM ALUMNI FUND
YALE UNIV. SCHOOL OF MEDICINE-ORTHOPEDICS			40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YALE UNIVERSITY - GRANT & CONTRACT ADMINISTRATION			20,000.	0.	N/A	N/A	STUDY OF SALT LEVELS IN THE QUINNIPIAC RIVER
YALE UNIVERSITY ART GALLERY			5,595.	0.	N/A	N/A	TO SUPPORT A CURATORIAL DOCTORAL CANDIDATE
YALE UNIVERSITY COLLECTION OF MUSICAL INSTRUMENTS			15,708.	0.	N/A	N/A	FOR THE BENEFIT OF YALE UNIVERSITY COLLECTION OF MUSICAL INSTRUMENTS
YALE UNIVERSITY LIBRARY			9,124.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YALE UNIVERSITY OFFICE OF DEVELOPMENT			23,735.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YALE UNIVERSITY WOMEN'S ORGANIZATION			16,155.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS GRANTS SUPPORTING THE COMMUNITY	7	127,500.	0.	N/A	N/A

**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 FORMS. GRANTS ARE ALSO MONITORED THROUGH NARRATIVE REPORTS REQUIRED TO BE SUBMITTED BY THE GRANTEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANSONIA HIGH SCHOOL

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**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN THE PAYMENT OF TUITION  
FOR THE FRESHMAN, TO BE USED TO PROVIDE SCHOLARSHIPS TO STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: CANAL DOCK BOATHOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BOATING AND ENVIRONMENTAL  
PROGRAMMING, GENERAL OPERATING SUPPORT, EMERGING LEADERS OF COLOR:  
NONPROFIT MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN COMMUNITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: RENOVATION OF THE KATHY CARROLL  
COMMUNITY PLAYGROUND, GENERAL OPERATING SUPPORT, ARISE CENTER, DOROTHY  
PICKOP FUND, PROVISION OF MATERIAL BASIC NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: CITYSEED, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CULINARY TRAINING PROGRAM, NONPROFIT  
MANAGEMENT PROGRAM, GENERAL OPERATING SUPPORT, EMERGING LEADERS OF COLOR:  
NONPROFIT MANAGEMENT, PROVISION OF MATERIAL BASIC NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION AGENCY OF NEW HAVEN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SINGLE MOTHERS ACTIVELY REACHING THE  
TOP (SMART) , GENERAL OPERATING SUPPORT, FINANCIAL CAPABILITY CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

CONNECTICUT CENTER FOR ARTS & TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, TP ENDOW  
A FUND AT CONNCAT, JOB TRAINING FOR HEALTH CARE, BIOSCIENCE AND CULINARY

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**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CALVARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FIRST CALVARY ACADEMY SUMMER

ENRICHMENT PROGRAM, CONSULTANT COSTS FOR CHARTER SCHOOL APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: HAVENLY

(H) PURPOSE OF GRANT OR ASSISTANCE: HAVENLY FELLOWSHIP JOB TRAINING

PROGRAM, GENERAL OPERATING SUPPORT, EMERGING LEADERS OF COLOR: NONPROFIT  
MANAGEMENT, CAREER BRIDGES FELLOWSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LEAP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT,

EMERGING LEADERS OF COLOR: NONPROFIT MANAGEMENT, GENERAL OPERATING  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LONG WHARF THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 BURRY FREDRIK FOUNDATION GRANT,

SEEDLINGS FUND FOR THE LONG WHARF THEATRE ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: NEW HAVEN PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPROFIT MANAGEMENT PROGRAM,

GENERAL OPERATING SUPPORT, RACIAL JUSTICE AND ADVOCACY PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHERN CONNECTICUT STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2022 SCSU PROGRAM ON

OUTER ISLAND, TRAININGS FOR FOSTER FAMILIES OF CHILDREN WITH AUTISM

NAME OF ORGANIZATION OR GOVERNMENT: SPANISH COMMUNITY OF WALLINGFORD

Schedule I (Form 990)

232291  
04-01-22

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

Schedule I (Form 990)

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**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNOLOGY EDUCATIONAL SESSIONS,  
GENERAL OPERATING SUPPORT, PROVISION OF MATERIAL BASIC NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF ORANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT THE LAND WHICH  
INCLUDES, 0168-DESIGNATED: MARY W. AND ROBERT D. PRYDE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: URBAN COMMUNITY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN-FOCUSED ENTREPRENEURIAL  
PROGRAM, GENERAL OPERATING SUPPORT, TO SUPPORT THE CENTER FOR PSYCHOLOGY  
& CULTURE

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN AND FAMILY LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOUR-PART CAREER WORKSHOP, GENERAL  
OPERATING SUPPORT, WOMEN AND FAMILY LIFE CENTER FLEXIBLE LONG TERM CARE

NAME OF ORGANIZATION OR GOVERNMENT: YALE NEW HAVEN HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: MARTHA & HERMAN COPEN FUND,  
ELIZABETH KINGSLEY HARVEY FUND, JOHN DAY JACKSON FUND, WILLIAM R. SHAFFER  
FUND

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106****Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- 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:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2022

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

06-6032106

Page 2

Schedule J (Form 990) 2022

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM W. GINSBERG PRESIDENT & CEO	(i)	464,616.	0.	0.	37,169.	44,818.	546,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW F. ALDEN SR. VP FOR INVESTMENTS	(i)	366,693.	0.	0.	29,335.	23,596.	419,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANGELA POWERS SR. VP FOR OPERATIONS	(i)	331,651.	0.	0.	26,532.	16,964.	375,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOROTHY WESTON-MURPHY SR. VP FOR DEVELOPMENT	(i)	243,055.	0.	0.	19,444.	7,814.	270,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINA CIOCIOLA SR. VP FOR GRANTMAKING	(i)	247,616.	0.	0.	19,809.	2,016.	269,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEON BAILEY SR. VP ORGANIZATIONAL EFFE	(i)	240,830.	0.	0.	19,266.	7,925.	268,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WENDY GAMBA CHIEF FINANCIAL OFFICER	(i)	194,030.	0.	0.	15,522.	16,261.	225,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022



THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN

06-6032106

Schedule J (Form 990) 2022

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.

Area for supplemental information with horizontal lines.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

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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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number	06-6032106
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	13	4,315,071.	FMV
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other ...				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ( ..... )				
26	Other ( ..... )				
27	Other ( ..... )				
28	Other ( ..... )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....	29	0
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	Yes	No
30a			X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVENEmployer 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 \$5,986,491 INCLUDING GRANTS OF \$5,546,600.

ECONOMIC SUCCESS: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT  
PROMOTE REGIONAL ECONOMIC SUCCESS. EXPENSES \$2,565,639 INCLUDING  
GRANTS OF \$2,377,114.

YOUTH: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE HEALTHY  
YOUTH DEVELOPMENT. EXPENSES \$1,710,426 INCLUDING GRANTS OF \$1,584,743.

BASIC NEEDS: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE  
BASIC HUMAN NEEDS. EXPENSES \$1,710,426 INCLUDING GRANTS OF \$1,584,743.

ENVIRONMENT: GRANTS THAT SUPPORT PROGRAMS AND SERVICES THAT PROMOTE  
PROTECTION OF THE ENVIRONMENT. EXPENSES \$1,710,426 INCLUDING GRANTS OF  
\$1,584,743.

EXPENSES \$ 13,683,409. INCLUDING GRANTS OF \$ 12,677,943. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 1A:****BROAD AUTHORITY GRANTED TO THE FOLLOWING COMMITTEES:**

EXECUTIVE COMMITTEE

INVESTMENT COMMITTEE

AUDIT COMMITTEE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number	06-6032106
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DEVELOPMENT COMMITTEE

PROGRAM COMMITTEE

FINANCE COMMITTEE

GOVERNANCE COMMITTEE

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 COMMUNITY. 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 DIRECTORS. 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.

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number 06-6032106
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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.

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

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number	06-6032106
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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  
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. CONFLICTS ARE COMPILED AND  
MAINTAINED BY THE PRESIDENT OF THE BOARD AND PROVIDED TO THE BOARD WHEN  
CONFLICT IS DISCLOSED. A TRANSACTION INVOLVING A CONFLICTING INTEREST MAY  
BE APPROVED ONLY BY THE AFFIRMATIVE VOTE OF A MAJORITY, BUT NO FEWER THAN  
SIX, OF THOSE MEMBERS OF THE BOARD OF DIRECTORS (OR A COMMITTEE THEREOF  
DULY AUTHORIZED BY THE BOARD OF DIRECTORS TO GIVE SUCH APPROVAL) WHO DO NOT  
HAVE A CONFLICTING INTEREST WITH RESPECT TO THE TRANSACTION.

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

A COMPENSATION ANALYSIS WAS PERFORMED BY AN OUTSIDE CONSULTING FIRM IN 2022  
FOR ALL EMPLOYEES INCLUDING THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES.  
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

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number	06-6032106
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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. THE EXECUTIVE COMMITTEE APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. COMPENSATION OF OTHER SENIOR STAFF IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -470,390.



**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Employer identification number 06-6032106
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE COMMUNITY FOUNDATION MISSION INVESTMENTS COMPANY, LLC	TO CARRY-OUT THE MISSION INVESTMENT ACTIVITIES OF THE COMMUNITY FOUNDATION	CONNECTICUT	-15,455,726.	118,003,671.	COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022



**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	<b>X</b>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



<b>Part VII</b>	<b>Supplemental Information</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

EXTENDED TO NOVEMBER 15, 2023

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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  
address changed.**B** Exempt under section☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a) ☐ 529APrint  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Number, street, and room or suite no. If a P.O. box, see instructions.

**70 AUDUBON STREET**

City or town, state or province, country, and ZIP or foreign postal code

**NEW HAVEN, CT 06510****D** Employer identification number**06-6032106****E** Group exemption number  
(see instructions)**F** ☐ Check box if  
an amended return.**C** Book value of all assets at end of year ..... **679,592,958.****G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university**H** Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐**J** Enter the number of attached Schedules A (Form 990-T) ..... **1****K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.**L** The books are in care of **WENDY GAMBA** Telephone number **203-777-7061****Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>292,872.</b>
<b>2</b>	Reserved .....	<b>2</b>	
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	<b>292,872.</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	<b>4</b>	<b>26,781.</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>266,091.</b>
<b>6</b>	Deduction for net operating loss. See instructions <b>STATEMENT 3</b> .....	<b>6</b>	<b>24,066.</b>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>242,025.</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>241,025.</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>50,615.</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>50,615.</b>

**LHA For Paperwork Reduction Act Notice, see instructions.**Form **990-T** (2022)

Form 990-T (2022)

Page **2****Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		50,615.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		50,615.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>		
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		2,389.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		53,004.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 here	Yes	No
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <b>24,066.</b> 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 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
	901101	\$ 2,170,294.	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
	Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SARAH HINTZ	SARAH HINTZ	11/15/23	PTIN P00492291
	Firm's name	Firm's EIN		
	CLIFTONLARSONALLEN LLP	41-0746749		
	8390 EAST CRESCENT PARKWAY, SUITE 300			
	GREENWOOD VILLAGE, CO 80111	Phone no. (303) 779-5710		

THE COMMUNITY FOUNDATION FOR GREATER NEW06-6032106

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS	N/A	79,237,145.
CHARITABLE CONTRIBUTIONS -	N/A	
WARBURG PINCUS ENERGY (E&P) -		
A, L.P.		44.
CHARITABLE CONTRIBUTIONS -	N/A	
JUNIPER CAPITAL II, LP		170.
CHARITABLE CONTRIBUTIONS -	N/A	
TIFF PARTNERS V-US, LLC		1.
CHARITABLE CONTRIBUTIONS -	N/A	
TIFF PRIVATE EQUITY PARTNERS		
2011, LLC		28.
CHARITABLE CONTRIBUTIONS -	N/A	
TIFF PRIVATE EQUITY PARTNERS		
2011, LLC - BOA		19.
CHARITABLE CONTRIBUTIONS -	N/A	
COMMONFUND CAPITAL GLOBAL		
PRIVATE EQUITY PARTNER		4.
TOTAL TO FORM 990-T, PART I, LINE 4		79,237,411.



THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2017 24,385,238  
 FOR TAX YEAR 2018 29,674,881  
 FOR TAX YEAR 2019 29,508,017  
 FOR TAX YEAR 2020 31,347,409  
 FOR TAX YEAR 2021 33,720,149

TOTAL CARRYOVER 148,635,694  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 79,237,411

TOTAL CONTRIBUTIONS AVAILABLE 227,873,105  
 TAXABLE INCOME LIMITATION AS ADJUSTED 26,781

EXCESS CONTRIBUTIONS 227,846,324  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 227,846,324

ALLOWABLE CONTRIBUTIONS DEDUCTION 26,781

TOTAL CONTRIBUTION DEDUCTION 26,781

## THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	24,066.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	24,066.

SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY	SCHEDULE A SHARE
---	------------------

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	24,066.
BALANCE AFTER PRE-2018 NOL DEDUCTION	242,025.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	339,326.	315,260.	24,066.	24,066.
NOL CARRYOVER AVAILABLE THIS YEAR			24,066.	24,066.

**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE COMMUNITY FOUNDATION FOR GREATER NE HAVEN</b>	<b>B</b> Employer identification number <b>06-6032106</b>
<b>C</b> Unrelated business activity code (see instructions) <b>901101</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E Describe the unrelated trade or business** **ALTERNATIVE INVESTMENTS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 1,146,318.		1,146,318.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 5</b>	<b>5</b> 413,704.		413,704.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 6</b>	<b>12</b> 80.		80.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 1,560,102.		1,560,102.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	<b>2</b>	
<b>2</b> Salaries and wages	<b>2</b>		7,546.
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		52,220.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 7</b>	<b>14</b>		132,240.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		192,006.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		1,368,096.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 8 STMT 10</b>	<b>17</b>		1,075,224.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		292,872.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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) .....				
c	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 here and on Part I, line 6, column (A) <b>0.</b>				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <b>0.</b>				

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	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 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <b>0.</b>				
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <b>0.</b>				
11	<b>Total dividends-received deductions</b> included in line 10 <b>0.</b>				

Schedule A (Form 990-T) 2022

Page 3

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

  

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than 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) 2022

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

B ☐C ☐D ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

<b>2</b> Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....	0.			

**a**

<b>3</b>	Direct advertising costs by periodical				
----------	--	--	--	--	--

**a**

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

[illegible]

## 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 less than line 6, enter zero

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a**

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 ..... 0.

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 0.

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
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## THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
WARBURG PINCUS ENERGY (E&P) - A, L.P. - ORDINARY BUSINESS INCOME (LOSS)	1,377,926.
WARBURG PINCUS ENERGY (E&P) - A, L.P. - ROYALTIES	6,316.
WARBURG PINCUS ENERGY (E&P) - A, L.P. - OTHER INCOME (LOSS)	-530,499.
WARBURG PINCUS ENERGY (E&P) TERRA - A, L.P. - ORDINARY BUSINESS INCOME (LOSS)	56,736.
WARBURG PINCUS ENERGY (E&P) TERRA - A, L.P. - OTHER INCOME (LOSS)	-64,272.
DENHAM COMMODITY PARTNERS FUND VI LP - DIVIDEND INCOME	5.
DENHAM COMMODITY PARTNERS FUND VI LP - OTHER INCOME (LOSS)	80.
GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-86,031.
GEM REALTY FUND V, L.P. - NET RENTAL REAL ESTATE INCOME	-10,074.
GEM REALTY FUND V, L.P. - OTHER INCOME (LOSS)	18,983.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-6.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME	-983.
LAKESTAR GROWTH I LP - OTHER INCOME (LOSS)	-545.
LAKESTAR III LP - INTEREST INCOME	53.
LAKESTAR III LP - OTHER INCOME (LOSS)	-2,996.
PRECURSOR VENTURES III, LP - INTEREST INCOME	84.
PRECURSOR VENTURES III, LP - OTHER INCOME (LOSS)	-21,343.
RESOURCE LAND FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,838.
RESOURCE LAND FUND V, LP - NET RENTAL REAL ESTATE INCOME	1,822.
JUNIPER CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	392,931.
JUNIPER CAPITAL II, LP - ROYALTIES	40,718.
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS)	-721,607.
METROPOLITAN REAL ESTATE PARTNERS V, LP BOA - ORDINARY BUSINESS INCOME (LOSS)	-9.
TIFF PARTNERS V-US, LLC - ORDINARY BUSINESS INCOME (LOSS)	2,304.
TIFF PARTNERS V-US, LLC - DIVIDEND INCOME	3.
TIFF PARTNERS V-US, LLC - OTHER INCOME (LOSS)	199.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-686.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-791.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,266.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - INTEREST INCOME	154.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - DIVIDEND INCOME	344.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ROYALTIES	1.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - OTHER INCOME (LOSS)	-195.
DARLINGTON PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)	-311.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - ORDINARY BUSINESS INCOME (LOS	-846.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - INTEREST INCOME	103.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - DIVIDEND INCOME	229.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - ROYALTIES	1.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - BOA - OTHER INCOME (LOSS)	-201.

THE COMMUNITY FOUNDATION FOR GREATER NEW	06-6032106
TIFF PARTNERS III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-10.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- ORDINARY BUSINES	3,351.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- NET RENTAL REAL	-41.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- OTHER NET RENTAL	1.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- INTEREST INCOME	438.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- DIVIDEND INCOME	750.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- ROYALTIES	38.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- OTHER PORTFOLIO	9.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER II, L.P.	
- OTHER INCOME (LO	-4,798.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - ORDINARY	
BUSINESS INCOME (LOSS	-22.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - INTEREST	
INCOME	11.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - DIVIDEND	
INCOME	20.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - OTHER	
PORTFOLIO INCOME (LOSS)	3.
COMMONFUND CAPTIAL VENTURE PARTNERS XII, LP - OTHER INCOME	
(LOSS)	-534.
HEALTHY VENTURES FUND I LP - ORDINARY BUSINESS INCOME	
(LOSS)	27.
EIGHTFOLD OPPORTUNITY FEEDER FUND IV L.P. - OTHER INCOME	
(LOSS)	-36,032.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	413,704.

FORM 990-T (A)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - COMMONFUND CAPITAL GLOBAL PRIVATE		
EQUITY PARTNER II,		80.
TOTAL TO SCHEDULE A, PART I, LINE 12		80.



## THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 7

## DESCRIPTION

AMOUNT

TAX PREPARATION FEE

7,500.

INVESTMENT MANAGEMENT FEE

122,826.

OTHER NONPERSONNEL EXPENSES

1,914.

TOTAL TO SCHEDULE A, PART II, LINE 14

132,240.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 8

PRIOR YEAR POST  
2017 NOL

NOL DEDUCTION

CARRYFORWARD OF  
POST 2017 NOL

2,170,294.

1,075,224.

1,095,070.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,246,963.	45,579.	1,201,384.	1,201,384.
12/31/19	395,169.	0.	395,169.	395,169.
12/31/20	573,741.	0.	573,741.	573,741.
NOL CARRYOVER AVAILABLE THIS YEAR			2,170,294.	2,170,294.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 10

TAXABLE INCOME FROM ALL ENTITIES

1,368,096.

THIS ENTITIES PORTION OF TAXABLE INCOME

1,368,096.

THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS

100.00%

THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS

24,066.

TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS

1,344,030.

80% INCOME LIMITATION

1,075,224.

POST-2017 AVAILABLE

2,170,294.

LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION

1,075,224.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

Name

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106**Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>16,567.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>16,567.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**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 II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>463,663.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>666,088.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>1,129,751.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>16,567.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,129,751.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,146,318.</b>

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

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

Schedule D (Form 1120) 2022





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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Identifying number

**06-6032106**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a****1b****1c****Part I 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)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 11</b>							

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3****4****5****6****7****666,088.****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 .....
- 9** 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 capital gain on the Schedule D filed with your return. See instructions .....

**8****9****666,088.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** 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.

**11****12****13****14****15****16****17****a** 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** (2022)

## THE COMMUNITY FOUNDATION FOR GREATER NEW

Form 4797 (2022) **HAVEN**

06-6032106

Page 2

**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, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> 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		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a 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 <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
WARBURG PINCUS ENERGY (E&P) - A, L.P.						348,234.
GEM REALTY FUND VI, LP						95,814.
RESOURCE LAND FUND V, LP						219,566.
TIFF PARTNERS V-US, LLC						-422.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						66.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC						71.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY						2,759.
TOTAL TO 4797, PART I, LINE 2						666,088.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

Name

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Employer identification number

**06-6032106**Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>16,567.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>16,567.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**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 II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>463,663.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>666,088.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>1,129,751.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>16,567.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,129,751.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,146,318.</b>

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

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

Schedule D (Form 1120) 2022







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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Identifying number

**06-6032106**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a****1b****1c****Part I 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)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 12</b>						
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>666,088.</b>
	<b>Partnerships and S corporations.</b> 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.						
	<b>Individuals, partners, S corporation shareholders, and all others.</b> 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.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	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 capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b> <b>666,088.</b>

**Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	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.						
	<b>a</b> 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 .....						<b>18a</b>
	<b>b</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 .....						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

## THE COMMUNITY FOUNDATION FOR GREATER NEW

Form 4797 (2022) **HAVEN**

06-6032106

Page 2

**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, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
<b>20</b>	Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>	
<b>21</b>	Cost or other basis plus expense of sale	<b>21</b>	
<b>22</b>	Depreciation (or depletion) allowed or allowable	<b>22</b>	
<b>23</b>	Adjusted basis. Subtract line 22 from line 21	<b>23</b>	
<b>24</b>	Total gain. Subtract line 23 from line 20	<b>24</b>	
<b>25</b>	<b>If section 1245 property:</b>		
<b>a</b>	Depreciation allowed or allowable from line 22	<b>25a</b>	
<b>b</b>	Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>	
<b>26</b>	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
<b>a</b>	Additional depreciation after 1975. See instructions	<b>26a</b>	
<b>b</b>	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>	
<b>c</b>	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>	
<b>d</b>	Additional depreciation after 1969 and before 1976	<b>26d</b>	
<b>e</b>	Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>	
<b>f</b>	Section 291 amount (corporations only)	<b>26f</b>	
<b>g</b>	Add lines 26b, 26e, and 26f	<b>26g</b>	
<b>27</b>	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
<b>a</b>	Soil, water, and land clearing expenses	<b>27a</b>	
<b>b</b>	Line 27a multiplied by applicable percentage	<b>27b</b>	
<b>c</b>	Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>	
<b>28</b>	<b>If section 1254 property:</b>		
<b>a</b>	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>	
<b>b</b>	Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>	
<b>29</b>	<b>If section 1255 property:</b>		
<b>a</b>	Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>	
<b>b</b>	Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b>	Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
<b>31</b>	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
<b>34</b> Recomputed depreciation. See instructions	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

THE COMMUNITY FOUNDATION FOR GREATER NEW

06-6032106

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
WARBURG PINCUS ENERGY (E&P) - A, L.P.						348,234.
GEM REALTY FUND VI, LP						95,814.
RESOURCE LAND FUND V, LP						219,566.
TIFF PARTNERS V-US, LLC						-422.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						66.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC						71.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY						2,759.
TOTAL TO 4797, PART I, LINE 2						666,088.

Form

**8865**Department of the Treasury  
Internal Revenue Service**Return of U.S. Persons With Respect to  
Certain Foreign Partnerships**Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2022, and ending **DEC 31**, 2022

OMB No. 1545-1668

**2022**Attachment  
Sequence No. **865**

Name of person filing this return

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Filer's identification number

**06-6032106**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **JAN 1**, 2022, and ending **DEC 31**, 2022**C** 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:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership**DIGITAL ALPHA FUND II-A LP****3535 EXECUTIVE TERMINAL DR., STE 110  
HENDERSON, NV 89052****2(a)** EIN (if any)**98-1532247****2(b)** Reference ID number**3** Country under whose laws organized**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>02/13/2020</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>PORTFOLIO INVESTMENT</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	---	---	--

**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****3** Name and address of foreign partnership's agent in country of organization, if any**MAPLES CORP SVCS LTD  
PO BOX 309, UGLAND HOUSE  
GRAND CAYMAN, CAYMAN ISLANDS KY1-110****4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**5** 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 \$

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?☐ Yes ☒ No**8** 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?**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

☐ Yes ☒ No**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)?☐ Yes ☐ No**11** 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.

If "Yes," don't complete Schedules L, M-1, and M-2.

☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2022)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

Sign Here Only  
if You're Filing  
This Form  
Separately and  
Not With Your  
Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**Schedule A**

**Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a** ☒ Owns a direct interest

**b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1**

**Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2**

**Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

**Schedule A-3**

**Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STMT 20	Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Form **8865** (2022)

SCHEDULE O  
(Form 8865)

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Filer's identifying number	06-6032106
Name of foreign partnership	DIGITAL ALPHA FUND II-A LP	EIN (if any)	98-1532247
		Reference ID number (see instr)	

1 a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ..... ☐ Yes ☒ No

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☒ No

2 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

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/22		1,465,997.				
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			1,465,997.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .8498 % (b) After the transfer .8446 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ☐ Yes ☒ No



Form

**8865**Department of the Treasury  
Internal Revenue Service**Return of U.S. Persons With Respect to  
Certain Foreign Partnerships**Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2022, and ending **DEC 31**, 2022

OMB No. 1545-1668

**2022**Attachment  
Sequence No. **865**

Name of person filing this return

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Filer's identification number

**06-6032106**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **JAN 1**, 2022, and ending **DEC 31**, 2022**C** 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:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership**LAKESTAR III LP****2(a)** EIN (if any)**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**

<b>4</b> Date of organization <b>08/03/2017</b>	<b>5</b> Principal place of business <b>GUERNSEY</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>PORTFOLIO INVESTMENT</b>	<b>8a</b> Functional currency <b>EUR</b>	<b>8b</b> Exchange rate (see instructions) <b>.950940</b>
--	---	---	---	---	--

**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****3** Name and address of foreign partnership's agent in country of organization, if any**LAKESTAR III (G.P.) LIMITED****EAST WING, TRAFALGAR COURT****LES BANQUES, ST. PETER PORT GUERNSEY****4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**AZTEC FINANCIAL SERVICES (GUERNSEY) LTD.****EAST WING, TRAFALGAR COURT****LES BANQUES, ST. PETER PORT GUERNSEY****5** 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 \$

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?☒ Yes ☐ No**8** 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?**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

☐ Yes ☒ No**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)?☐ Yes ☐ No**11** 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.

If "Yes," don't complete Schedules L, M-1, and M-2.

☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2022)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

Sign Here Only  
if You're Filing  
This Form  
Separately and  
Not With Your  
Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**Schedule A**

**Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a** ☒ Owns a direct interest

**b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1**

**Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2**

**Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

**Schedule A-3**

**Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Form **8865** (2022)

SCHEDULE O  
(Form 8865)

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Filer's identifying number	06-6032106
Name of foreign partnership	LAKESTAR III LP	EIN (if any)	98-1473139
		Reference ID number (see instr)	

1 a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ..... ☐ Yes ☒ No

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☒ No

2 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

Part I Transfers Reportable Under Section 6038B							STMT 21
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash							
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	09/15/22		233,073.				233,073.
Totals			233,073.				233,073.

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .7100 % (b) After the transfer .7132 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ☐ Yes ☒ No

Form

**8865**Department of the Treasury  
Internal Revenue Service**Return of U.S. Persons With Respect to  
Certain Foreign Partnerships**Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2022, and ending **DEC 31**, 2022

OMB No. 1545-1668

**2022**Attachment  
Sequence No. **865**

Name of person filing this return

**THE COMMUNITY FOUNDATION FOR GREATER NEW  
HAVEN**

Filer's identification number

**06-6032106**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **JAN 1**, 2022, and ending **DEC 31**, 2022**C** 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:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership**ATLAS PARTNERS HOLDINGS II (A) LP****79 WELLINGTON ST. WEST, SUITE 3500****TORONTO, ONTARIO CANADA****2(a)** EIN (if any)**98-1462148****2(b)** Reference ID number**3** Country under whose laws organized**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>11/05/2018</b>	<b>5</b> Principal place of business <b>CANADA</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
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**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****3** Name and address of foreign partnership's agent in country of organization, if any**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**5** 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 \$

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?☐ Yes ☒ No**8** 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?**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

☐ Yes ☒ No**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)?☐ Yes ☐ No**11** 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.

If "Yes," don't complete Schedules L, M-1, and M-2.

☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2022)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

Sign Here Only  
if You're Filing  
This Form  
Separately and  
Not With Your  
Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if  
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

**Schedule A**

**Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a** ☒ Owns a direct interest

**b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1**

**Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2**

**Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

**Schedule A-3**

**Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STMT 22	Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Form **8865** (2022)

SCHEDULE O  
(Form 8865)

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor	THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN	Filer's identifying number	06-6032106
Name of foreign partnership	ATLAS PARTNERS HOLDINGS II (A) LP	EIN (if any)	98-1462148
		Reference ID number (see instr)	

1 a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ..... ☐ Yes ☒ No

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☐ No

2 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

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			201,911.				
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			201,911.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 3200 % (b) After the transfer . 3200 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ☐ Yes ☒ No

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 20

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

FORM 8865

SCHEDULE O - OTHER PROPERTY TRANSFERS

STATEMENT 21

<B>  
DESCRIPTION OF PROPERTY

(A) DATE OF TRANSFER	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(E) RECOVERY PERIOD	(F) SEC 704(C) ALLOCATION METHOD	(G) GAIN RECOGNIZED ON TRANSFER
FOREIGN CURRENCY 09 15 22	233,073.	0.			233,073.

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