efi	le GRAPHIC pri	nt - DO	NOT PROCESS As Filed Data -	DLN	l: 93393210007041
	990-T		Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
Forn	39U-I		(and proxy tax under section 6033(e))		2020
		For	calendar year 2020 or other tax year beginning 03-01-2020 and ending 02-28-202°	1	2020
Б	6.1		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Open to Public
	rtment of the Treasury aal Revenue Service	▶Do	▶ Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Inspection for 501(c)(3) Organizations Only
_	Charleban if		Name of organization (Check box if name changed and see instructions.)	D En	nployer identification number
—	Check box if address changed.	Print	THE HAYDEN FAMILY FOUNDATION C/O MARILYN CALISTER	13-32	48046
	Exempt under section	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	I	oup exemption number
	501(c3)	Type	1177 AVENUE OF THE AMERICAS 18TH F	(se	e instructions)
F	408(e) 220(e) 408A 530(a)		City or town, state or province, and ZIP or foreign postal code	FΠ	Check box if an
F	529(a) 529A		NEW YORK, NY 10036	l' '	amended return.
	. , , 🗀		k value of all assets at end of year ▶ 11,793,959		
	Check organization t			icable i	reinsurance entity
	Check if filing only to	•	☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation	• •	<u>· · · ▶ ⊔</u>
			d Schedules A (Form 990-T)	.2	· ► Yes V No
			identifying number of the parent corporation >): • •	· P L Yes M No
			, ,	ne num	nber ▶ (646) 213-5111
- '		1	177 AVENUE OF THE AMERICAS 18TH F		(0.10) 213 3111
			EW YORK, NY 10036		
			d Business Taxable Income		
1	instructions) .		s taxable income computed from all unrelated trades or businesses (see	1	104,504
2	Reserved .			2	
3	Add lines 1 and 2			3	104,504
4	Charitable contrib	outions (see instructions for limitation rules)	4	51,752
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	52,752
6	Deduction for net	operatir	ng loss. See instructions	6	
7			s taxable income before specific deduction and section 199A deduction.	_	
_	Subtract line 6 fro			7	52,752
8			ally \$1,000, but see instructions for exceptions)	9	1,000
9 10			nes 8 and 9	10	1 000
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter	10	1,000
				11	51,752
Pa	rt III Tax Con	1putati	on		
1	Organizations t	axable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2			rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or ☐ Schedule D (Form 1041)	2	17,486
3	Proxy tax. See i	nstructio	ns	3	
4	Other tax amoun			4	
5	Alternative minim		` ' '	5	
6	· ·	-	acility income. See instructions	6	
7			h 6 to line 1 or 2, whichever applies	7	17,486
For F	aperwork Reduction	ı Act Noti	ice, see instructions. Cat. No. 11291J		Form 990-T (2020)

Form 9	90-T (20	20)								Page 2
Part	III Ta	ax and Payments								
1a	Foreign ta	ax credit (corporations attach Form 1118	; trusts attach Fo	rm 1116)	1a					
b	Other cre	dits (see instructions)			1 b					
C	General b	usiness credit. Attach Form 3800 (see ir	structions)		1c					
d (Credit for	prior year minimum tax (attach Form 88	801 or 8827) .		1d					
е '	Total cre	dits. Add lines 1a through 1d						1e		
2	Subtract l	ine 1e from Part II, line 7						2		17,486
3 (Other tax	es. Check if from: \square Form 4255 \square Other (attach sta		Form 869	7	Form 8866		3		
		. Add lines 2 and 3 (see instructions). [294. Enter the tax amount here	Check if include	s tax previ	ously d	eferred unde	er	4		17,486
5	2020 net	965 tax liability paid from Form 965-A o	r Form 965-B, Par	t II, colum	n (k), li	ne 4 .		5		0
6a	Payments	: A 2019 overpayment credited to 2020			6a		66,636			
b	2020 esti	mated tax payments. Check if section 64	3(g) election app	ies ▶ 🗌	6b					
c ·	Tax depos	sited with Form 8868			6c					
d	Foreign o	rganizations: Tax paid or withheld at sou	ırce (see instructio	ons) .	6d					
		ithholding (see instructions)			6e					
f	Credit for	small employer health insurance premit	ıms (attach Form	8941) .	6f					
		dits, adjustments, and payments: Fig. 136 Other		 Total ▶	6g					
		ments. Add lines 6a through 6g						7		66,636
		tax penalty (see instructions). Check if						8		
		If line 7 is smaller than the total of lines						9		
		ment. If line 7 is larger than the total of						10		49,150
		amount of line 10 you want: Credited t			unt ove	•	efunded ▶	11		25,000
Part		atements Regarding Certain Ac			matic	<u> </u>				23,000
								h a with v		Vac No
		ne during the 2020 calendar year, did th account (bank, securities, or other) in a l								Yes No
		Foreign Bank and Financial Accounts. If								
-										No
2	During th	e tax year, did the organization receive a	a distribution from	, or was it	the gra	ntor of, or t	ansferor to,	a foreig	n trust?	No
	If "Yes," s	ee instructions for other forms the orga	nization may have	to file.						
		amount of tax-exempt interest received	-	•						
		ganization change its method of accoun								No
4b :		es," has the organization described the	change on Form 9	90, 990-EZ	, 990-F	PF, or Form 1	.128? If "No,	" expla	in in Part V	
Part	V Su	applemental Information								
Provide	e the expl	anation required by Part IV, line 4b. Also	provide any othe	er addtiona	l inform	ation. See ir	structions.			
Sig:	n belief,	penalties of perjury, I declare that I have exar it is true, correct, and complete. Declaration o						eparer h		dge. nis return
	F =	Signature of officer	Date	Title					structions)? 🗹	
		Print/Type preparer's name	Preparer's signature			Date	T —	PTIN	ı	
D-:4		MARILYN B CALISTER	Treparer 3 signature			Date	Check L i	f P00	776593	
Paid Prep		Firm's name ► ANDERSEN TAX LLC				1	self-employe Firm's EIN ►		7384	
Use	Only	Firm's address ► 1177 AVENUE OF THE AM FLOOR NEW YORK, NY 10036	ERICAS 18TH				Phone no. (6	46) 213	-5100	
									Form 0	90-T (2020)

TY 2020 InterestSchedule

DLN: 93393210007041

Name: THE HAYDEN FAMILY FOUNDATION

C/O MARILYN CALISTER

EIN: 13-3248046

IRC Section Number	Interest description	Interest amount
	INTEREST EXPENSE - WF 6675	1,549
	INTEREST EXPENSE - STIFEL 8204	2,481

Total Interest Amount: 4,030

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erile GRAPHIC PHIIL - DO NOT PROCESS	AST fied Data -	DEN. 95595210007071
TY 2020 OtherDeductionSche	dule	
Name:	THE HAYDEN FAMILY FOUNDATION	
	C/O MARILYN CALISTER	
EIN:	13-3248046	
Form 4562 amount:		
Form 8873 amount:		
Management fees (non- employees):		
Legal fee amount:		
Accounting amount:		
Lobbying amount:		
Investment management amount:		
Advertising and promotion amount:		
Insurance amount:		
Occupancy amount:		
Travel amount:		

DI N. 02202210007041

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Information technology amount:

Office expenses amount: Other type of deduction Other type deduction amount ACCOUNTING FEES

Name: THE HAYDEN FAMILY FOUNDATION

C/O MARILYN CALISTER

EIN: 13-3248046

Form Number or IRC Section Number	Other income description	Other income amount		
	WF 6675 - DIVIDENDS	35,943		
	WF 6675 - INTEREST	4,616		
	STIFEL 8204 - INTEREST	42,334		
	STIFEL 8204 - DIVIDENDS	45,812		
	OAKTREE CAPITAL GROUP LLC SERIES B UNITS	4		

Total Other Income Amount: 128,709

efil	e GRAPHIC print	- DO NOT PROCESS	As Filed D	ata -							DLN:	93393210007041
SCI	HEDULE A	Unrela	ated Bus	iness	T i	axable Ir	ncoi	me				OMB No. 1545-0047
(Fo	rm 990-T)					ide or Bu						2020
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN numbers									(3).	Open to Public Inspection for 501(c)(3) Organizations Only
THE	Name of the organiza HAYDEN FAMILY FOU MARILYN CALISTER							mploy 24804		entific	ation	number
		ctivity code (see instructions) ▶ 523000	D Sequ	ence	:	1			of		1
E [Describe the unrelate	d trade or business ► INVES	STMENT IN LIM	IITED PA	RTN	ERSHIPS, AND	MARG	IN AC	COUN	ΙΤ		
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income	•	(B) Ex	pense	es	(C) Net
1a	Gross receipts or sa	ales										
b	Less returns and allow	vances	c Balance	. ▶ 1c								
2		(Part III, line 8)		-								
3	Gross Profit. Subtra	act line 2 from line 1c		. 3								
4a		ome (attach Sch D (Form 10 tions)		. 4a	چ	-	3,000					-3,000
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see instruction	ns) 4b								
C	Capital loss deducti	on for trusts		4c								
5	, ,	a partnership or an S corpo	•	. 5								
6	Rent income (Part I	(V)		. 6			0				0	
7	Unrelated debt-fina	nced income (Part V)		. 7			0				0	
8		royalties, and rents from a (. 8			0				0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	. 9			0				0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10								
11	Advertising income	(Part IX)					0				0	
12	Other income (see	instructions; attach stateme	nt)	. 12	*	12	8,709					128,709
13	Total. Combine line	es 3 through 12		. 13		12	5,709				0	125,709
Pai		ns Not Taken Elsewher with the unrelated busin		ıctions	for I	imitations on	dedu	iction:	s) De	ducti	ons m	ust be directly
1	Compensation of of	ficers, directors, and trustee	s (Part X) .								1	0
2	Salaries and wages										2	
3	Repairs and mainte	nance									3	
4	Bad debts										4	
5		tement) (see instructions)									5	4,030
6	Taxes and licenses										6	
7	Depreciation (attac	h Form 4562) (see instruction	ns)			7						
8	Less depreciation c	laimed in Part III and elsewh	ere on return			8a					8b	
9	'										9	
10		ferred compensation plans .									10	
11		rograms									11	
12		enses (Part VIII)									12	
13		costs (Part IX)									13	0
14		attach statement) 🐒 🕟									14	17,175
15		_									15	21,205
16	Unrelated business	income before net operating	ı loss deductio	n. Subtra	act li	ne 15 from Par	t I, lin	e 13, i	colum	ın (C)	16	104,504

Deduction for net operating loss (see instructions)

104,504 17

Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.

17

Cat. No. 740360

18 104,504 Schedule A (Form 990-T) 2020

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
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	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	Α	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			•		
	Exempt Controlled Organizati 3. Net unrelated 4. Total of specified 5. Part of co									6. Deductions directly
1. Name of controlled organization		2. Employer identification number	fication income (loss			nts made			connected with income in column 5	
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5 .					[6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile	GRAPHIC	orint - DO NOT PROCESS As I	Filed Data -		D	LN: 9	93393210007041
SCH	EDULE D	Conit	al Caina and	Lacaca			OMB No. 1545-0092
(Form	n 1041)	Саріт	al Gains and	Losses			
<u>نو</u>	,			2020			
Departn	ent of the Treasury	▶ Use Form 8949 to list y	orm 1041, Form 522 our transactions fo		and 10.		2020
-	Revenue Service	► Go to www.irs.gov/F1	041 for instructions	and the lastest infor	mation.		
Name	of estate or tr	ust			Employer	iden	tification number
					13-324804	16	
Not	e: Form 522	27 filers need to complete only	Parts I and II		13 32 100 1		
		any investment(s) in a qualified opport		ax vear?	П		
		n 8949 and see its instructions for addi	, -	, La res			
		erm Capital Gains and Loss				ructi	ions)
		how to figure the amounts to enter on			(g)	uct.	(h) Gain or (loss)
	nes below.		(e) Cost	Adjustments to		Subtract column (e)	
Thic f	orm may be ea	sier to complete if you round off cents	Proceeds (sales price)	(or other basis)	or loss from For 8949, Part I, lir		from column (d) and combine the result
	ole dollars.	sier to complete if you round on cents			column (g)		with column (g)
1a		hort-term transactions reported -B for which basis was reported					
		for which you have no					
		see instructions). However, if					
	•	report all these transactions , leave this line blank and go					
	to line 1b	´					
1b	Totals for all t	ransactions reported on Form(s) 8949 ecked					
		ransactions reported on Form(s) 8949					
	with Box B ch	ecked					
3	Totals for all t with Box C ch	ransactions reported on Form(s) 8949 ecked					
4	Short-term ca	pital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5		n gain or (loss) from partnerships, S coi				5	
6	Short-term ca Carryover Wor	pital loss carryover. Enter the amount, ksheet	if any, from line 9 of the second of the sec	he 2019 Capital Loss		6	(137,574)
7		rm capital gain or (loss). Combine lin) on the back			d on line ►	7	-137,574
Part	Long-T	erm Capital Gains and Losse	es—Assets Held	More Than One	Year (see ir	ıstrı	uctions)
	_	how to figure the amounts to enter on			(g)		(h) Gain or (loss)
the li	nes below.		(d) Proceeds	(e) Cost	Adjustments to		
	orm may be ea ole dollars.	sier to complete if you round off cents	(sales price)	(or other basis)	or loss from For 8949, Part II, li column (g)	ne 2,	from column (d) and combine the result with column (g)
8a		ong-term transactions reported -B for which basis was reported					
		for which you have no					
		see instructions). However, if					
		report all these transactions , leave this line blank and go					
	to line 8b						
8 b	Totals for all t	ransactions reported on Form(s) 8949	106,959	100,045			6,914
9	Totals for all t with Box E ch	ransactions reported on Form(s) 8949					
10	Totals for all t	ransactions reported on Form(s) 8949					
11	Long-term can	oital gain or (loss) from Forms 2439, 46		8824		11	
12		gain or (loss) from partnerships, S corp				12	
13	Capital gain di					13	
14	Gain from For					14	
15		oital loss carryover. Enter the amount, i					
	Carryover Wor	ksheet				15	(135,675)
16	Net long-tern 18a, column (n capital gain or (loss). Combine line 3) on the back	es 8a through 15 in co	umn (h). Enter here ar	nd on line	16	-128,761
For Da		, tion Act Notice, see the Instructions for F		Cat. No. 11376V		Schod	ule D (Form 1041) 2020

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data -		DLN	: 93393210007041
	EDULE I	Alternative	Minimum Ta	x –Estates and Trust	S	OMB No. 1545-0092
(For	m 1041)	7.11.001.11.01.11.01			. •	2020
-	tment of the Treasury	NGo to wave ire go	► Attach to	Form 1041 structions and the latest informat	ion	2020
	al Revenue Service		// FORMIO41 101 IIIS	ti uctions and the latest informat		
Name	e of estate or trus	st			Employer i	dentification number
					13-3248046	;
Pa	rt I Estate'	s or Trust's Share of Alte	rnative Minimum	n Taxable Income		
1	Adjusted total in	ncome or (loss) (from Form 104	1, line 17). ESBTs, s	ee instructions	1	52,752
2	Interest				2	
3	Taxes				3	
4	Refund of taxes				4	()
5	. ,	rence between regular tax and A	•		5	
6		oss deduction. Enter as a positiv			6	
7	·	•		ar tax	7	
8	=	business stock (see instructions			8	
9		ntive stock options (excess of A	-	, , , , , , , , , , , , , , , , , , ,	9	
10		nd trusts (amount from Schedul		•		
11		roperty (difference between AM		•		
12		assets placed in service after 1	•	-	12	
13		s (difference between AMT and (difference between AMT and re	-	,	13	
14 15		s (difference between regular ta	-		14	
16		racts (difference between AMT a	•		16	
17	-	fference between regular tax ar	-		17	
18	- `	xperimental costs (difference be	•		18	
19			_			()
20						()
21						
22		net operating loss deduction (Se	-		22	()
23		· -		ugh 22		52,752
		e Part II below before going to li				
24	Income distribut	tion deduction from Part II, line	42	24		
25	Estate tax dedu	ction (from Form 1041, line 19)		25		
26	Add lines 24 and	d 25			26	
27	Estate's or trust	s share of alternative minimum	taxable income. Sub	stract line 26 from line 23 .	27	52,752
	If line 27 is:					_
			orm 1041, Schedule	G, line 1c. The estate or trust isn't lia	able for	
	the alternative r	minimum tax. , but less than \$186,400, go to	line 43			
		nore, enter the amount from lin		o to line 50.		
	• ESBT's, see in					
Pai	t III Income	e Distribution Deduction	on a Minimum Ta	ıx Basis		
28		ative minimum taxable income (28	
29	•	empt interest (other than amou			29	
30	-	rom Schedule D (Form 1041), lii		•		
31	_	r the tax year allocated to corpu		· ·		
	purposes (from	Form 1041, Schedule A, line 4)			· · 31	
32	Capital gains pa	id or permanently set aside for	charitable purposes f	rom gross income (see instructions)	32	
33	Capital gains co	mputed on a minimum tax basis	s included on line 23		33	()
34	Capital losses co	omputed on a minimum tax bas	is included on line 23	. Enter as a positive amount	34	
35	Distributable ne or less, enter -0		ncome (DNAMTI). Co	mbine lines 28 through 34. If zero	35	
36	Income required	d to be distributed currently (fro	m Form 1041. Sched	ule B, line 9)		
37	·-			d (from Form 1041, Schedule B, line		
38		ns. Add lines 36 and 37			38	
39		ome included on line 38 (other t				
40		e distribution deduction on a m			40	
				1041 Cat No. 515170		T (Form 1041) (2020)

67

67

Schedule I (Form 1041) (2020)

If line 55 is \$197,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3.958 from the result

Enter the **smaller** of line 81 or line 82 here and on line 50

efile GRAPHIC print - DO NOT PROCESS

Department of the

Internal Revenue Service

Treasury

As Filed Data -

DLN: 93393210007041

OMB No. 1545-0074

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.

Attachment Sequence No. 12A

Name(s) shown on return THE HAYDEN FAMILY FOUNDATION				Social security number or taxpayer identification number			
C/O MARILYN CALISTER				13-3248046			
Before you check Box A, B, or C belo statement will have the same inform broker and may even tell you which	ation as Form 1						
Part I Short-Term. Transactions	s, see page 2.	-		_		-	•
Note: You may aggregand for which no adjustor to report these transactors.	tments or coo ctions on Form	les are requir 1 8949 (see ir	ed. Enter the t estructions).	otals directly on S	chedule [), line 1a; you a	aren't required
You must check Box A, B, or C be Form 8949, page 1, for each applical complete as many forms with the sa	ble box. If you h	nave more shor					
(A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions not	orted on Form(s) 1099-B show	ving basis wasn'			pove)	
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions			(h) Gain or (loss). Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
2 Totals. Add the amounts in colum (subtract negative amounts). Enterinclude on your Schedule D, line checked), line 2 (if Box B above Box C above is checked).	er each total her 1b (if Box A ab	re and ove is line 3 (if		()			
Note: If you checked Box A above b	ut the basis rep	orted to the IRS	S was incorrect, e	enter in column (e) t	he basis as	reported to the 1	RS, and enter an

Form 8949 (2020) Attachment Sequence No. 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number THE HAYDEN FAMILY FOUNDATION 13-3248046 C/O MARILYN CALISTER 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 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. √(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. (h) 1 If you enter an amount in column (2), Gain or (loss). (e) (c) (d) Cost or other basis enter a code in column (f). Subtract column (a) (b) See the separate instructions. Date sold or See the Note below Proceeds (e) Description of property Date acquired from column (d) disposed of (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate and (f) (g) instructions combine the result Code(s) from Amount of instructions adjustment with column (a) 25,000 SHS ARES CAPITAL CORP 106,267 (99,340) 6,927 PRUDENTIAL FINL 5.75% PFD INC-692 (705)-13 PREFERRED 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if