Extended to August 16, 2021 Exempt Organization Business Income Tax Return Form 990-T (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, ► Go to www irs gov/Form990T for instructions and the latest information. epartment of the Treasury Open to Public Inspection to 50 1(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) nternal Revenue Service D Employer Identification number Name of organization (Check box if name changed and see instructions) Check box if (Employees' trust, see instructions) address changed 45-4181103 Exempt under section Hartford HealthCare Endowment LLC Print Unrelated business activity code (See instructions) X 501(d)/3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 80 Seymour Street, Cheney Building 530(a) City or town, state or province, country, and ZIP or foreign postal code 408A] 529(a) 523920 Hartford, CT 06102 Book value of all assets F Group exemption number (See instructions) at end of year 1,621,873,000. G Check organization type 🕨 🗶 501(c) corporation 501(c) trust 401(a) trust Other trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > See Statement 1 . If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number \triangleright 860-696-6232 J The books are in care of ▶ Carol Wardell Partill Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c where the two 123,229. 123,229. 4 a Capital gain net income (attach Schedule D) 4a 233,337 233,337. Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b **可以因此中华国际的影响** Capital loss deduction for trusts 4c 698 -92,698. Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 263,868. 263,868 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected, with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) RECEIVED 14 14 15 Salaries and wages 15 RS-OSC Repairs and maintenance 16 16 AUG 1 6 2021 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 OGDEN, UT 18,845 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 21 22 Depletion 22 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 12,420. See Statement 2 Other deductions (attach schedule) 27 27 31,265. Total deductions. Add lines 14 through 27 28 28 Uprelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 232,603. 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 (see instructions) 232,603 Unrelated business taxable income. Subtract line 30 from line 29 Form 990-T (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

54

	ությալ Hartford HealthCare Endowment LLC		<u></u>	45-4181103 rugo 2
Rai	III Total Unrelated Business Taxable Income			
32	Joial of unrelated business taxable income computed from all unrelated trades or businesses	(see Instructions)		32 232,603.
33	Amounts paid for disullowed fringes			ັ 3 <u>}_ </u>
34	Charitable contributions (see Instructions for Ilmitation rules) Stmt 3	Stmt 4	4	3 1,141.
36	Total unrolated business taxable income before pre 2018 NOLs and specific deduction Subtra			35 231,462.
36	Deduction for not operating loss arising in lax years beginning before January 1, 2010 (see in			- i -
	The design of the contracting to so design in tax years arguming before called y 1, 20 to (see in	an Denonaj	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30 231,462.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from life			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		······································	<u>ab 1,000.</u>
36/	Unrelated business taxable income. Subtract line 30 from line 37. If line 38 is greater than i		, \	1
FEET TARREST	ventor the smaller of zero or Ilno 87	111/21.111111111111111111	 /,./	39 230,462.
Rar	Tax Computation		······	
40	Organizations Taxable as Corporations. Mulliply line 39 by 21% (0.21)	. **********		40 48,397.
41	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount		3 1	
	Tax rate schedulo or Schedulo D (Form 1041)			3
42	Proxy tax. See Instructions			42
43	Alternative minimum tax (trusts only)			48
(4)	Vax on Noncompliant Facility Income See Instructions		***,**********	4
/Kr				45 48,397.
ग्रह्म	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Paymonts	**************************************		4012211
				TENE!
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see Instructions)			
0	General business credit. Atlach Form 9800	480		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	400		
e	Total credits. Add lines 46a through 46d			460
47	Subtract line 46e from line 45	···· · · · · · · · · · · · · · · · · ·		4 48,397.
4B	Other taxes, Chock if from: Form 4255 Form 8611 Form 8697 Form 8697	rm 8866 🔲 Ollid	Ul (allach schadule)	48
49	Total tax. Add lines 47 and 48 (see instructions)		٦٤١	40 48,397.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			69 0.
_	Payments: A 2018 overpayment credited to 2019		55,663.	73/7
UIA	2010 collegated for payments	66	100,000.	
α	2019 estimated tax paymonts	£ _	100,000.	
	Tax deposited with Form 8060			
	Foreign organizations: Tax paid or withheld at source (see instructions)	,	i	
	Backup withholding (see instructions)		<u>-</u> [[
	Credit for small employer health insurance premiums (attach Form 8941)	511		
0	Other credits, adjustments, and payments: Form 2/138		Į	
	Form 4136 Qiher Total	▶ 510		1018 1018 1018
52	Total payments. Add lines 5ta through 51g			155,663.
53	Following to a condity (see Indicapitation Physical II Form 2020 in attached		`````````	83
Б4	Tax due. If line 52 is loss than the total of lines 49, 50, and 53, enter amount owed		•	av .
. 55	Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, onter amount overpaid		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	55 107,266.
			Refunded 🕨	ge O.
Fart				<u> </u>
	<u> </u>			Lyan I na
67	At any time during the 2019 calendar year, did the organization have an interest in or a signatu			Yes (lo
	over a linancial account (bank, securities, or other) in a foreign country? If "Yes," the organization)	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of I	the foreign country		高級
	here >		 	<u>X</u>
58	During the lax year, did the organization receive a distribution from, or was it the grantor of, o	r transferor to, a for	eign trust?	X
	If "Yas," see instructions for other forms the organization may have to tile.			
69	Enter the amount of tax-exempt interest received or accrued during the tax year 🐤 \$			
	This about the of boltan' i recies that i wise arounced the terror incingly accombantive actuability	ind statements, and to t	ha bost of my knowledg	o and helful, it is iruo,
Sign	Uniterponalities of portary, I declare that I have examined this terrori, including occompanying acted these correct, and complete. Declaration of preparational fundamental property in the present on all information of values of the correct.	npuning any kilowica Investm	ent	
Here	1 Aug 2 De Offic		11107	thin the constant of the second of the constant of the constan
	Signaluro of oilicer Date Date	-,		ON EBY X tempilau
		Data	 	
	Print/Type properor's damo Preparer's signature	Date	Check II	PIIN
Pald	1//V/ X-V	18/21/21	self- employed	D00400034
Prep	arer Michael Engle	IN HICH	L	P00482834
	Only Firm's name > BKD, LLP	·	Firm's EIN 🚩	44-0160260
	1201 Walnut, Suite 1700			
	Firm's address > Kansas City, MO 64106		Phone no. 81	L6-221-6300°
-2-11	01-27-20			Form 980-1 (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	ine 6	46	•	
3 Cost of labor	3]	from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			1	line 2			7	<u> </u>	
(attach schedule)	4 <u>a</u>		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5	_]	the organization?					
Schedule C - Rent Income (From Real I	Property and	Pers	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)						·			
1. Description of property									
(1)			_			-			
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%)	centage of than	` 'of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec ind 2(b) (cted with the income in attach schedule)	
(1)									
(2)	•								
(3)								_	
(4)									
Total	0.	Total	-		0.				
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, column	ı (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			Ι,			3 Deductions directly cor to debt-finan			
• • • • • • • • • • • • • • • • • • • •			2	Gross income from or allocable to debt-	(a)	Straight line depreciation	Ced proj	(b) Other deductions	
Description of debt-fir	апсед ргорепу			financed property	``	(attach schedule)		(attach schedule)	-
			<u> </u>				\perp		
_(1)			<u> </u>						
(2)			ļ						
(3)		 					+		
(4)	T		ļ			····			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis llocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 8 x total of column 3(a) and 3(b))	
(1)				%		. =			
· (2)				%					
(3)			Ī	%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (6	
Totals						Ō		-	0.
Total dividends-received deductions in	icluded in column	8			_		-		0.
								<u>'</u>	

Form 990-T (2019)

Totals (carry to Part II, line (5))

0.

0.

Partill	Income From Pe	eriodicals Reported	on a Separate	Basis	(For each periodical listed	ın Part II	, fill in
		on a line-by-line basis \					

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							·
(2)							· · · · · · · · · · · · · · · · · · ·
(3)							*
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ine 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.	19.60			0.

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

1. Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	The state of the s	%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	· -	>	- 0.

Form 990-T (2019)

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Hartford HealthCare Endowment LLC

45-4181103

Employer identification number

Did the corporation dispose of any investme		-	-		▶
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting you	ur gain or loss		
图 Short-Term Capital Ga	ins and Losses (See	instructions)	· · · · · · · · · · · · · · · · · · ·		
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars _	(sales price)	(or other basis)	Part I, line 2, column (g	-	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
- 1b Totals for all-transactions-reported-on-					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	-23,433.				_22 /22
4 Short-term capital gain from installment sales		7		4	-23,433.
5 Short-term capital gain or (loss) from like-kin	•			5	
6 Unused capital loss carryover (attach compute	•				1
7 Net short-term capital gain or (loss). Combin	,	h	Ì	7	-23,433.
Partil Long-Term Capital Gai					23, 233.
See instructions for how to figure the amounts		noti dottorio.j			T
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894!	i a	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part II, line 2, column (g	', 	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on	•				
Form(s) 8949 with Box E checked			•		
10 Totals for all transactions reported on	146 660				
Form(s) 8949 with Box F checked	146,662.		_ 1		146,662.
11 Enter gain from Form 4797, line 7 or 9	_			11	
12 Long-term capital gain from installment sales		•		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	ļ
14 Capital gain distributions			}	14	416.66
15 Net long-term capital gain or (loss). Combine BParts I and	: lines 8a through 14 in column	<u>1 h</u>	. <u></u>	15	146,662.
16 Enter excess of net short-term capital gain (lir		Lloce (line 15)	<u> </u>	10	
17 Net capital gain Enter excess of net long-term			na 7\	16	123,229.
18 Add lines 16 and 17. Enter here and on Form			(ic 1)	17	123,229.
Note: If losses exceed gains, see Capital Los		ייים וווופ טוו טנוופו ו כנטוווס	Ĺ	18	143,447.
Capital Los	aga in the medicelone.				

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

Schedule D (Form 1120) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entity 1
OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\frac{OCT\ 1,\ 2019}{CT\ 1,\ 2019}$, and ending $\frac{SEP\ 30,\ 2020}{CT\ 1,\ 2019}$

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 Rubile inspection (or \$501(c)(3))Organizations Only

`Name	of the organization Hartford HealthCare Endo		ont IIC		Employer ide		
			HIL DIC		45-41	0110	3
	Unrelated Business Activity Code (see instructions) ► 90009 Describe the unrelated trade or business ► Income ge		 ated from	ı Inve	estment	Incom	ne
	Unrelated Trade or Business Income		(A) Income		(B) Expense		(C) Net
1 a	Gross receipts or sales			j.			
b	Less returns and allowances c Balance ▶	1c_		7. 61			的。这个人的
2	Cost of goods sold (Schedule A, line 7)	2		i j	o resident		
3	Gross profit Subtract line 2 from line 1c	3_		1	Balantines		
4 a	Capital gain net income (attach Schedule D)	4a		(h	Caro made.		
b̂	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		🚉		-	
С	Capital loss deduction for trusts	4c_					
5	Income (loss) from a partnership or an S corporation (attach			1			
	statement)	5_	-72,8	344.			-72,844.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	88	 				
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10	 				
11	Advertising income (Schedule J)	11	· 				
12	Other income (See instructions; attach schedule)	12		10	REAL PROPERTY		
13	Total, Combine lines 3 through 12	13	-72,8	344.			-72,844.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons f	or limitations :.)	on dedu	uctions.) (De	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	s must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	 .
15	Salaries and wages					15	
16	Repairs and maintenance				•	16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		امما	1.		19	
20	Depreciation (attach Form 4562)		20	_			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			21b	
22	Depletion Contributions to deferred compensation plans					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25 06	Excess exempt expenses (Schedule I)					25	
26 27	Excess readership costs (Schedule J) Other deductions (attach schedule)		·			26	
27	Other deductions (attach schedule)					27	0.
28	Total deductions. Add lines 14 through 27	tion (Subtract line Of 5	om kaa 4	2	28	-72,844.
29 20	Unrelated business taxable income before net operating loss deduction for pet operating loss arising in tax years beginning on o				J	29	14,044.
30	Deduction for net operating loss arising in tax years beginning on o instructions)	ailer	January 1, 2018	(200			0.
21	Unrelated business taxable income Subtract line 30 from line 29		•	٠		30	-72,844.
31	Officialed publices taxable income Subtract line 30 from line 29					31	14,044.

Form **8949**

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 **2019**

Attachment Sequence No. 12

Name(s) shown on return

Social security number or taxpayer identification no.

Hartford Healt	hCare En	dowment 1	LLC			45-4	181103
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which I	ation as Form 10	you received any 99-B Either will	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	nent(s) from r cost) was	n your broker A su reported to the IF	bstitute SS by your
Part I Short-Term. Transact	ions involving capi	tal assets you held	1 year or less are ger	nerally short term (see	instruction	s) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the							
You must check Box A, B, or C below. (I you have more short-term transactions than will	Check only one bo	X. If more than one t	ox applies for your short	t-term transactions, comp	lete a separa	le Form 8949, page 1, for	
(A) Short-term transactions rej							
(B) Short-term transactions re					NOTE AD	ove)	
(C) Short-term transactions no			-	sported to the INS			
		T		(-)	Adjustme	nt, if any, to gain or	1 (1)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in	Subtract column (e)
(Example 100 of X12 00)	(ivio , day, yi)	(Mo, day, yr)		Note below and	<u> </u>). See instructions	from column (d) &
		(mo, day, y.)		see <i>Column (e)</i> In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ACCEL-KKR Capital							
Partners V							
Strategic Fund	Various	Various	<11,353.	>			<11,353.>
Actis Energy 3 LP	Various	Various	<11,468.	>			<11,468.>
Starwood							
Opportunity Fund X							
U.S., LP	Various	Various	<612.	>		· · · ·	<612.>
- · · · · · · · · · · · · · · · ·			•				
		-				·	
						<u>-</u> _	
···							
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					-		
		 		-			
		-					
Table Add the amount in the		nd (h) (n) hàin si			· žp6	-	-
2 Totals. Add the amounts in colum							
negative amounts) Enter each tot		•					
Schedule D, line 1b (If Box A abo			<23,433.	L I	, ,		<23,433.>
above is checked), or line 3 (if Be	DX C ADOVE IS CF	ieckeu)	- ~ ~ · · · · · · · · · · · · · · · · ·	r			

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

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

Form 8949 (2019)

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

Social security number or taxpayer identification no.

Hartford Healt	hCare End	dowment I	LC			45-4	181103
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether ation as Form 10			r substitute statem basis (usually you	ent(s) from cost) was	your broker A sur reported to the IF	bstitute S by your
broker and may even tell you which by Part III Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long term (s	ee instructio	ns) For short-term to	ransactions,
see page 1 Note: You may aggregate all codes are required. Enter the	l long term transact	tions reported on F	orm(s) 1099 B showii	ng basis was reported	to the IRS	and for which no adj	ustments or
You must check Box D. E. or F below (Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for 6	
If you have more long-term transactions than will							
(D) Long-term transactions rep (E) Long-term transactions rep		•	-		Note and	ivej	
rate i	•			ported to the ins			
				(-)	Adjustmen	t, if any, to gain or	(5)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr.)	disposed of	(sales price)	basis See the		(g), enter a code in . See instructions	Subtract column (e)
,	` ',','	(Mo , day, yr)		Note below and	<u>/6\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	(g)	from column (d) & combine the result
				see Column (e) In the instructions	Code(s)	Amount of adjustment	with column (g)
ACCEL-KKR Capital						adjustinent	(5)
Partners V							
Strategic Fund	Various	Various	1,520.				1 520
Actis Energy 3 LP	Various	Various	35,964.				1,520. 35,964.
Starwood	Valious	various	33,304.				33,704.
Opportunity Fund X	-						
U.S., LP	Various	Various	109,178.	1			109,178.
0.5., пр	various	various	109,170.				109,170.
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2 Totals. Add the amounts in colur					1		
negative amounts). Enter each to		-					
Schedule D, line 8b (If Box D abo			146 660				146 660
above is checked), or line 10 (if E	Box F above is c	hecked)	146,662.	<u> </u>	<u> </u>		146,662.

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

Form 990-T	Description	of Organization's	Primary Unrelated	Statement 1
		Business Activi	ty	

The Foundation is organized and operated to hold and invest endowment funds for Hartford Healthcare Corporation and related organizations.

To Form 990-T, Page 1

Form 990-T Other Deductions	Statement 2
Description	Amount
Foreign Form Prep Fees Accounting Review Fees	10,920. 1,500.
Total to Form 990-T, Page 1, line 27	12,420.

Form 990-T	Contributions	Statement 3
Description/Kind of Property	Method Used to Determine FMV	Amount
Starwood Opportunity Fund X U.S., LP	N/A	144.
US Farming Realty Trust III LP	N/A	475.
Standard General Holdings L.P.	N/A	459. 63.
Total to Form 990-T, Page 2, li	ne 34	1,141.

Form 990-T	Contributions Summary		Statement 4
	Contributions Subject to 100% Limit Contributions Subject to 25% Limit		
For Tax For Tax For Tax For Tax	of Prior Years Unused Contributions Year 2014 Year 2015 Year 2016 Year 2017 Year 2018		
Total Carr Total Curr	yover ent Year 10% Contributions	1,141	
	ributions Available come Limitation as Adjusted	1,141 23,160	
Excess 100	tributions % Contributions ss Contributions	0 0 0	-
Allowable	Contributions Deduction		1,141
Total Cont	ribution Deduction		1,141