,		EXTE	NDED	TO NOV	/EMB	ER 16,	2020	27		٠ ـ	ں ر	~ J U 4
Form 990-T	E	Exempt Orga							eturn	ı	омв и	lo 1545-0047
		. (a	nd proxy	y tax unc	der se	ection 603	33(e))	1 0.	\ 1			040
	For ca	lendar year 2019 or other tax ye				, and e	-		<u> </u>	_		019
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe							i01(c)(3).	ł	Open to P 501(c)(3) C	ublic Inspection to Organizations Only
A Check box if		Name of organization (Check	box if name o	changed	and see instr	ructions)			(Emp	loyer identif oloyees' tru:	fication number
address changed		 									uctions)	
B Exempt under section X 501(c(2)(3))	Print	HARTFORD FOUNDATE				actructions					6 - 0 6 9 9 : lated busin	ess activity code
408(e) 220(e)	Туре	Number, street, and room 10 COLUMBUS BLVD			ix, see ii	istructions.			ł	(See	instructions	;)
408A 530(a)		City or town, state or pro			or foreig	n postal code		<u></u>				
529(a)		HARTFORD, CT 061								5230	00	
C Book value of all assets at end of year		F Group exemption num	 		<u> </u>							·r
		G Check organization typ		501(c) cor	 	1 <u>X</u> 50)1(c) trust		401(a)			Other trust
H Enter the number of the	-	ition's unrelated trades or t ERNATIVE INVESTMEN		-	1		•	the only (or , complete P				•
		ice at the end of the previo		complete P	arts I ar		-	•				, ,
business, then complete			23 3011101100	, complete	urto rar	ia n, admpion		0 111 101 0401	, additioni		5 01	
		oration a subsidiary in an	affiliated gro	oup or a pare	nt-subs	idiary control	led group?		▶ L	Y	es x	No
If "Yes," enter the name a	nd iden	tifying number of the parer	nt corporation	on 🕨								
J The books are in care of						(A) (E)		one numbe	 	60)5		_
. 		de or Business Inc	come		т	(A) inc	ome	(8)	Expenses		 	(C) Net
 1 a Gross receipts or sale b Less returns and allow 			c Balance		1c			ł			}	
2 Cost of goods sold (S		A. line 7)	j • Dalance		2			 			 	/
-\3 Gross profit. Subtract		•			3							
4a Capital gain net incon					4a		56,527.					56,527
b Net gain (loss) (Form	4797, F	art II, line 17) (attach Form	1 4797)		4b		-4,661.			<i>p</i> *		-4,661.
 Capital loss deduction 	for trus	sts			4c							
• •		ship or an S corporation (a	ttach staten	nent)	5		927.					927.
6 Rent income (Schedu	-				6						├	
7 Unrelated debt-financ		•		10 to 11 to 51	8			/			<u> </u>	
		and rents from a controlled on 501(c)(7), (9), or (17) o	-					/			 	
10 Exploited exempt acti			rgamzation	(Schedule d)	10		_/_				\vdash	
11 Advertising income (S	-	•			11		/					
12 Other income (See in:		•			12							
13 Total. Combine lines					13		52,793.					52,793.
Part II Deductio	ns No	ot Taken Elsewhei	re (See in:	structions for	or limit	ations on de	ductions))				
		be directly connected w		elated busi	nessir	icome ;						
•	icers, di	rectors, and trustees (Scho	edule K)	/		DECE	11 /55		ŀ	14	 	88,
15 Salaries and wages16 Repairs and mainten	ance				۔ ا	RECE	IVED		F	16	 	
17 Bad debts	41100			-	2				ŀ	17	 	····
18 Interest (attach sche	dule) (s	ee instructions)			C144	NOV 1	0 2020	S-0S(ľ	18		
19 Taxes and licenses								ISS		19		1,851.
20 Depreciation (attach	Form 4	562)				OGDE	10 I IT	-		~ - ~=		
	aimed o	n Schedule A and elsewher	e on return				21/2			21b	ļ <u>.</u>	
22 Depletion										22	 	
23 Contributions to defe									}	23	 	
24 Employee benefit pro25 Excess exempt expe									}	24		_
26 Excess readership et		•				-			}	26		
27 Other deductions (at						SEE S	STATEMEN	T 1	}	27		4,198.
28 Total deductions A									ľ	28		6,137.
		ncome before net operating	g loss dedu	ction Subtra	ct line 2	8 from line 13	}		ļ	29		46,656.
/		loss arısıng ın tax years be										
(see instructions)									ļ	30	<u> </u>	0.
7	_	ncome Subtract line 30 fro								31	<u> </u>	46,656.
923701 01-27-20 LHA FO	ır Papei	work Heauction Act Notice	e, see instr	uctions.	1 (2					Form	990-T (2019

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	Form 99	90-T (201	hartford foundation for public giving		06-0699252		Page 2
	Par	t III	Total Unrelated Business Taxable Income				
	、32	Potal	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	Γ	32	46	656.
	33 /	Amou	nts paid for disallowed fringes	`Г	33		
	34		able contributions (see instructions for limitation rules) STMT 2 STMT 3	4 T	34	22	828.
	35		unrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and	1.⊢	35		828.
	36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	••	36		
	37				37	23	828.
			for distribution (Consequent of 1900) by these line 90 years where (or support one)	7	37		000.
	38	•	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<i>D</i> ⊢	38		000.
	39		ated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	· .	1		
1			the smaller of zero or line 37	<u> </u>	39	22	,828,
1	Par	t IV	Tax Computation		<u> </u>		
١.	40	Organ	nzations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ [ˈ	# 0		
•	41	Trusts	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from		1		
			Tax rate schedule or X Schedule D (Form 1041)	▶	<u>1</u> 1	3	521.
	42	Proxy	tax See instructions	▶┌	42		
	43	-	ative minimum tax (trusts only)	· -	43		
	44		n Noncompliant Facility Income. See instructions		44		
	45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	45	3	521.
١,	Par		Tax and Payments		73	<u>-</u>	321.
11	_						
, ,	/	-	in tax credit (corporations attach Form 1118, trusts attach Form 1116)				
Ū			credits (see instructions)	_			
	С	Gener	al business credit. Attach Form 3800	_			
	d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		,		
	е	Total	credits Add lines 46a through 46d		46e		
	47	Subtra	act line 46e from line 45	L	47	3,	521.
	48	Other	taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	rte)	48		
	49	Total	tax Add lines 47 and 48 (see instructions)	. Г	49	3	521.
	50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.
			ents: A 2018 overpayment credited to 2019		1 		
		-	estimated tax payments 51b	ᅱ	'		
				\dashv			
			**************************************	\dashv			
		-	in organizations. Tax paid or withheld at source (see instructions)				
			p withholding (see instructions) 51¢				
			for small employer health insurance premiums (attach Form 8941)				
	9		credits, adjustments, and payments: Form 2439				
			Form 4136 Other Total ▶ 51g		\		
	52	Total	payments Add lines 51a through 51g	L	52		
	53	Estima	ated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲 🚬		53		138.
	54	Tax d	ue If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶□	54	3 ,	659.
, ,	55	Overp	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶┌	55		
11	56″		the amount of line 55 you want. Credited to 2020 estimated tax	· +-	56		
<u>_</u>	Par		Statements Regarding Certain Activities and Other Information (see instructions)		7		
						Yes	No
	57		r time during the 2019 calendar year, did the organization have an interest in or a signature or other authority I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			'68	140
					1		
			N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
		here	<u> </u>			L	Х
	58	During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				Х
		If "Yes	;" see instructions for other forms the organization may have to file				
	59	Enter	the amount of tax-exempt interest received or accrued during the tax year 🕨 💲		_		
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowle	dge and belief it is	true,	
	Sign		VP FINANCE AND	May	the IRS discuss this	o roturn	utb
	Here	•	Schul While 11/8/20 Administration	• '	reparer shown belo		AITU
		[Signature of officer Date Title		ictions)? X Ye		No I
			Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		لسست
			self- employ		· ····		
	Paid	_	TORT BUDNICK 10/15/20	/eu	P00046310		
	Pre	parer	· · · · · · · · · · · · · · · · · · ·	_			
	Use	Only	/ Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's EIN		06-100920	,	
			29 S. MAIN STREET, P.O. BOX 272000		F.C		
			Firm's address WEST HARTFORD, CT 06127-2000 Phone no	860	561-4000		
	923711	01-27-2	20		Form 99	90-T (2019)

Schedule A - Cost of Good	s Sold. Enter i	method of inver	ntory v	aluation N/A			
1 Inventory at beginning of year	1	· · · · · · · · · · · · · · · · · · ·		Inventory at end of year	ır		6
2 Purchases	2		_	Cost of goods sold. Su		ine 6	
3 Cost of labor	3		1	from line 5. Enter here			
4 a Additional section 263A costs			7	line 2			7
(attach schedule)	4a	-	8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	•	•	
5 Total. Add lines 1 through 4b	5		1	the organization?		,,	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)
(see instructions)		<u> </u>					
1. Description of property							
(1)	•			-			
(2)							
(3)							
(4)							
	2 Rent receive					3/3\Daductions directly	connected with the income in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.]	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	, , , , ,	er 🕨			0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (8)	•
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)		-	· · · · · · · · · · · · · · · · · · ·
			2	. Gross income from		3 Deductions directly conn to debt-finance	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		_					
(1)		·	+			- 	
(2)			+				
(3)			†				
(4)				·			
4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or all debt-finan	adjusted basis locable to iced property schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	İ	·		. %		· - · - · · -	
(2)			1	%			
(3)				%			
(4)	-			%			-
,						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				>		0.	
Total dividends-received deductions in	ncluded in column	8					C
							Form 990-T (201

			Exempt (Controlled O	ganızatio	ons				
1. Name of controlled organiza	J ide	Employer entification number		elated income instructions)	4. Tota paym	of specified lents made	included (column 4 th n the contro n's gross in	lling	6 Deductions directly connected with income in column 5
(1)	_		 						\pm	
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income	8 Net unrelated in (see instruc		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that is ng organizat income	included tion's	11 Der with	ductions directly connecte income in column 10
(1)										
(2)										
(3)				-						
(4)										
Totals						Enter here and	on page 1, lociumn (A)		Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Schedule G - Investme	ent Income of	a Sectio	n 501(c)(7), (9), or	(17) Or	ganization		<u> </u>		
	tructions)					3 Deduction				
1 . Oes	cription of income	-		2 Amount of	income	directly connectation (attach sched	cted	4 Set-as (attach sc		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)									_	<u> </u>
(3)						·			_	
(4)						-				
(4)				Enter here and o						Enter here and on page Part I line 9, column (B
Totals	-	-			0.					-
Schedule I - Exploited	· ·	ity Incor	ne, Othe	r Than Ad	vertisi	ng Income	,			.·!
1. Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	xpenses connected production nrelated ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelati business inco	hat ed	6 Expe attributal columi	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										<u> </u>
(2)	1							_		
(3)	 	 	_							<u> </u>
(4)	 				+					
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I 0, col (B)		· ·		I			Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertis		0.	0.	-			.		-	<u> </u>
Part I Income From				solidated	Basis	··				
				Т 4		Τ			 -	7 -
1. Name of periodical	2. Gros advertisi income	ng _ l _a	3 Direct vertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati income	ion	6 Readers	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				٦٠	-				\Box	
(2)				_						
(3)				_						
				7	~				-	
(4)				_1	-				1	
(4)				 	-	<u> </u>				

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

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	Ī						
(2)							
(3)							
(4)	一						
Totals from Part I	▶	0.	0.				0
	-	-Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		-	•	Enter here and on page 1, Part II line 26
Totals, Part II (lines 1-5)	▶	0.	٥.	,			0

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

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

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE		2,500. 1,698.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	4,198.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	38,432,531.
TOTAL TO FORM 990-T, PAGE 2,	LINE 34	38,432,531.

FORM 990-T CONTRIBUTIONS SUMMARY	STATEME	NT 3
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS - 60% LIM	ΙΤ	
FOR TAX YEAR 2018		
TOTAL CARRYOVER TOTAL CURRENT YEAR 60% CONTRIBUTIONS		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	27,394	
EXCESS 60% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TAXABLE INCOME FOR LIMITATION AFTER 60% CONTRIBUTIONS		45,656
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS - 50% LIM	IТ	
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTIONS 38,4	432,531	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED 38,4	432,531 22,828	
	409,703 409,703	
ALLOWABLE CONTRIBUTIONS DEDUCTION		22,828
		

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

1 0

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Schedule D (Form 1041) 2019

Employer identification number Name of estate or trust HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Yes X No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions) Part I (g) Adjustments See instructions for how to figure the amounts to enter on the lines below (d) (e) (h) Gain or (loss) Sùbtract column (é) Proceeds Cost to gain or loss from from column (d) and (or other basis) (sales price) This form may be easier to complete if you round off cents to whole dollars. combine the result Form(s) 8949, Part I. with column (g) line 2, column (g) 1 a 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 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with 2,395 2,395. Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year(see instructions) See instructions for how to figure the amounts to enter on the lines below (h) Gain or (loss) (d) (e) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) combine the result This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II with column (g) line 2, column (g) 8 a 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 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with 54,132 54,132. Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 12 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 13 13 Capital gain distributions 14 14 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 Carryover Worksheet Net long-term capital gain or (loss) Combine lines 8a through 15 in column (h). Enter here and on line 18a, 16

910841 12-09-19 LHA

column (3) on page 2

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Part III Summary of Parts I and II	Schedule D (Form 1041) 2019 HARTFORD FOUNDATION	FOR PUBLIC GIVING				06-06	99252	Page 2
17 Net short-term gain or (loss) 18 Net long-term gain or (loss) 19 Total net gain or (loss) 10 Total net gain or (loss) 10 Total net gain or (loss). Combine lines 18 of the worksheel) 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 17 and 18a 10 Total net gain or (loss). Combine lines 18 and 19 a d the lines 18 a	Part III Summary of Parts I and II			(1) Beneficiaries'	(2)	Estate's		
18 Not long-term gain or (loss). a Total for year b Unrecaptured section 1250 gain (see line 18 of the worksheet) c 28% rate gain 7 Total for year 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 17 and 18a ▶ 19 Total net gain or (loss), combine lines 18 and 19, column (8), is a net gain, go to Part V, and den't complete Part IV II hine 4g, if form 990-T, Part I, line 4g, if a trust), line again (loss), complete Part IV and the Capital Loss Carryover Worksheet, as necessary Part IV Capital Loss Limitation 20 Enter here and enter as 3 (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4g, if a trust), line smaller of a The loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 20 In the loss on line 19, column (3) or b \$3,000 21 In the loss on line 19, column (3) or b \$1,000 22 In the loss on line 19, column (3) or b \$1,000 23 In the loss on line 19, column (3) or b \$1,000 24 Add lines 22 and 23 25 Enter the smaller of the amount on line 27 or line 28 26 In the loss of more of the line 18a or 19 in column (2) or line 28 27 In the smaller of the amount on line 27 or line 28 28 In the state or thrust is fling Form 4952, enter the smaller of the amount on line 27 or line 28 29 Subtract line 28 from line 21 It zero or less, enter 0- 20 In the smaller of the amount on line 27 or li	Caution. Read the instructions before cor	mpleting this part			or	trust's		
10 10 10 10 10 10 10 10	17 Net short-term gain or (loss)		17			2,	395.	2,395.
b Unrecaptured section 1250 gain (see line 18 of the worksheet) c 28% rate gain 18 Total net gain or (loss), Combine lines 17 and 18a 19 Total net gain or (loss), Combine lines 17 and 18a 19 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 17 and 18a 10 Total net gain or (loss), Combine lines 18 and 19 total net gains, go to Part V, and the Capital Loss Carryover Worksheet, as necessary 10 Total net gain or (loss), Inne 39, Is a loss, complete the Capital Loss Carryover Worksheet, as necessary 10 Total net gain, go to Part V, and the an analysis of the same life of the loss on line 19, column (2), is more than 250, 200, 200, or I Form 1904, Loage 1, line 23 (or Form 990-T, line 39), is a loss, complete the Capital Loss Carryover Worksheet in the instructions of loss carryover. 10 Total files Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20 (loss) is more than 250. 10 Eather line 18b, col (2) or line 18c, col (2) is more than 250. 10 Eather line 18b, col (2) or line 18c, col (2) is more than 250. 10 Eather line 18b, col (2) or line 18c, col (2) is more than 250. 10 Eather line 18b, col (2) or line 18c, col (2) is more than 250. 11 Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39), s. more than 250 kip the spart only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 39 (s. more than 250 kip that part of kip the spart only if both lines 18a and 19 are gains, or qualified dividends from		•						
18	a Total for year		18a			54,	132.	54,132.
Total net gain or (loss). Combine lines 17 and 18a	b Unrecaptured section 1250 gain (see line 18 of the wor	ksheet)	18b					
Note . If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18 a and 19, column (2), are net gains, 90 to Part V, and don't complete Part IV if line 19, column (3), is a net loss, complete Part IV and theCapital Loss Carryover Worksheet, as necessary	c 28% rate gain		18c					
Part IV Capital Loss Limitation	19 Total net gain or (loss). Combine lines 17 and 18a	>	19			56,	527.	56,527.
Part IV Capital Loss Limitation	Note. If line 19, column (3), is a net gain, enter the gain	on Form 1041, line 4 (or Form	990-T.	Part I, line 4a) If line	es 18a ar	nd 19, d	column	(2), are net gains.
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 19, column (3) or b \$3,000 or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filers Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 25(2), and Form 1041, line 23, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if Either line 18b, col (2) in line 18c, col (2) is more than zero or Both Form 1041, line 20(1), and Form 4952, line 4g are more than zero Both Form 1041, line 20(1), and Form 4952, line 4g are more than zero I Enter laxable income from Form 1041, line 23 (or Form 990-T, line 39), is more than zero Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col (2) is more than zero I Enter laxable income from Form 1041, line 23 (or Form 990-T, line 39) I Enter the smaller of line 18a or 19 in column (2) but not less than zero I Enter the smaller of the amount on line 21 or \$2,650 Enter the smaller of the amount on line 21 or \$2,650 Enter the smaller of the amount on line 27 or line 28 Subtract line 25 from line 28 If zero or less, enter -0- Enter the smaller of line 21 or line 26 Subtract line 30 from line 21 in 22 (2,828. Line the smaller of line 21 or size,550 Add lines 27 and 30 Line the smaller of line 21 or size,550 Add lines 27 and 30 Multiply line 36 by 15% (0.15) A Multiply line 36 by 15% (0.15)								
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Part V Tax Computation Using Maximum Capital Gains Rates	• •	, , ,	,		1	20	()
Part V Tax Computation Using Maximum Capital Gains Rates	* * * * * * * * * * * * * * * * * * * *	.000. or if Form 1041, page 1, lii	ne 23 (or Form 990-T. line	39). ıs a l	oss. co	molete	theCapital
Form 1041 filers Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 2b(3), since than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if Either line 18b, col (2) or line 18c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 39, is more than zero Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero 1 Enter the smaller of line 18a or 19 in column (2) but not less than zero 2 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) or enter the qualified dividends included in income in Part I of Form 990-T, line 39) 2 Enter the estate's or trust's filing Form 4952, enter the amount from line 4g; otherwise, enter -0- 2 Subtract line 25 from line 24 if zero or less, enter -0- 2 Enter the smaller of the amount on line 21 or \$2,650 Enter the smaller of the amount on line 21 or \$2,650 Enter the smaller of line 20 or line 26 Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0% Enter the smaller of line 21 or \$12,950 Add lines 27 and 30 Enter the smaller of line 32 or line 35 Subtract line 34 from line 33 if zero or less, enter -0- 3 Enter the smaller of line 32 or line 35 Subtract line 34 from line 33 if zero or less, enter -0- 3 Subtract line 34 from line 33 if zero or less, enter -0- 3 Enter the smaller of line 32 or line 35 Multiply line 36 by 15% (0.15) 8 The smaller of line 32 or line 35 Multiply line 36 by 15% (0.15)			- '		/ /	,	. ,	
Inter 2b(2), and Form 1041, line 23, is more than zero.	Part V Tax Computation Using Maxi	mum Capital Gains Rat	es					
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37 Multiply line 36 by 15% (0.15)								
				. 	<u> </u>	37		1 545.
38 Enter the amount from line 31 22,828.	* * * *		38	2	2,828.	-		

41 Multiply line 40 by 20% (0 20) 42 Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 43 Add lines 37, 41, and 42

40 Subtract line 39 from line 38 If zero or less, enter -0-

39 Add lines 30 and 36

44 Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

45 Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41)

12,950 39 40 9,878. 41 1,976. 43 3,521. 6,804 3,521.

Schedule D (Form 1041) 2019

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

Attachment 12A

Name(s) shown on return

HARTFORD FOUNDATION FOR PUBLIC GIVING

Social security number or taxpayer identification no.

06-0699252

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

transactions, see page 2 Note. You may aggregate al	= :	•	_	-			adustments or
codes are required. Enter the	e totals directly on	Schedule D, line 1	a, you aren't require	d to report these tran	sactions on	Form 8949 (see inst	ructions)
You must check Box A, B, or C below If you have more short-term transactions than w	Ill fit on this page for o	ox if more than one to one or more of the box	ses, complete as many f	orms with the same box	ipiele a separ checked as yo	ate Form 8949 page 1,1 ou need	for each applicable box
(A) Short-term transactions re					e Note ab	ove)	
(B) Short-term transactions re			_	ported to the IRS			
(C) Short-term transactions no	ot reported to you	u on Form 1099	В		144		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If vo	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	in column column (f)	(g), enter a code in See instructions.	Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in the instructions	/s\	(g) Amount of adjustment	from column (d) & combine the result with column (g)
TIFF PARTNERS V- USA, LLC							
TRUST			<191.	>			<191.
COMMONFUND CAPITAL VENTURE							
PARTNERS XI, LP			2,658.				2,658.
TIFF PARTNERS V-USA,							
LLC-CORP			<72.	>			<72.
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	ļ		<u></u>				
	 						
	· ·						
							
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to		•					
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	• •	•	2,395,				2,395.

adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

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

Form

Form 8949 (2019)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

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06-0699252

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

Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions,

See page 1

Note You may aggregate all long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line Ba, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

i i	Date acquired (Mo , day, yr)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the Note below and	ın column	ou enter an amount (g), enter a code in) See instructions	Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)	-	see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
POMONA CAPITAL VI, LP -							
TRUST			173.				173.
TIFF PARTNERS V- USA, LLC							
TRUST			<2,044.	>			<2,044.
ABERDEEN VENTURE PARTNERS							
VII, LP			735.				735.
COMMONFUND CAPITAL VENTURE	-						
PARTNERS XI, LP			55,980.				55,980.
POMONA CAPITAL VI, LP -							
CORP			63.				63,
TIFF PARTNERS V-USA,					_		
LLC-CORP			<775.	-			<775.
							
							
				 			
							· -
			·				
				 			
				<u> </u>			
							
		-					
2 Totals. Add the amounts in colum	nns (d), (e), (a), a	nd (h) (subtract					
negative amounts) Enter each tol							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if B	•	,	54,132.				54,132.

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

Attachment Line 5, Form 690T										
Harford Foundation for Public Glving CYE 12011/18 2018 K-1 Analysis - For Income Other Than Cap Gains	passive ordinary inc (loss)	Prior years suspended passive losses	Total passive inc (loss)	Allowed passive inc (loss)	Suspended passive losses	Other income	Dividend	Interest	Deductions Related to Pertfolio	Total UBI
Pomona Captal VI, LP- frust	945	(34,223)	(33,278)	,	(33,278)	201		-	(3,368)	(3,262)
TIFF Partners V-US, LLC - trust	(18,294)	(119,185)	(137,479)	٠	(137,479)	14,435		3,658	(3.754)	14,339
Aberdeen Verhum Partners VIII, LP	•	(293)	(283)	(382)	(293)		•	•	•	
Commonfund Capital Venture Partners XI, LP	(632)	₹ <u></u>	(1,368)	. •	(1,368)	45	.148	243	(15,180)	(14,746)
Pomona Capital VI, LP. corp	**	•	¥	*		8		•	(1,225)	(54)
TIFF Partners V-US, LLC - corp	(8,940)	(6, 186)	(13,126)	•	(13,126)	5 475		1,388	(1,424)	5,439
	(24,577)	(160,921)	(185,438)	(48)	(185,842)	20 098	146	5,290	(24,951)	
	-					Ĕ	ncome subject to UBIT	BIT		927
									•	