PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 calendar year, or tax year beginning and e	ending						
В	Check if applicable	C Name of organization		D Employer identifie	cation number				
	Addres	HARTFORD FOUNDATION FOR PUBLIC GIVING							
	Name change			06-0699252					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 10 COLUMBUS BLVD, 8TH FLOOR	Room/suite	E Telephone number (860) 54	r 8-1888				
L	return/ termin-	•		G Gross receipts \$	308,020,690.				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106		H(a) Is this a group re					
F	return Applica tion			for subordinates					
	pendin	10 COLUMBUS BLVD., HARTFORD, CT 06106		H(b) Are all subordinates in	—				
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions				
	Websit			H(c) Group exemptio	n number				
K	Form of	organization: Corporation X Trust Association Other	L Year	of formation: 1925 N	∥ State of legal domicile: CT				
P	_	Summary							
ø	1 1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$							
Activities & Governance		PUBLIC GIVING, ESTABLISHED IN 1925, IS THE							
erns	2	Check this box if the organization discontinued its operations or dispose							
Š	3			3	11				
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			11 72				
es	5	Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)			351				
Ę	6	Fotal number of volunteers (estimate if necessary)			-83,274.				
Ac	/a	Fotal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			03,274.				
_		vet unrelated business taxable income nom Form 990-1, Fart i, line 11	·····	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		24,529,055.	40,600,694.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Š	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	30,872,523.	41,805,859.				
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		990,591.	1,704,689.				
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		56,392,169.	84,111,242.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,315,511.	54,548,074.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,920,242.	8,215,132.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
x	b b	Fotal fundraising expenses (Part IX, column (D), line 25) 1,935,73							
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,681,719.	7,659,879.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		61,917,472.	70,423,085.				
	19	Revenue less expenses. Subtract line 18 from line 12		94,474,697.	13,688,157.				
SOF				ginning of Current Year	End of Year				
Ssel	면 20	Fotal assets (Part X, line 16)		1247890543. 31,137,197.	1057794917. 36,085,531.				
Net Assets or	21 22	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1216753346.	1021709386.				
P	art II	Signature Block		1210/33340.	1021705500.				
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	into through and botton, it is				
		, , , , , , , , , , , , , , , , , , , ,							
Sig	ın İ	Signature of officer		Date					
He		BONNIE MALLEY, VP FINANCE AND ADMINISTRATI	ION						
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN				
Pai	d	LORI BUDNICK LORI BUDNICK	1	0/15/23 self-employ					
	parer	Firm's name CLIFTONLARSONALLEN		Firm's EIN 4	1-0746749				
Use	Only	Firm's address 29 SOUTH MAIN STREET, 4TH FLOOR			co) = co : co :				
		WEST HARTFORD, CT 06107		Phone no. (8	60) 561-4000				
Ма	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

	990 (2022) HARTFORD FOUNDATION FOR PUBLIC GIVING U6-U699252 Page	
Par	t III Statement of Program Service Accomplishments	,
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: THE HARTFORD FOUNDATION FOR PUBLIC GIVING PUTS PHILANTHROPY INTO	
	ACTION TO CREATE LASTING SOLUTIONS THAT RESULT IN VIBRANT COMMUNITIES	_
	WITHIN THE GREATER HARTFORD REGION. AS THE REGION'S COMMUNITY	
	FOUNDATION, IT IS A PUBLIC, GRANTMAKING ORGANIZATION BRINGING TOGETHER	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	lo
	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?	Ю
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 \$ 59,667,498 • including grants of \$54,548,074 •) (Revenue \$)
	DURING 2022, THE FOUNDATION AWARDED NEARLY \$1.8 MILLION AND MORE THAN	_
	550 SCHOLARSHIPS TO STUDENTS, INCLUDING TRADITIONAL-AGED STUDENTS,	
	ADULT LEARNERS, AND GRADUATE STUDENTS, WHO ATTENDED COMMUNITY COLLEGES,	
	TWO AND FOUR-YEAR COLLEGES AND UNIVERSITIES. THE WORK OF THE HARTFORD	
	FOUNDATION IS MADE POSSIBLE BY CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES	
	AND ORGANIZATIONS WHO CONTRIBUTED MORE THAN \$40 MILLION AND CREATED 41	
	NEW FUNDS AT THE FOUNDATION DURING 2022. TODAY THERE ARE 1,503 FUNDS	
	AT THE FOUNDATION (AS OF DECEMBER 31, 2022). CONTINUING INTO 2022, THE	
	GLOBAL COVID-19 PANDEMIC, WITH ITS PUBLIC HEALTH AND ECONOMIC CRISIS,	
	WAS OVERLAID UPON GENERATIONS OF STRUCTURAL AND SYSTEMIC RACISM.	
	COVID-19 INTENSIFIED THE URGENCY AND VALIDATED THE IMPORTANCE OF OUR	
	STRATEGIC PRIORITIES. WE WORKED TOGETHER WITH OUR DONORS AND	
4b	(Code:) (Expenses \$)
		_
		_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}}\) (Revenue \$\) Total program service expenses	_
4e	Total program service expenses 59,667,498.	

Form 990 (2022) HARTFORD FOU Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	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? If "Yes," complete Schedule C, Part III	5		Х
6	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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	22	
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠,٠		<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Ь <u>., </u>		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	

Pai	t IV Checklist of Required Schedules (continued)			J
	, territoria, in the second se		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-110
22		22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			-25
23	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? If "Yes," complete		37	
	Schedule J	23	X	
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		06		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	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? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non charitable related organization?	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2022)

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

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

232005 12-13-22

Form 990 (2022)

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

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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			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 11						
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1						
2	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		Х			
3	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		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	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	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				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	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		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	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?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	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?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
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?	16b					
Sec	tion 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)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and						
	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						
	BONNIE MALLEY - (860)548-1888						
	10 COLUMBUS BOULEVARD, 8TH FLOOR, HARTFORD, CT 06106						

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

<u> Page</u> **7**

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.

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

- 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.

(A)	(B)	Jiga		((C)		out	(D)	(E)	(F)
Name and title	Average	Pos (do not check box, unless pe			more	than o		Reportable compensation	Reportable compensation	Estimated
	hours per week					s botr r/trus		from	from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	ım pen		1099-NEC)	1099-1120)	and related
	below	/idual	tution	ser	Key employee	est co loyee	ner	'		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JAY WILLIAMS	40.00	-								
PRESIDENT & SECRETARY	1.0.00			Х				465,276.	0.	70,443.
(2) BONNIE J. MALLEY	40.00	-						010 600		46 202
VP FINANCE AND ADMIN	40.00			Х				218,639.	0.	46,383.
(3) ELYSA GORDON	40.00	-		3,7				010 047	,	45 076
VP COMMUNITY IMPACT	40.00			Х				213,247.	0.	45,076.
(4) DEBORAH ROTHSTEIN	40.00	-				37		200 040	0.	20 172
(5) BRADFORD H. DRAZEN	40.00					Х		209,040.	0.	29,172.
VP COMMUNICATIONS & MARKET	40.00	1				x		193,534.	0.	13 250
(6) JUDITH W. MCBRIDE	40.00					^		193,334.	0.	43,258.
DIRECTOR OF STRATEGIC PART	40.00	1				X		189,438.	0.	26,011.
(7) SUSAN H. DANA	40.00							105,450.	0.	20,011.
DIRECTOR OF DEVELOPMENT	10.00	1				x		175,362.	0.	15,691.
(8) SALLY WEISMAN	40.00							27373321		
DIRECTOR OF DEVELOPMENT AN		1				x		166,087.	0.	24,452.
(9) THEODORE S. SERGI	3.50							•		,
CHAIR		Х		Х				0.	0.	0.
(10) RODNEY O. POWELL	3.50									
VICE CHAIR		Х		Х				0.	0.	0.
(11) ANDREW R. WORTHINGTON	2.30									
TREASURER		Х		Х				0.	0.	0.
(13) SUSAN R. DUNN	2.30									
DIRECTOR		Х						0.	0.	0.
(14) BEATRIX GUTIERREZ	2.30								_	_
DIRECTOR		Х						0.	0.	0.
(15) SIVAN HINES	2.30	1								_
DIRECTOR		Х						0.	0.	0.
(16) MARLENE IBSEN	3.50									_
DIRECTOR	2 20	Х			_			0.	0.	0.
(20) MARK OVERMYER-VELAZQUEZ	2.30	٦,						_	_	_
DIRECTOR	2 20	Х			_			0.	0.	0.
(21) RICHARD N. PALMER	2.30	X						0.	0.	0.
DIRECTOR 232007 12-13-22	<u> </u>	Λ		l	<u> </u>			1 0.	U •	Form 990 (2022)

232007 12-13-22

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Page	C

	FOUNDAT	<u>'IO</u>	<u>N</u>	FΟ	R	PU	BL	IC GIVING	06-0699	252 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(do box,	not c	Posineck in services	ition	l than o s both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated snat.		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(22) NICOLE PORTER DIRECTOR	2.30	х						0.	0.	0.
(23) DAVID M. ROTH	2.30							0.	<u> </u>	<u></u>
DIRECTOR		х						0.	0.	0.
1b Subtotal								1,830,623.	0.	300,486.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 1,830,623.	0.	<u>0.</u> 300,486.
2 Total number of individuals /including but a										

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

			Yes	No
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	3		X
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	4	Х	
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	5		Х

Section B. Independent Contractors

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.

the organization. Report compensation for the calcindar year chaing with or with	Title organization 3 tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
BANK OF AMERICA, TRUSTEE BANK	INVESTMENT	
99 FOUNDERS PLAZA, EAST HARTFORD, CT 06108	MANAGEMENT FEES	1,010,545.
SILCHESTER INTERNATIONAL INVESTORS, 780	INVESTMENT	
THIRD AVENUE 42ND FLOOR, NEW YORK, NY	MANAGEMENT FEES	615,060.
10 COLUMBUS AQUISITIONS, 777 CHESTNUT		
RIDGE RD, STE 301, CHESTNUT RIDGE, NY	RENT	520,648.
FOCUSED INVESTORS FUND LP, 1999 AVENUE OF	INVESTMENT	
THE STARS, SUITE 3320, CHESTNUT RIDGE, NY	MANAGEMENT FEES	311,057.
MISSION VALUE GLOBAL FUND	INVESTMENT	
793 BROADWAY, SONOMA, CA 95476	MANAGEMENT FEES	297,909.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 40		
		= OOO (2222)

HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252

Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 40,600,694 1f 28,320,539 g Noncash contributions included in lines 1a-1f 40,600,694. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18509389 other similar amounts) 18,511,610 2,221. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 247,203,697. assets other than inventory **b** Less: cost or other basis 7b 223,909,448. Other Revenue and sales expenses **c** Gain or (loss) _______ **7c** 23,294,249. 23,294,249. -85,495. 23379744. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER REVENUE 900001 1,704,689, 1,704,689 b d All other revenue 1,704,689 e Total. Add lines 11a-11d 1,704,689. -83,274. 41889133. 84,111,242. Total revenue. See instructions 12

232009 12-13-22

Form 990 (2022)

HARTFORD FOUNDATION FOR PUBLIC GIVING

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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 (C) Management and general expenses (**D**)
Fundraising (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 54,548,074. 54,548,074. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,059,064. 159,929. 674,994. 224,141. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,603,823. 2,433,895. 2,261,422. 908,506. Other salaries and wages 7 Pension plan accruals and contributions (include 450,685. 195,745. 181,874. 73,066. section 401(k) and 403(b) employer contributions) 259,363. 642,704. 279,144. 104,197. Other employee benefits 9 458,856. 199,294. 185,171. 74,391. 10 Payroll taxes Fees for services (nonemployees): Management 137,546. 59,740. 55,507. 22,299. Legal 100,819. 100,819. Accounting 6,907. 6,907. Lobbying Professional fundraising services. See Part IV, line 17 4,027,689. 4,027,689. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 179,992. 266,558. 1,401,168 954,618. column (A), amount, list line 11g expenses on Sch O.) 125,334. 62,667. 62,667. Advertising and promotion 12 88,068. 81,827. 32,873. 202,768. Office expenses 13 245,660. 106,697. 99,136. 39,827. Information technology 14 15 Royalties 257,396. 96,079. 592,631. 239,156. 16 Occupancy 43,223. 18,773. 17,443. 7,007. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 144,029. 62,556. 58,123. 23,350. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 141,198. 349,889. 151,966. 56,725. Depreciation, depletion, and amortization 22 93,352. 93,352. 23 Other expenses. Itemize expenses not covered 24 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.) 89,710. 38,964. 36,202. 14,544. **MEMBERSHIP** PHOTOGRAPHY/VIDEOS 38,360. 16,661. 15,480. 6,219. С d 60,794. 26,404. 24,534. 9,856. All other expenses 70,423,085. 59,667,498. 8,819,848. 1,935,739. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

3 Pledges and grants receivable, net 4 Accounts receivable, net 5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1247890543 . 16 17 Accounts payable and accrued expenses 526,643 . 17 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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) End of year
1	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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	
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5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other receivables from only of these persons 5 Loans and other receivables from only of these persons 5 Loans and other receivables from only of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 6 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	771,220.
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basis. Complete Part VI of Schedule D b Less: accumulated depreciation linvestments · publicity traded securities linvestments · other securities. See Part IV, line 11 linvestments · program-related. See Part IV, line 11 lintangible assets lother assets. See Part IV, line 11 lotter assets. See Part IV, line 11 lotter assets. Add lines 1 through 15 (must equal line 33) lotter assets. Add lines 1 through 15 (must equal line 33) lotter assets. See Part IV, line 11 lotter assets. Add lines 1 through 15 (must equal line 33) lotter assets. Add lines 1 through 15 (must eq	
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11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 29 0 761,056. 11 8 182,694,119. 12 1 113 114 11,150,536. 15 11 18 182,694,119. 12 11 13 114 1150,536. 15 11 18 182,694,119. 12 11 13 114 1150,536. 15 11 18 182,694,119. 12 11 13 114 1150,536. 15 11 18 182,694,119. 12 11 13 114 1150,536. 15 11 18 182,694,119. 12 11 13 1150,694,119. 12 11 13 114 1150,536. 15 11 18 182,694,119. 12 11 13 1150,694,119. 12 11 11 1150,536. 15 11 18 182,694,119. 12 11 13 1150,694,119. 12 11 11 11 11 11 11 11 11 11 11 11 11 11	- 10 011
12 Investments - other securities. See Part IV, line 11 182,694,119 . 12 1 13 14 15 15 15 15 15 16 Total assets. See Part IV, line 11 11,150,536 . 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1247890543 . 16 17 Accounts payable and accrued expenses 526,643 . 17 18 Grants payable 20,330,597 . 18 19 Deferred revenue 176,492 . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 22	749,911.
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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	32,999,655.
14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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	80,821,322.
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1247890543. 16 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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	
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17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 17 Accounts payable and accrued expenses 20 , 330 , 597 • 18 21 17 (492 • 19 22 1 21 22 21 21 21 21 21 21 21 21 21 21	13,805,332.
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 20 , 330 , 597 • 18 27	1057794917.
19 Deferred revenue 176,492. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22	396,574.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22	22,494,608. 142,163.
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 23 Complete Part IV of Schedule D 24 Complete Part IV of Schedule D 25 Complete Part IV of Schedule D 26 Complete Part IV of Schedule D 27 Complete Part IV of Schedule D 28 Complete Part IV of Schedule D 29 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 21 Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 23 Complete Part IV of Schedule D 24 Complete Part IV of Schedule D 25 Complete Part IV of Schedule D 26 Complete Part IV of Schedule D 27 Complete Part IV of Schedule D 28 Complete Part IV of Schedule D 29 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 21 Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 25 Complete Part IV of Schedule D 26 Complete Part IV of Schedule D 27 Complete Part IV of Schedule D 28 Complete Part IV of Schedule D 29 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 21 Complete Part IV of Schedule D 26 Complete Part IV of Schedule D 27 Complete Part IV of Schedule D 28 Complete Part IV of Schedule D 29 Complete Part IV of Schedule D 20 Complete Part IV of Schedule D 21 Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 22 Complete Part IV of Schedule D 23 Complete Part IV of Sched	142,103.
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	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons 22	
Controlled entity of family fileniber of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
	13,052,186.
	36,085,531.
Organizations that follow FASB ASC 958, check here X	
27 Net assets without donor restrictions 42,456,976. 27	32,555,470.
28 Net assets with donor restrictions 1174296370. 28 9	32,555,470. 89,153,916.
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances and complete lines 27, 28, 32, and 33. 42, 456, 976. 27 1174296370. 28 9 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment fund Total net assets or fund balances	
32 Total net assets or fund balances 1216753346. 32	1021709386.
33 Total liabilities and net assets/fund balances 1247890543. 33	1057794917.

	1990 (2022) HARTFORD FOUNDATION FOR PUBLIC GIVING	06-	06992	<u> 252</u>	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 11:</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,42</u> :			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,216				
5	Net unrealized gains (losses) on investments	5	-207	, 25'	7,2	<u>89.</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	, 47	1,8	28.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10 1	,021	,709	9,3	86.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>[</u>	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1				
	separate basis, consolidated basis, or both:		- 1				
	Separate basis Consolidated basis Both consolidated and separate basis		- 1				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1				
	consolidated basis, or both:		- 1				
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1				
С	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?			2c	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	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?		<u>[</u>	За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

232012 12-13-22

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	ie of t	ne organization	EODD EOIMD	AMTON BOD DIII	OT T.C. (7 777777	•		dentification numbe
Pa	rt I	Reason for Public (ATION FOR PUI					6-0699252
							ee instruction	S.	
	organ	ization is not a private found	,	•	•	,	11/41/21		
1	Н	A church, convention of ch	•			n 1/U(b)(1	I)(A)(I).		
2	Н	A school described in sect				VI VAVAV	••		
3	Н	A hospital or a cooperative					•	V\ F.=1=	4la a la a a mita ll'a mana
4	Ш	A medical research organiz	ation operated in col	njunction with a nospital	aescribea	in sectio	n 1/U(b)(1)(A)(III). Enter	the nospital's name,
_		city, and state:		llana an maintanaith i an mad				والمرابع والمرابع	ad i.a
5	Ш	An organization operated for		nege or university owned	or operati	ed by a go	vernmentai u	nii describe	eu m
		section 170(b)(1)(A)(iv). (C				-0/1 \/ 4\/ 4 \			
6	Н	A federal, state, or local gov	_						anda Parada a an Orana Da
7	Ш	An organization that norma	•	ntial part of its support fr	om a gove	ernmentai	unit or from tr	ne generai į	oublic described in
	X	section 170(b)(1)(A)(vi). (C		(4)(A)(vi) (Camplete Day					
		A community trust describe						land amand	
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	trie college	e Or
10		university: An organization that norma	Illy receives (1) more	than 33 1/30/ of its supp	ort from o	ontribution	ne momboreh	in foot and	d gross rossints from
10		activities related to its exen	•					-	
		income and unrelated busin	-	•					-
		See section 509(a)(2). (Co		(less section of reax) no	iii busiiles	sses acqui	red by the org	jai iizatioi i e	inter durie 30, 1973.
11		An organization organized a		ively to test for public sat	ety See	section 50	19/a\/4\		
12	H	An organization organized a	•	•	•			rry out the	nurnoses of one or
-		more publicly supported or	•	•	-			•	
		lines 12a through 12d that	~						
а		Type I. A supporting orga	* *			-		-	aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	·	•	-			
		organization. You must o			, ,				11 3
b		Type II. A supporting org			ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o					-	•	-
		organization(s). You mus			·		·		
С		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(in) la tha ann				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions

06-0699252 Page 2 HARTFORD FOUNDATION FOR PUBLIC GIVING Schedule A (Form 990) 2022 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

Ω-	fails to qualify under the tests	s listed below, pleas	se complete Fart i	II. <i>)</i>			
	ction A. Public Support			T	1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13097119.	14052928.	27240509.	24529055.	40600694.	119520305
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	10007110	1 1 2 5 2 2 2 2	0.0000000	0.4500055	10500504	44050005
4	Total. Add lines 1 through 3	13097119.	14052928.	27240509.	24529055.	40600694.	119520305
5	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)						20515734.
	Public support. Subtract line 5 from line 4.						99004571.
Sec	ction B. Total Support			T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	13097119.	14052928.	27240509.	24529055.	40600694.	119520305
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17339159.	19751302.	16800415.	23757813.	18511610.	96160299.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						015600604
	Total support. Add lines 7 through 10						215680604
	Gross receipts from related activities,	•	,				<u>,493,738.</u>
13	First 5 years. If the Form 990 is for the	· ·	st, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
O	organization, check this box and sto						
	ction C. Computation of Publ					I I	45.00
	Public support percentage for 2022 (14	45.90 %
	Public support percentage from 2021					15	45.66 %
16a	33 1/3% support test - 2022. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-		• • •		
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-069<u>9252 Page 3</u>

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		, ,	. ,			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's f	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes." provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
20		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forr	n 990)	2022

	dule A (Form 990) 2022 HARTFORD FOUNDATION FOR PUBLIC GIVING U0-U0	9945	∠ Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	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 Part VI 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.	1		
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	Ton O. Type in Supporting Organizations	1	V	NIa
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
'	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?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI 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.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2022 HARTFORD FOUNDATION FOR	R PUBLI	C GIVING	06-0699252 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain ii</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting ord	panization (see

Schedule A (Form 990) 2022

instructions).

06-0699252 Page 7 HARTFORD FOUNDATION FOR PUBLIC GIVING Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	HARTFORD	FOUNDATION	FOR	PUBLIC	GIVING	06-0699252	Page 8
Part VI	Supplemental Infor						or 17h: Part III line 12:	g
	Part IV, Section A, lines 1	. 2. 3b. 3c. 4b. 4c.	5a. 6. 9a. 9b. 9c. 11a.	. 11b. ar	nd 11c: Part IV	. Section B. lines	1 and 2: Part IV. Section	C.
	line 1; Part IV, Section D,	lines 2 and 3; Part	IV, Section E, lines 1c	, 2a, 2b	, 3a, and 3b; P	art V, line 1; Part	t V, Section B, line 1e; Par	rt V,
	Section D, lines 5, 6, and	8; and Part V, Sec	tion E, lines 2, 5, and 6	6. Also d	complete this p	oart for any additi	ional information.	
	(See instructions.)							
ſ <u></u>								
i								
1								
_								
								

Schedule B

Schedule of Contributors

OMB No. 1545-0047 Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Go to www.irs.gov/Form990 for the latest information.

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

Employer identification number

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or utor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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				

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

Schedule B (Form 990) (2022)

HARTFORD FOUNDATION FOR PUBLIC GIVING

Page 2 Schedule B (Form 990) (2022)

Name of organization	Employer identification number
HARTFORD FOUNDATION FOR PUBLIC GIVING	06-0699252

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
1		\$ <u>21,596,855.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,802,340</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,237,687</u> .	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,087,704.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ 900,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ <u>838,752.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MARKETABLE SECURITIES		
1_			
		\$ 21,596,855.	05/03/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	MARKETABLE SECURITIES		
		\$ 3,875,340.	02/09/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MARKETABLE SECURITIES		
3			
		\$\$	12/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (2

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 06-0699252 HARTFORD FOUNDATION FOR PUBLIC GIVING 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 for instructions and the latest information.

OMB No. 1545-0047 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) organizat	ions: Complete Part III.			
Nam	ne of organization			I '	oloyer identification number
	HARTFOR	D FOUNDATION FOR	PUBLIC GIVI	ING	06-0699252
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	rt I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 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.				
Pa	rt I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, ,	•		\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures				•
	line 17b				
	Did the filing organization file Form Enter the names, addresses and en				
3	made payments. For each organiza				
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If				
	(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

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				UNDATION FO		7ING 06-0	699252 Page 2
Р	art II-A	Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
		section 501(h)).					
Α	Check		· ·	•	Part IV each affiliated	group member's name	e, address, EIN,
_			re of excess lobbying e	• •			
<u>B</u>	Check	if the filing organiza	ition checked box A ar	nd "limited control" pro	visions apply.		f > 4 cm
		Limi	ts on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
		(The term "expend	ditures" means amou	nts paid or incurred.)		totals	totals
1	a Total loi	obying expenditures to influ	uence public opinion (grassroots lobbying)			
		obying expenditures to influ				6,907.	
		obying expenditures (add li				6,907.	
		xempt purpose expenditure				70,416,178.	
	e Total ex	empt purpose expenditure				70,423,085.	
	f Lobbyin	g nontaxable amount. Ente	er the amount from the			1,000,000.	
	If the am	ount on line 1e, column (a) o					
	Not ove	r \$500,000					
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 \$1,5					
	Over \$1	,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,	000.			
	g Grassro	ots nontaxable amount (en	nter 25% of line 1f)			250,000.	
	h Subtrac	t line 1g from line 1a. If zer	o or less, enter -0			0.	
		t line 1f from line 1c. If zero				0.	
	j If there	is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720	_	
	reportin	g section 4911 tax for this					Yes No
				eraging Period Under	• •		
		(Some organizations t		01(h) election do not i ate instructions for lir	•	of the five columns be	low.
			<u>.</u>	nditures During 4-Yea			
_			Lossyg Expo.		/tvoraginig / oriou		
		Calendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
	(or fisca	al year beginning in)					()
2	a Lobbyin	g nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
	b Lobbyin	g ceiling amount					
	(150% c	of line 2a, column(e))					6,000,000.
	c Total lol	obying expenditures	26,810.	3,298.	6,601.	6,907.	43,616.
		ots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
		ots ceiling amount					4 506 555
	(150% c	of line 2d, column (e))					1,500,000.
			I	I	i	ı	

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252 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)).

reach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity. 1 During the year, did the filling 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
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f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
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h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
i Other activities? j Total. Add lines 1c through 1i			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	\ or ooo	tion	
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6).	,, or sec	lion	
		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?	1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
	. 2a		
	1 1		
a Current yearb Carryover from last year	2b		
a Current year b Carryover from last year c Total	2b 2c		
a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c		
a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c		
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?	2b 2c 3		
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 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	2b 2c 3		

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 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number

Pai		N FOR PUBLIC GIVING d Funds or Other Similar Funds or A	Accounts Complete if the
· u	organization answered "Yes" on Form 990, Part IV, line		Complete if the
	· g, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·,	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	257	(b) Farias and strict assessmen
1	Total number at end of year	35,151,911.	
2 3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	21,978,102.	
4		100 045 050	
5	Aggregate value at end of year		nde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
		, , , , ,	
Pa		ranization answered "Ves" on Form 000 Part I	
1	Purpose(s) of conservation easements held by the organization		v, line 7.
'	Preservation of land for public use (for example, recreations)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` 	storically important land area
		· 🖳	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
•	Preservation of open space	ind appearation contribution in the form of a	anaguration assembnt on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of a c	Held at the End of the Tax Year
_			
a			
р			
С.	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservat	tion easements during the year
-	Annual of consequences in a consideration in a setting in a		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
•	Daniel de la constant	470/2/4	D)(1)
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •	
•			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statements t	nat describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		alanco choot works
Ia	of art, historical treasures, or other similar assets held for pub	·	
	service, provide in Part XIII the text of the footnote to its finan		ance of public
h	•		co shoot works of
b	If the organization elected, as permitted under FASB ASC 95a art, historical treasures, or other similar assets held for public	-	
		eximplificity education, or research in furtherand	oe or public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
^		and the similar accepts for financial spinal	·
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A	-	i, provide
_	the following amounts required to be reported under FASB A	_	¢
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		Φ

232051 09-01-22

Schedule D (Form 990) 2022

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

	dule D (Form 990) 2022 HARTFOR t III Organizations Maintaining C		ON FOR PUBI						Page 2
3	Using the organization's acquisition, accessi							(CONTINU	uea)
3	collection items (check all that apply):	on, and other record	is, check any or the i	ollowing that	make sig	grillicarit t	ise oi its		
а	Public exhibition		1 Dan or evo	hange progra	m				
b	Scholarly research	•		riarige progra					
C	Preservation for future generations	•							
4	Provide a description of the organization's co	allections and explai	n how they further th	e organizatio	n'e avam	nt nurna	sa in Dart	YIII	
5	During the year, did the organization solicit of	· ·	•	-			se III Fait	AIII.	
3	to be sold to raise funds rather than to be ma		·	•		a55015		Yes	No
Par	t IV Escrow and Custodial Arran								NO
	reported an amount on Form 990, Pa		cic ii tric organizatio	ii answered	103 011	1 01111 000	,, , a,,,,,	ii i C 3, 0i	
	Is the organization an agent, trustee, custod		liary for contributions	s or other ass	ets not ir	ncluded			
			•					Yes	X No
h	If "Yes," explain the arrangement in Part XIII		d complete the following table:					_ 100	140
	Too, explain the arrangement in that the	and complete the lo						Amount	
С	Beginning balance					1c			
	Additions during the year Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F					1f tv?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							_	
Par						0.			
	•	(a) Current year		(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance	1,211,899,134.	1,089,299,515.	1,024,054	,563.	891,5	55,793.	1,007,0	053,187.
	Contributions	40,575,694.	24,529,055.	26,726	,704.	14,0	14,052,928.		097,119.
С	Net investment earnings, gains, and losses	-168,785,457.	152,808,778.	100,709	,141.	167,5	30,987.	-77,3	377,281.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	65,948,980.	54,738,214.	62,190	,893.	49,0	85,145.	51,2	217,232.
f	Administrative expenses								
g	End of year balance	1,017,740,391.	1,211,899,134.	1,089,299	,515.	1,024,0	54,563.	891,	555,793.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	2.8100	%						
b	Permanent endowment	%							
С	Term endowment 97.1900	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administere	ed for the	Э		_	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or o	` '	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investr	ment) basis	(other)	dep	reciation			
1a	Land								
	Buildings	I							
	Leasehold improvements			1,266.		61,0			,256.
	Equipment			1,469.		31,8		69	,655.
<u>e</u>	Other		56	8,480.	5	68,4	80.		0.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B). line 10	Oc.)				749	,911.

Schedule D (Form 990) 2022

Schedu Part	VII Investments - Other Securities.	OUNDATION FOR I		06-0699252 Page 3
() D	Complete if the organization answered "Yes			
	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
` '	ancial derivatives			
	osely held equity interests			
(3) Oth		5,727,669.	END OF VEAD MADVI	2M 773 T TTD
(A)	SPLIT-INTEREST AGREEMENTS ALTERNATIVE INVESTMENTS	175,093,653.	END-OF-YEAR MARKI END-OF-YEAR MARKI	
(B)	ALIERNATIVE INVESTMENTS	173,093,033.	END-OF-TEAR MARKI	ZI VALUE
(C)	·			
(D)				
(E) (F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	180,821,322.		
	VIII Investments - Program Related.	100/021/0220		
	Complete if the organization answered "Yes	on Form 990, Part IV, line 1	I1c. 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)				
Total. (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 1	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. ((Column (b) must equal Form 990, Part X, col. (B) lin X Other Liabilities.	ne 15.)		
	Complete if the organization answered "Yes	on Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	ANNUITY LIABILITY			3,206,279.
(3)	FISCAL AGENCIES			7,307,403.
(4)	LEASE LIABILITY - OPERATI	ING		2,424,044.
(5)	OTHER LIABILITIES			114,460.
(6)				
(7)				
(8)				
(8) (9)				
(9) Total. ₍	(Column (b) must equal Form 990, Part X, col. (B) lin bility for uncertain tax positions. In Part XIII, provid			13,052,186.

232053 09-01-22

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 HARTFORD FOUNDATION FOR PU		06-0699252	Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Stateme		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 0-1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities Recoveries of prior year grants			
c d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	-	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b	· ·	10	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information.		J	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b and 2b: Part V	. line 4: Part X. line 2: Part X	l.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-		,	,
PAF	RT V, LINE 4:			
	4005			_
SIN	NCE 1925, DONORS (INDIVIDUALS, FAMILIES AN	D ORGANIZATION	S) HAVE CREATE	:D
1 -		IIDI TA ATUTNA	MILTO TO MILT	
<u>ı,:</u>	503 FUNDS AT THE HARTFORD FOUNDATION FOR P	OBLIC GIVING.	THIS IS THE	
COT	IDCE OF THE FINDING FOR THE FOINDATION'S C	באושה אאום טשתב	ים מארם מי	
300	JRCE OF THE FUNDING FOR THE FOUNDATION'S G	KANIS AND CIRE	R PROGRAMS;	
WHI	ICH ARE MORE FULLY DESCRIBED IN THE STATEM	ENT OF PROGRAM	I SERVICE	
44117	TEN ARE MORE TOTAL DESCRIPTION IN THE STATEM	LINI OI INOGNAM	DURVICE	
ACC	COMPLISHMENTS, PART III, LINE 4A. THE FOU	NDATION'S CURR	ENT SPENDING	
		1,511111011 5 00111		
POI	LICY PROVIDES FOR ANNUAL SPENDING OF FUNDS	AT 5 PERCENT	OF THE PREVIOU	s
20	QUARTERS' AVERAGE MARKET VALUES, SUBJECT	TO A FLOOR OF	4.25% OF CURRE	NT
<u>ASS</u>	SETS, AND A CEILING OF 5.75% OF CURRENT AS	SETS.		

Schedule D	(Form 990) 2022 Supplemental Inf	HARTFORD	FOUNDATION	FOR	PUBLIC	GIVING	06-0699252	Page 5
Part XIII	Supplemental Inf	ormation _{(continue}	d)					

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 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? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. ARUBA, BAHAMAS INVESTMENTS 56,714,622. 0 0 56,714,622. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a

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

Schedule F (Form 990) 2022

56,714,622.

and 3b)

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)
	inization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec			\		

Schedule F (Form 990) 2022

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Schedule F (Form 990) 2022 Page 4 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 X Yes Corporation (see Instructions for Form 926) 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 Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 X Yes Certain Foreign Corporations (see Instructions for Form 5471) 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 Yes X No Fund (see Instructions for Form 8621) 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 X Yes Foreign Partnerships (see Instructions for Form 8865)

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)

Schedule F (Form 990) 2022

Yes

6

Schedule F	(Form 990) 2022	HARTFORD	FOUNDATION	FOR PUE	BLIC	GIVING	06-0699252	Page 5
Part V	Supplementa	I Information						<u>-</u>
	Provide the inform	nation required by I	Part I, line 2 (monitorir	ng of funds); Pa	art I, line	3, column (f) (a	ccounting method; amounts of	
							method); and Part III, column (c)	
							I information. See instructions.	
	(,		
	<u> </u>							

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HARTFORD	FOUNDATION	N FOR PUBLI	C GIVING				Employer identification number $06-0699252$
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for monito	oring the use of grant	: funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
HARTFORD PUBLIC LIBRARY 500 MAIN STREET							
HARTFORD, CT 06103	06-6026029		3,503,472.	0.			GENERAL SUPPORT
THE VILLAGE FOR FAMILIES & CHILDREN, INC 1680 ALBANY AVENUE - HARTFORD, CT 06105	06-0668594		2,527,849.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES, INC. 839-841 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607		1,165,093.	0.			GENERAL OPERATING SUPPORT
HISPANIC FEDERATION - CONNECTICUT 175 MAIN STREET HARTFORD, CT 06106	13-3573852		1,061,750.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
THE PROSPERITY FOUNDATION, INC. 1287 CHAPEL STREET NEW HAVEN, CT 06511	47-4364468		1,000,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
MOVE UNITED 451 HUNGERFORD DRIVE ROCKVILLE, MD 20850	94-6174016		955,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-						

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	rt II.) T	T
(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
CONNECTICUT FOODSHARE, INC.							
2 RESEARCH PARKWAY							
WALLINGFORD, CT 06492	06-1063025		823,040.	0.			HUMAN SERVICES
	1 20 2000020		120,010.	•			
MY SISTERS' PLACE INC.							
221 MAIN STREET							
HARTFORD, CT 06106	06-1079879		764,200.	0.			HUMAN SERVICES
CAPITAL WORKFORCE PARTNERS, INC.							
1 UNION PLACE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06103	06-1013293		731,002.	0.			DEVELOPMENT
IMMACARE, INC.							
168 HUNGERFORD STREET	00 0101606						
HARTFORD, CT 06106-4641	22-3121606		719,747.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF CONNECTICUT							
FOUNDATION, INC 2390 ALUMNI DRIVE, UNIT 3206 - STORRS, CT							
06269-3206	06-6070722		688,894.	0.			EDUCATION
00209-3200	00-0070722		000,094.	0.			EDUCATION
CONNECTICUT HISTORICAL SOCIETY							
1 ELIZABETH STREET							
HARTFORD, CT 06105	06-6026012		636,192.	0.			GENERAL SUPPORT
			,				
HARTFORD LAND BANK, INC.							
30 LAUREL STREET							
HARTFORD, CT 06106	82-3965276		635,000.	0.			GENERAL OPERATING SUPPORT
WADSWORTH ATHENEUM MUSEUM OF ART							
600 MAIN STREET							
HARTFORD, CT 06103-2990	06-0653111		621,643.	0.			ARTS AND CULTURE
YWCA HARTFORD REGION, INC.							
135 BROAD STREET	06.0545000		F00 050				DANIEL GERMANA
HARTFORD, CT 06105	06-0646993		588,050.	0.			FAMILY SERVICES

Part II Continuation of Grants and Other		nestic Organizations		overnments (Scho	edule I (Form 990). Pa		70-0099232 Page
(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
CITY OF HARTFORD 550 MAIN STREET, ROOM 200							COMMUNITY AND ECONOMIC
HARTFORD, CT 06103	06-6001870		581,938.	0.			DEVELOPMENT
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653		581,339.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
HARTFORD PROMISE, INC. 750 MAIN STREET							
HARTFORD, CT 06103	81-0924703		580,737.	0.			EDUCATION
URBAN LEAGUE OF GREATER HARTFORD, INC 140 WOODLAND STREET -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06105	06-6066491		577,504.	0.			DEVELOPMENT
KNOX, INC. 75 LAUREL STREET							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	06-0985421		533,623.	0.			DEVELOPMENT
THE SALVATION ARMY 855 ASYLUM AVENUE							
HARTFORD, CT 06105	13-5562351		514,444.	0.			HUMAN SERVICES
JOURNEY HOME, INC. 255 MAIN ST, 2ND FLOOR							
HARTFORD, CT 06106	80-0143570		468,000.	0.			GENERAL OPERATING SUPPORT
HARTFORD SYMPHONY ORCHESTRA, INC. 166 CAPITOL AVENUE							
HARTFORD, CT 06106	06-0637319		434,724.	0.			ARTS AND CULTURE
LEADERSHIP GREATER HARTFORD, INC. 30 LAUREL STREET							
HARTFORD, CT 06106	06-1167174		429,851.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A		N FOR PUBLI nestic Organizations		vernments (Sch	edule I (Form 990). Pa		0-0099252 Page
(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
MALTA HOUSE OF CARE, INC.							
136 FARMINGTON AVENUE							
HARTFORD, CT 06105	20-3562424		426,000.	0.			GENERAL OPERATING SUPPORT
SAN JUAN CENTER, INC.							
1283-A MAIN STREET							COMMUNITY AND ECONOMIC
HARTFORD, CT 06103	06-0890788		416,250.	0.			DEVELOPMENT
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION,							
INC HARTFORD, CT 06105	06-1008255		412,246.	0.			HEALTH
THE IQUILT PARTNERSHIP 31 PRATT STREET, 5TH FLOOR HARTFORD, CT 06103	45-1744906		407,750.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659		407,000.	0.			GENERAL SUPPORT
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC 282 WASHINGTON STREET - HARTFORD, CT 06106	22-2619869		394,061.	0.			BASIC HUMAN NEEDS
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET -			,				
HARTFORD, CT 06106	23-7237570		379,677.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR, UNIT 4100 STORRS, CT 06269-4100	06-6070722		379,433.	0.			SCHOLARSHIPS
510AA5, C1 00207 4100	00 00/0/22		3/9,433.	0.			DOMONITES
THE CONFERENCE OF CHURCHES, INC. 224 FARMINGTON AVENUE HARTFORD, CT 06105	06-0693695		374,500.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa r	rt II.) T	1
(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
PARTNERSHIP FOR STRONG COMMUNITIES THE LYCEUM HARTFORD, CT 06106	20-0882009		360,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
CONNECTICUT HARM REDUCTION ALLIANCE, INC 28 GRAND STREET - HARTFORD, CT 06106	47-4312705		355,100.	0.			GENERAL OPERATING SUPPORT
RESET SOCIAL ENTERPRISE TRUST 1429 PARK STREET, SUITE 114 HARTFORD, CT 06106	20-1452405		353,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
HABITAT FOR HUMANITY NORTH CENTRAL CONNECTICUT - 75 CHARTER OAK AVE, SUITE 2-205 - HARTFORD, CT 06144	06-1253049		352,350.	0.			GENERAL OPERATING SUPPORT
SECOND CHANCE RE-ENTRY INITIATIVE PROGRAM - 157 CHARTER OAK AVENUE - HARTFORD, CT 06106	84-2846352		351,050.	0.			GENERAL OPERATING SUPPORT
CAMP COURANT, INC. 96 BATTERSON PARK ROAD FARMINGTON, CT 06032	06-1018155		322,899.	0.			GENERAL OPERATING SUPPORT
FREE CENTER 460 NEW BRITAIN AVENUE HARTFORD, CT 06106-3754	84-1783149		308,500.	0.			ARTS AND CULTURE
RE-CENTER RACE & EQUITY IN EDUCATION - CITY ARTS ON PEARL - HARTFORD, CT 06103	02-0567674		302,500.	0.			GENERAL OPERATING SUPPORT
MOTHERS UNITED AGAINST VIOLENCE, INC PO BOX 262 - HARTFORD, CT 06141	41-2262294		300,000.	0.			CAPITAL GRANTS

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.) T	
(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
TRIO NEW COLLEGE NETWORK, INC. 9 MENLO STREET							COMMUNITY AND ECONOMIC
BRIGHTON, MA 02135	85-3880867		300,000.	0.			DEVELOPMENT
BOYS & GIRLS CLUBS OF HARTFORD, INC 170 SIGOURNEY STREET -	06 6026005		205 491				GENERAL GURDONE
HARTFORD, CT 06105	06-6026005		295,481.	0.			GENERAL SUPPORT
YMCA OF METROPOLITAN HARTFORD, INC 50 STATE HOUSE SQUARE,							
SECOND FLOOR - HARTFORD, CT 06103	06-0881325		290,951.	0.			GENERAL SUPPORT
UNIVERSITY OF CONNECTICUT HEALTH CENTER - JOHN DEMPSEY HOSPITAL -							
FARMINGTON, CT 06030-3802	23-7187838		287,704.	0.			HEALTH
AURORA WOMEN AND GIRLS FOUNDATION, INC P. O. BOX 370537 - WEST							
HARTFORD, CT 06137	06-1587403		286,000.	0.			HUMAN SERVICES
HARTFORD FOOD SYSTEM, INC. 190 WETHERSFIELD AVENUE							
HARTFORD, CT 06114	06-0991880		275,250.	0.			GENERAL OPERATING SUPPORT
FORGE CITY WORKS, INC.							CONSTINUTIVA AND EGONOMIC
FIRE BY FORGE HARTFORD, CT 06106	26-1412551		268,272.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
EBONY HORSEWOMEN, INC.			,	-			
337 VINE STREET							COMMUNITY AND ECONOMIC
HARTFORD, CT 06112	06-1268874		267,500.	0.			DEVELOPMENT
BATES COLLEGE (DAF) OFFICE OF COLLEGE ADVANCEMENT							
LEWISTON, ME 04240-9989	01-0211781		262,500.	0.			GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	()	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CT COMMUNITY NONPROFIT ALLIANCE,							
INC 75 CHARTER OAK AVENUE -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106-1903	06-0998831		261,094.	0.			DEVELOPMENT
CONCORDANCE							
6 CITYPLACE DRIVE							
ST. LOUIS, MO 63141	43-1416762		250,000.	0.			GENERAL SUPPORT
UNITED WAY WORLDWIDE							
701 N. FAIRFAX STREET							
ALEXANDRIA, VA 22314-2045	13-1635294		250,000.	0.			GENERAL SUPPORT
ADDITIONS COLLEGEIVE TWO							
ARTISTS COLLECTIVE, INC. 1200 ALBANY AVENUE							
HARTFORD, CT 06112	06-0889475		228,321.	0.			CAPACITY BUILDING
marions, or other	00 0003173		220,321.	•			emmerir bordbine
AMERICAN ONLINE GIVING FOUNDATION,							
INC 40 EAST MAIN STREET, SUITE							
887 - NEWARK, DE 19711	81-0739440		224,200.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF SOUTHERN NEW							
ENGLAND - 345 WHITNEY AVENUE - NEW							
HAVEN, CT 06511	06-0263565		221,677.	0.			GENERAL SUPPORT
,			,	-			
ACHIEVE HARTFORD!							
1429 PARK STREET							
HARTFORD, CT 06106	45-0499390		218,750.	0.			EDUCATION
HARTFORD INTERVAL HOUSE, INC.							
PO BOX 340207							COMMUNITY AND ECONOMIC
HARTFORD, CT 06134-0207	06-0960005		216,491.	0.			DEVELOPMENT
LATINO COMMUNITY SERVICES, INC.							
28 GRAND STREET							
HARTFORD, CT 06106	06-1259957		215,000.	0.			GENERAL OPERATING SUPPOR

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURST GOINGING TO THE TOTAL OF					appraisal, other)		
JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD - 333 BLOOMFIELD							
AVENUE, SUITE D - WEST HARTFORD,							
CT 06117	06-1372107		210 100	0.			GENERAL SUPPORT
00117	00-1372107		210,198.	0.			GENERAL SUPPORT
HARTFORD STAGE							
50 CHURCH STREET							
HARTFORD, CT 06103	06-0790484		201,175.	0.			ARTS AND CULTURE
	00 0,70101		202,270.				
NAMI, INC.							
4301 WILSON BLVD.							
ARLINGTON, VA 22203	43-1201653		200,000.	0.			GENERAL SUPPORT
,							
SMITHSONIAN INSTITUTION							
FRIENDS OF THE SMITHSONIAN							
WASHINGTON, DC 20013-7012	53-0206027		200,000.	0.			GENERAL SUPPORT
YALE UNIVERSITY - DAF			,				
OFFICE OF DEVELOPMENT CONTRIBUTION							
PROCESSING - NEW HAVEN, CT							
06521-2038	06-0646973		200,000.	0.			GENERAL SUPPORT
			, ,				
KING BAUDOUIN FOUNDATION UNITED							
STATES (KBFUS) - 10 ROCKEFELLER							
PLAZA - NEW YORK, NY 10020	58-2277856		200,000.	0.			HUMAN SERVICES
,			,				
KATAL CENTER FOR HEALTH, EQUITY,							
AND JUSTICE - 30 LAUREL ST							
HARTFORD, CT 06106	81-1323278		200,000.	0.			PUBLIC BENEFIT
,							
BLOOMFIELD PUBLIC SCHOOLS							
1133 BLUE HILLS AVENUE							
BLOOMFIELD, CT 06002	00-0000000		181,000.	0.			EDUCATION
LOCAL INITIATIVES SUPPORT			, , ,				
CORPORATION - 75 CHARTER OAK							
AVENUE, SUITE 2-250 - HARTFORD, CT							COMMUNITY AND ECONOMIC
06106	13-3030229		180,000.	0.			DEVELOPMENT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	
(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
HARTFORD'SGOTTALENT!, INC.							
P.O. BOX 777							
HARTFORD, CT 06142	82-3700390		180,000.	0.			GENERAL OPERATING SUPPORT
VERNON PUBLIC SCHOOLS							
30 PARK STREET VERNON, CT 06066	06-6001677		177,119.	0.			EDUCATION
vizition, er deddo	00 0002077		177,113.	•			
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET							
MANCHESTER, CT 06247	00-000000		175,000.	0.			EDUCATION
MINORITY CONSTRUCTION COUNCIL 151 NEW PARK AVENUE							
HARTFORD, CT 06106	20-3518707		175,000.	0.			GENERAL OPERATING SUPPORT
WINDSOR PUBLIC SCHOOLS 601 MATIANUCK AVENUE							
WINDSOR, CT 06095	11-1111111		175,000.	0.			EDUCATION
CONNECTICUT RADIO INFORMATION SYSTEM - 315 WINDSOR AVENUE - WINDSOR, CT 06095	06-0987696		174,000.	0.			GENERAL OPERATING SUPPORT
THE ARC OF THE FARMINGTON VALLEY, INC 225 COMMERCE DRIVE -							
CANTON, CT 06019	06-6011136		172,931.	0.			CAPITAL GRANTS
REAL ART WAYS, INC. 56 ARBOR STREET							
HARTFORD, CT 06106	06-0958072		170,273.	0.			CAPITAL GRANTS
HARTFORD PERFORMS 75 CHARTER OAK AVENUE							
HARTFORD, CT 06106	46-1484114		169,000.	0.			ARTS AND CULTURE

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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
SOUTH PARK INN, INC.							
75 MAIN STREET							
HARTFORD, CT 06106	06-1083735		168,273.	0.			HUMAN SERVICES
			, -				
HARTFORD HOSPITAL							
80 SEYMOUR STREET, P.O. BOX 5037							
HARTFORD, CT 06102-5037	06-0646668		167,077.	0.			GENERAL OPERATING SUPPORT
VISION TO LEARN							
12100 WILSHIRE BOULEVARD	45 3455353		1.55 000				
LOS ANGELES, CA 90025	45-3457853		165,000.	0.			HEALTH
CHARTER OAK TEMPLE RESTORATION							
ASSOCIATION, INC 21 CHARTER OAK							
AVENUE - HARTFORD, CT 06106	06-1026597		164,655.	0.			HUMAN SERVICES
,							
INTEGRATED HEALTH SERVICES, INC.							
763 BURNSIDE AVENUE							
EAST HARTFORD, CT 06108	20-8879300		163,000.	0.			GENERAL SUPPORT
HANDS ON HARTFORD							
55 BARTHOLOMEW AVENUE				_			
HARTFORD, CT 06106	06-0861268		158,023.	0.			CAPACITY BUILDING
ODED MITON BURY THE							
OPERATION FUEL, INC.							
75 CHARTER OAK AVENUE, SUITE 2-240 HARTFORD, CT 06106	06-1253091		156,500.	0.			BASIC HUMAN NEEDS
MARIFORD, CI 00100	00 1233031		130,300.	· ·			DASIC HOMAN NEEDS
ALMADA LODGE-TIMES FARM CAMP							
CORPORATION - 73 TIMES FARM ROAD -							
ANDOVER, CT 06232	06-0660003		151,751.	0.			GENERAL SUPPORT
EVERYDAY DEMOCRACY							
75 CHARTER OAK AVENUE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	06-1074292		150,250.	0.			DEVELOPMENT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt 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
CONNECTIKIDS, INC.							
814 ASYLUM AVENUE							
HARTFORD, CT 06105	06-1035985		150,021.	0.			EDUCATION
JEWISH FEDERATION OF GREATER							
HARTFORD - 333 BLOOMFIELD AVENUE,							
SUITE C - WEST HARTFORD, CT 06117	06-0655482		146,481.	0.			GENERAL OPERATING SUPPORT
CENTER FOR LEADERSHIP AND JUSTICE							
47 VINE STREET							
HARTFORD, CT 06112	06-0689693		146,000.	0.			EDUCATION
GONNEGET GUE GONNGTI DOD							
CONNECTICUT COUNCIL FOR							
PHILANTHROPY - 75 CHARTER OAK AVENUE - HARTFORD, CT 06106	23-7024016		143,436.	0.			GENERAL SUPPORT
AVENUE - HARTFORD, CT 00100	23-7024010		143,430.	0.			GENERAL SUFFORT
HARTFORD COMMUNITIES THAT CARE,							
INC 2550 MAIN STREET -							
HARTFORD, CT 06120	43-2080655		142,000.	0.			GENERAL SUPPORT
·			,				
KINGSWOOD OXFORD SCHOOL, INC.							
170 KINGSWOOD ROAD							
WEST HARTFORD, CT 06119	06-0646688		140,016.	0.			EDUCATION
CONNECTICUT DATA COLLABORATIVE							
10 CONSTITUTION PLAZA							
HARTFORD, CT 06103	45-2841472		135,000.	0.			GENERAL SUPPORT
HADWEODD CAY AND LEGDTAN HEALTH							
HARTFORD GAY AND LESBIAN HEALTH							
COLLECTIVE - P.O. BOX 2094 - HARTFORD, CT 06145-2094	06-1172441		132,750.	0.			HEALTH
MARIFORD, CI 00143-2074	00-11/2441		132,730.	0.			HEADIN
CENTER FOR LATINO PROGRESS/CPRF							
95 PARK STREET							
HARTFORD, CT 06106	06-1385027		131,560.	0.			EDUCATION
<u> </u>					1	1	L

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
LAWYERS FOR CHILDREN AMERICA, INC. 151 FARMINGTON AVENUE, RW61 HARTFORD, CT 06156	06-1412355		125,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN SCHOOL FOR THE DEAF 139 NORTH MAIN STREET WEST HARTFORD, CT 06107	06-0667600		120,812.	0.			EDUCATION
RIVERFRONT RECAPTURE, INC. 50 COLUMBUS BOULEVARD, 1ST FLOOR HARTFORD, CT 06106	06-1045653		119,043.	0.			GENERAL SUPPORT
OAK HILL 120 HOLCOMB STREET HARTFORD, CT 06112	06-0669111		116,816.	0.			GENERAL OPERATING SUPPORT
HARTFORD YOUTH SCHOLARS FOUNDATION 129 ALLEN PLACE HARTFORD, CT 06106	20-3495171		115,750.	0.			GENERAL OPERATING SUPPORT
FIDELCO GUIDE DOG FOUNDATION, INC. 103 VISION WAY BLOOMFIELD, CT 06002	06-6060478		111,112.	0.			GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972		110,300.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
SHATTERPROOF, INC. 101 MERRITT 7 CORPORATE PARK NORWALK, CT 06851	45-4619712		110,000.	0.			GENERAL SUPPORT
EQUITY MATTERS, INC. 3613 SEQUOIA AVENUE BALTIMORE, MD 21215	80-0652861		110,000.	0.			ARTS AND CULTURE

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa r	rt II.) T	1
(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
MCLEAN FOUNDATION							
75 GREAT POND ROAD							
SIMSBURY, CT 06070-1999	23-7032779		108,032.	0.			GENERAL SUPPORT
PROJECT PLACE 1145 WASHINGTON STREET							COMMUNITY AND ECONOMIC
BOSTON, MA 02118	04-2457732		106,850.	0.			DEVELOPMENT
HOCKANUM VALLEY COMMUNITY COUNCIL, INC 29 NAEK ROAD, SUITE 5A - VERNON, CT 06066	06-0864311		105,000.	0.			CAPACITY BUILDING
·			,				
COMMUNITY PARTNERS IN ACTION 110 BARTHOLOMEW AVENUE, SUITE 3010 HARTFORD, CT 06106	06-0646592		103,774.	0.			CAPITAL GRANTS
TRUSTEES OF TUFTS COLLEGE BALLOU HALL, 4TH FLOOR							
MEDFORD, MA 02155	04-2103634		103,000.	0.			GENERAL SUPPORT
CENTRAL CONNECTICUT STATE UNIVERSITY - 1615 STANLEY STREET - NEW BRITAIN, CT 06050-4010	22-2647004		102,353.	0.			SCHOLARSHIPS
HARTFORD DECIDES, INC. 21A CAPITOL AVENUE							
HARTFORD, CT 06106-1707	84-2249999		100,250.	0.			GENERAL OPERATING SUPPORT
HARTFORD HEALTHCARE CORPORATION ONE STATE STREET							
HARTFORD, CT 06102	22-2672834		100,000.	0.			HEALTH
FAITHACTS FOR EDUCATION 857 POST ROAD, SUITE 310							
FAIRFIELD, CT 06824	47-2150020		100,000.	0.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule i (Form 990), Pa I	π II.) Τ	T
(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
NEW CANAAN LIBRARY INC							
151 MAIN ST							
NEW CANAAN, CT 06840-5511	06-0646764		100,000.	0.			CAPITAL GRANTS
YALE DIVINITY SCHOOL	00 0010,01		100,000	•			
OFFICE OF DEVELOPMENT CONTRIBUTION							
PROCESSING - NEW HAVEN, CT							
06251-2038	06-0646973		100,000.	0.			GENERAL SUPPORT
HARTFORD DEPORTATION DEFENSE C/O			,				
CENTER FOR LEADERSHIP AND JUSTICE							
- CC: CONSTANZA SEGOVIA -							
HARTFORD, CT 06106	06-0689693		98,100.	0.			GENERAL OPERATING SUPPORT
GRACE ACADEMY, INC.							
457 MAIN STREET							
HARTFORD, CT 06103-3006	27-1673012		98,000.	0.			EDUCATION
HORACE BUSHNELL MEMORIAL HALL							
CORPORATION - 166 CAPITOL AVENUE -	06-0662112		96,889.	0.			GENERAL SUPPORT
HARTFORD, CT 06106	00-0002112		30,883.	0.			GENERAL SUPPORT
THE PHILADELPHIA FOUNDATION							
1835 MARKET STREET, SUITE 2410							
PHILADELPHIA, PA 19103-2968	23-1581832		93,078.	0.			GENERAL SUPPORT
,			,				
NEW ENGLAND AIR MUSEUM							
36 PERIMETER ROAD							
WINDSOR LOCKS, CT 06096	06-6069083		91,076.	0.			ARTS AND CULTURE
INSTITUTE FOR COMMUNITY RESEARCH,							
INC 2 HARTFORD SQ. W., STE.							COMMUNITY AND ECONOMIC
1000 - HARTFORD, CT 06106	06-0653116		90,488.	0.			DEVELOPMENT
PHILADELPHIA BALLET AND SCHOOL OF							
PHILADELPHIA BALLET - 323 N BROAD				_			
STREET - PHILADELPHIA, PA 19107	23-1629970		90,000.	0.			CAPITAL GRANTS

Schedule I (Form 990) HARTFORD	FOUNDATIO	A LOK LOPITA	C GIVING				70-0033232 Page
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(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 HARTFORD							
OFFICE OF DEVELOPMENT AND ALUMNI AF							
WEST HARTFORD, CT 06117	06-0731360		89,866.	0.			EDUCATION
MEDI IMMITORE, CI VOIII	00 0731300		03,000.	· ·			Beeniion
UNIVERSITY OF HARTFORD							
OFFICE OF DEVELOPMENT AND ALUMNI AF							
WEST HARTFORD, CT 06117	06-0731360		87,407.	0.			SCHOLARSHIPS
·			,				
THE AMISTAD CENTER FOR ART &							
CULTURE, INC 600 MAIN STREET -							
HARTFORD, CT 06103	22-2849122		85,882.	0.			GENERAL SUPPORT
ORGANIZED PARENTS MAKE A							
DIFFERENCE, INC 350 FARMINGTON							
AVE - HARTFORD, CT 06105	06-1420323		85,000.	0.			EDUCATION
AMERICAN PRINTING HOUSE FOR THE							
BLIND, INC 1839 FRANKFORT	61-0444640		84,835.	0.			GENERAL OPERATING SUPPORT
AVENUE - LOUISVILLE, KY 40206	01-0444640		04,635.	0.			GENERAL OPERATING SUPPORT
DUNCASTER, INC.							
40 LOEFFLER ROAD							
BLOOMFIELD, CT 06002	06-1051218		83,910.	0.			GENERAL SUPPORT
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CHRYSALIS CENTER, INC.							
255 HOMESTEAD AVENUE, P.O. BOX 3206							
HARTFORD, CT 06132	06-0986069		83,750.	0.			HUMAN SERVICES
HARTFORD ART SCHOOL ENDOWMENT,							
INC UNIVERSITY OF HARTFORD -							
WEST HARTFORD, CT 06117	06-1256949		82,052.	0.			GENERAL OPERATING SUPPORT
TEACH FOR AMERICA CONNECTICUT							
370 JAMES STREET							
EAST HAVEN, CT 06513	13-3541913		80,000.	0.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule i (Form 990), Pa I	π II.) Τ	
(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
ENDMINGTON GONGTHIEN GUDGE							
FARMINGTON COMMUNITY CHEST PO BOX 60							
	06-1347303		80,000.	0.			GENERAL SUPPORT
FARMINGTON, CT 06034 NATIONAL CONFERENCE FOR COMMUNITY	00-134/303		80,000.	0.			GENERAL SUPPORT
AND JUSTICE - 100 RIVERVIEW							
CENTER, SUITE 292 - MIDDLETOWN, CT							COMMUNITY AND ECONOMIC
06457	14-1937658		77,190.	0.			DEVELOPMENT
00437	14 1937030		77,130.	· ·			DEVELOFMENT
COVENANT PREPARATORY SCHOOL, INC.							
474 WOODLAND STREET							
HARTFORD, CT 06112	74-3238578		77,163.	0.			GENERAL OPERATING SUPPORT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HEALTH EQUITY SOLUTIONS, INC.							
53 OAK STREET							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	46-5011055		77,110.	0.			DEVELOPMENT
·			,				
CONNECTICUT HUMANE SOCIETY							
701 RUSSELL ROAD							
NEWINGTON, CT 06111-1593	06-0667605		75,871.	0.			GENERAL SUPPORT
CONNECTICUT IMMIGRANT AND REFUGEE							
COALITION, INC 36 WOODLAND							
STREET - HARTFORD, CT 06105	06-1623555		75,000.	0.			GENERAL OPERATING SUPPORT
HARTFORD BISHOPS' FOUNDATION, INC.							
ARCHDIOCESE OF HARTFORD							
BLOOMFIELD, CT 06002	53-0196617		75,000.	0.			HEALTH
END HUNGER CONNECTICUT!, INC.							
800 CONNECTICUT BOULEVARD							
EAST HARTFORD, CT 06108	06-1545835		73,100.	0.			GENERAL OPERATING SUPPORT
JEWISH FAMILY SERVICES OF GREATER							
HARTFORD, INC 333 BLOOMFIELD							
AVENUE, SUITE A - WEST HARTFORD,							
CT 06117	06-0653062		72,092.	0.			CAPACITY BUILDING

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	ı
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INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET, 2ND FLOOR - NEW HAVEN, CT 06511	06-0653044		70,000.	0.			EDUCATION
COLLABORATIVE FOR EDUCATIONAL SERVICES - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893		70,000.	0.			GENERAL SUPPORT
CONNECTICUT FOREST AND PARK ASSOCIATION - 16 MERIDEN ROAD - ROCKFALL, CT 06481-2961	06-0613430		69,241.	0.			GENERAL SUPPORT
CHURCH HOMES, INC. 217 AVERY HEIGHTS HARTFORD, CT 06106-4200	06-0763898		67,500.	0.			GENERAL OPERATING SUPPORT
GIFTS OF LOVE, INC. 34 EAST MAIN STREET AVON, CT 06001	06-1309318		67,490.	0.			CAPACITY BUILDING
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94510	94-1575233		65,000.	0.			PUBLIC BENEFIT
LOOMIS CHAFFEE 4 BATCHELDER ROAD WINDSOR, CT 06095	06-0653119		64,592.	0.			ARTS AND CULTURE
ADVANCING CONNECTICUT TOGETHER, INC 110 BARTHOLOMEW AVENUE, SUITE 3050 - HARTFORD, CT 06106	22-3014883		63,049.	0.			CAPACITY BUILDING
COMMUNITY HEALTH RESOURCES, INC. 2 WATERSIDE CROSSING WINDSOR, CT 06095	06-6082527		63,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A		pestic Organizations		wernments (Sch	edule I (Form 990) Pa		70-0099232 Page
(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
CONNECTICUT SCIENCE CENTER, INC. 250 COLUMBUS BOULEVARD HARTFORD, CT 06103-2802	06-1538101		62,954.	0.			GENERAL OPERATING SUPPOR
NONPROFIT ACCOUNTABILITY GROUP C/O WEST END CIVIC ASSOCIATION - 190 OXFORD STREET - HARTFORD, CT 06105	23-7426505		62,750.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
FRIENDS OF THE WISSAHICKON, INC. 40 WEST EVERGREEN AVENUE, SUITE 108 PHILADELPHIA, PA 19118	23-6251649		62,500.	0.			GENERAL SUPPORT
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND - 224 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0913214		61,500.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
SOUTH GLASTONBURY PUBLIC LIBRARY ASSOCIATION - 80 HIGH STREET - SOUTH GLASTONBURY, CT 06073	23-7365075		61,486.	0.			CAPITAL GRANTS
MANCHESTER AREA CONFERENCE OF CHURCHES, INC 466 MAIN STREET - MANCHESTER, CT 06040-3804	23-7354956		61,408.	0.			CAPACITY BUILDING
EASTERN CONNECTICUT STATE UNIVERSITY - OFFICE OF FINANCIAL AID - WILLIMANTIC, CT 06226	23-7111053		61,376.	0.			SCHOLARSHIPS
FIRST CHURCH OF CHRIST CONGREGATIONAL - GLASTONBURY - 2183 MAIN STREET - GLASTONBURY, CT 06033	06-6001060		61,150.	0.			CAPITAL GRANTS
JEWISH ASSOCIATION FOR COMMUNITY LIVING - 34 JEROME AVENUE - BLOOMFIELD, CT 06002	06-1068312		61,080.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other		N FUR PUBLIC		wernments (Sch	edule I (Form 990) Pa		76-0699252 Page 1
(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
FULL CITIZENS COALITION 32 ELM STREET HARTFORD, CT 06106	00-000000		60,525.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
A BETTER WAY FOUNDATION ABWF, INC. PO BOX 942 HARTFORD , CT 06143	06-1576383		60,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
ASNUNTUCK COMMUNITY COLLEGE FOUNDATION, INC 170 ELM STREET - ENFIELD, CT 06082	31-1647253		60,000.	0.			GENERAL SUPPORT
MUTUAL AID HARTFORD C/O A BETTER WAY FOUNDATION ABWF, INC 73 CUMBERLAND ST - HARTFORD, CT 06106	06-1576383		60,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812		60,000.	0.			EDUCATION
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147		59,500.	0.			GENERAL SUPPORT
4-H EDUCATION CENTER AT AUERFARM 158 AUER FARM ROAD BLOOMFIELD, CT 06002	06-0938101		57,000.	0.			EDUCATION
RENBROOK SCHOOL INCORPORATED 2865 ALBANY AVENUE WEST HARTFORD, CT 06117	06-0646702		56,781.	0.			GENERAL OPERATING SUPPORT
MY PEOPLE COMMUNITY SERVICES 111 GILLETT STREET HARTFORD, CT 06105	46-4463033		56,000.	0.			HEALTH

Schedule I (Form 990) HARTFORD .	FOUNDATION	A LOW LOPPI	C GIVING			U	0-0099434 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt 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
UNIVERSITY OF CONNECTICUT HARTFORD							
CAMPUS - FINANCE OFFICE -							
HARTFORD, CT 06103	06-6070722		55,980.	0.			SCHOLARSHIPS
UNIVERSITY OF CONNECTICUT HARTFORD							
CAMPUS - 10 PROSPECT ST -							
HARTFORD, CT 06103	06-1484116		55,980.	0.			EDUCATION
FUTURES, INC.							
902 S QUAKER LANE				_			
WEST HARTFORD, CT 06110	06-1484116		55,500.	0.			EDUCATION
CONNECTICUT FAIR HOUSING CENTER,							
INC 60 POPIELUSZKO COURT -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	06-1453727		55,000.	0.			DEVELOPMENT
milions, er solds	00 1433727		33,000.	· ·			DIVIDOT MINT
ELIZABETH PARK CONSERVANCY, INC.							
1561 ASYLUM AVENUE							
WEST HARTFORD, CT 06117-2804	06-0983352		54,485.	0.			GENERAL SUPPORT
			,				
CAPITOL REGION EDUCATION COUNCIL							
FOUNDATION, INC 111 CHARTER OAK							
AVENUE - HARTFORD, CT 06106	20-4091009		53,977.	0.			GENERAL SUPPORT
NEW HORIZONS, INC.							
37 BLISS MEMORIAL ROAD							
UNIONVILLE, CT 06085	06-6040513		53,500.	0.			CAPACITY BUILDING
OPEN COMMUNITIES ALLIANCE							
75 CHARTER OAK AVENUE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	46-4591657		52,500.	0.			DEVELOPMENT
IMITOND, CI 00100	40-4331037		32,300.	0.			DE A DIOCEMENT
GOODSPEED OPERA HOUSE FOUNDATION,							
INC BOX A, 6 MAIN STREET - EAST							
HADDAM, CT 06423	13-1969314		51,109.	0.			ARTS AND CULTURE
			· · · · · · · · · · · · · · · · · · ·				

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
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UNIVERSITY OF SAINT JOSEPH							
1678 ASYLUM AVENUE							
	06-0646829		F1 000	0.			SCHOLARSHIPS
WEST HARTFORD, CT 06117-2791	06-0646829		51,000.	0.			SCHOLARSHIPS
NOAH WEBSTER HOUSE							
227 SOUTH MAIN STREET							
WEST HARTFORD, CT 06107-3453	06-6075605		50,629.	0.			ARTS AND CULTURE
INTERNATIONAL HARTFORD LTD.							
151 NEW PARK AVENUE				_			COMMUNITY AND ECONOMIC
HARTFORD, CT 06106	46-2323260		50,250.	0.			DEVELOPMENT
SOUTHSIDE INSTITUTIONS							
NEIGHBORHOOD ALLIANCE, INC 207							
WASHINGTON STREET - HARTFORD, CT							COMMUNITY AND ECONOMIC
06106	06-0993174		50,210.	0.			DEVELOPMENT
MANCHESTER COMMUNITY COLLEGE							
FOUNDATION, INC GREAT PATH,							
M.S. #15 - MANCHESTER, CT							
06045-1046	06-6105971		50,000.	0.			SCHOLARSHIPS
GOVERNOR'S ACADEMY							
1 ELM STREET							
BYFIELD, MA 01922	04-2103564		50,000.	0.			EDUCATION
			, -				
KNIGHTS OF COLUMBUS CHARITIES,							
INC ONE COLUMBUS PLAZA - NEW							
HAVEN, CT 06510	23-7227608		50,000.	0.			BASIC HUMAN NEEDS
INTERCOMMUNITY, INC.							
800 CONNECTICUT BLVD							
EAST HARTFORD, CT 06108	06-0954809		50,000.	0.			HEALTH
DECTONAL DIAN ACCOSTANTON							
REGIONAL PLAN ASSOCIATION							COMMINITELY AND ECONOMIC
1 WHITEHALL STREET	12 1624154		F0 000				COMMUNITY AND ECONOMIC
NEW YORK, NY 10004	13-1624154		50,000.	0.			DEVELOPMENT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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ROVIDENCE COLLEGE							
1 CUNNINGHAM SQUARE							
PROVIDENCE, RI 02918	05-0258932		50,000.	0.			GENERAL SUPPORT
WETHERSFIELD HISTORICAL SOCIETY							
150 MAIN STREET							
WETHERSFIELD, CT 06109	06-6038062		50,000.	0.			ARTS AND CULTURE
MIDDLESEX LAND TRUST							
27 WASHINGTON STREET, #8				_			
MIDDLETOWN, CT 06457	22-2812942		50,000.	0.			GENERAL SUPPORT
CARTELL COMPUTER COLLEGE							
CAPITAL COMMUNITY COLLEGE							
950 MAIN STREET HARTFORD, CT 06103	22-2513381		49,200.	0.			SCHOLARSHIPS
HARIFORD, CI 00103	22-2313301		49,200.	0.			SCHOLLARSHIFS
NORTHEAST NEIGHBORHOOD PARTNERS,							
INC PO BOX 3524 - NEW YORK, NY							
10008	27-3267930		47,500.	0.			CAPACITY BUILDING
			, -	-			
SUNRISE NORTHEAST, INC.							
80 WHITNEY STREET							
HARTFORD, CT 06105	06-1249974		45,521.	0.			CAPITAL GRANTS
COMPASS YOUTH COLLABORATIVE							
55 AIRPORT ROAD, SUITE 201							
HARTFORD, CT 06114	31-1768549		45,503.	0.			GENERAL SUPPORT
STUDENT LOAN FUND, INC.							
C/O COWORK@DISTRICT	05.3005435		45.000				COMMUNITY AND ECONOMIC
NEW HAVEN, CT 06513	87-3895495		45,000.	0.			DEVELOPMENT
MERCY HOUSING AND SHELTER							
CORPORATION - 221 MAIN STREET -							
HARTFORD, CT 06106	06-1090211		44,692.	0.			GENERAL SUPPORT
	1 00 2000211		11,002.	<u> </u>	1	1	

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt 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
HILL-STEAD MUSEUM							
35 MOUNTAIN ROAD							
FARMINGTON, CT 06035	06-0646673		44,393.	0.			ARTS AND CULTURE
MANCHESTER HISTORICAL SOCIETY, INC 175 PINE STREET - MANCHESTER, CT 06040	23-7002464		44,235.	0.			GENERAL OPERATING SUPPORT
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVE.							
HARTFORD, CT 06106	06-0646773		43,800.	0.			BASIC HUMAN NEEDS
LEARNING ALLY, INC. 20 ROSZEL ROAD PRINCETON, NJ 08540	13-1659345		42,411.	0.			GENERAL OPERATING SUPPORT
TRINITY COLLEGE 300 SUMMIT STREET							
HARTFORD, CT 06106	06-0646927		41,928.	0.			SCHOLARSHIPS
ASYLUM HILL CONGREGATIONAL CHURCH 814 ASYLUM AVENUE HARTFORD, CT 06105-2892	06-0646544		41,288.	0.			GENERAL OPERATING SUPPORT
HEALING MEALS FOUNDATION CORPORATION - PO BOX 7223 -							
BLOOMFIELD, CT 06002	47-5464291		41,250.	0.			BASIC HUMAN NEEDS
IMMANUEL CONGREGATIONAL CHURCH 10 WOODLAND STREET							
HARTFORD, CT 06105	06-0647019		41,003.	0.			GENERAL SUPPORT
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC 95 WOODLAND STREET, 2ND FLOOR -							
HARTFORD, CT 06105	06-1008255		41,000.	0.			GENERAL SUPPORT
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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa r	rt II.) T	
(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 LEGACY FOUNDATION OF HARTFORD, INC 1229 ALBANY AVENUE - HARTFORD, CT 06112	45-3908154		41,000.	0.			GENERAL OPERATING SUPPORT
TLC FOUNDATION, INC. PO BOX 2334 MANCHESTER, CT 06040-2334	22-2517421		41,000.	0.			HUMAN SERVICES
CONNECTICUT COALITION TO END HOMELESSNESS, INC 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880		40,530.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
HARTFORD COMMUNITY LOAN FUND 215 GARDEN STREET HARTFORD, CT 06105	06-1423598		40,500.	0.			CAPACITY BUILDING
PLAYHOUSE THEATRE GROUP, INC. 244 PARK ROAD WEST HARTFORD, CT 06119	26-4840125		40,165.	0.			ARTS AND CULTURE
AMERICA'S PROMISE - THE ALLIANCE FOR YOUTH - 1110 VERMONT AVENUE, NW - WASHINGTON, DC 20005	54-1848713		40,000.	0.			GENERAL SUPPORT
ANDOVER, HEBRON, MARLBOROUGH YOUTH SERVICES, INC 25 PENDLETON DRIVE - HEBRON, CT 06234	22-2595584		40,000.	0.			CAPACITY BUILDING
CENTER FOR URBAN RESEARCH, EDUCATION AND TRAINING, INC 1443 ALBANY AVENUE - HARTFORD, CT 06112	06-1322955		40,000.	0.			EDUCATION
GLASTONBURY LITTLE LEAGUE 1579 MANCHESTER ROAD GLASTONBURY, CT 06033	06-1306901		40,000.	0.			CAPITAL GRANTS

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa r	rt II.) T	
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NEW ENGLAND PUBLIC RADIO							
FOUNDATION INC - 1525 MAIN STREET							
- SPRINGFIELD, MA 01103-1413	04-6130523		40,000.	0.			ARTS AND CULTURE
REGIONAL DATA COOPERATIVE FOR							
GREATER NEW HAVEN, INC 1146							
CHAPEL STREET, SUITE 202 - NEW							
HAVEN, CT 06511	06-1567201		40,000.	0.			GENERAL SUPPORT
RIVERS ALLIANCE OF CONNECTICUT							
PO BOX 1797							
LITCHFIELD, CT 06759-1797	06-1361719		40,000.	0.			GENERAL OPERATING SUPPORT
			,				
THE TRUST FOR PUBLIC LAND -							
CALIFORNIA - PO BOX 889336 - LOS							
ANGELES, CA 90088-9336	23-7222333		40,000.	0.			GENERAL SUPPORT
DOUGH EDGES ADE DEODUGETONS							
ROUGH EDGES ART PRODUCTIONS 225 PALISADO AVENUE							
WINDSOR, CT 06095	46-1700180		39,550.	0.			ARTS AND CULTURE
	10 1/00100			· ·			
NUTMEG BIG BROTHERS BIG SISTERS							
30 LAUREL STREET, SUITE 3							
HARTFORD, CT 06106	06-0850379		39,532.	0.			EDUCATION
FARMINGTON LAND TRUST, INC.							
THE CANAL HOUSE	23-7107644		30,000				GENERAL GURRORE
FARMINGTON, CT 06032	23-7107644		39,000.	0.			GENERAL SUPPORT
MANCHESTER SCHOLARSHIP FOUNDATION,							
INC 20 HARTFORD ROAD -							
MANCHESTER, CT 06040	06-6076924		38,928.	0.			SCHOLARSHIPS
MANCHESTER SCHOLARSHIP FOUNDATION,							
INC 20 HARTFORD ROAD -							
MANCHESTER, CT 06040	06-6076924		38,735.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	T
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KENEY PARK SUSTAINABILITY PROJECT, INC PO BOX 1924 - HARTFORD, CT 06144-1924	06-1536163		38,500.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
HARTFORD INTERNATIONAL UNIVERSITY FOR RELIGION AND PEACE - 77 SHERMAN STREET - HARTFORD, CT 06105	06-0647016		38,027.	0.			COMMUNITY AND ECONOMIC
FAMILY LIFE EDUCATION, INC. 57 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1262848		38,000.	0.			GENERAL OPERATING SUPPORT
HORIZONS, INC. PO BOX 323			,				
SOUTH WINDHAM, CT 06266	06-1013833		38,000.	0.			EDUCATION
SPECTRUM IN MOTION DANCE THEATER ENSEMBLE, INC CITY ARTS ON PEARL - HARTFORD, CT 06103	26-2413622		37,750.	0.			GENERAL OPERATING SUPPORT
OPEN DOORS OUTDOORS 326 DUG ROAD SOUTH GLASTONBURY, CT 06073	83-2178854		37,500.	0.			CAPITAL GRANTS
GRANBY LAND TRUST PO BOX 23 GRANBY, CT 06035	23-7243316		36,194.	0.			GENERAL OPERATING SUPPORT
WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 06105	06-0655136		36,142.	0.			EDUCATION
SAINT PAUL'S EVANGELICAL LUTHERAN CHURCH - 371 WOLCOTT HILL ROAD - WETHERSFIELD, CT 06109	00-0000000	_	36,140.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A		N FOR PUBLI nestic Organizations		vernments (Scho	edule I (Form 990), Pa		10-0099252 Page
(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
LUTHER RIDGE AT MIDDLETOWN							
628 CONGDON STREET WEST							
MIDDLETOWN, CT 06457	20-0216017		36,129.	0.			GENERAL SUPPORT
NEW ENGLAND SYNOD EVANGELICAL							
LUTHERAN CHURCH IN AMERICA - PO							
BOX 13 - WORCESTER, MA 01614-0013	04-2496563		36,129.	0.			GENERAL SUPPORT
I A DIJENTE THE							
LA PUENTE, INC. PO BOX 1235							
ALAMOSA, CO 81101	74-2224631		36,000.	0.			HUMAN SERVICES
ADAMODA, CO UTTUT	74 2224031		30,000.	0.			HOMAN BERVICES
GIRL SCOUTS OF CONNECTICUT, INC.							
340 WASHINGTON ST							
HARTFORD, CT 06106	06-0662134		35,680.	0.			HUMAN SERVICES
,			1 7 7 7 7 7 7				
HARTFORD PUBLIC SCHOOLS							
OFFICE OF FAMILY & COMMUNITY PARTNE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06114	00-000000		35,390.	0.			DEVELOPMENT
ACTUP THEATER, INC.							
740 PROSPECT AVENUE							
HARTFORD, CT 06105	81-1065321		35,250.	0.			HUMAN SERVICES
CHARTER OAK STATE COLLEGE							
FOUNDATION - 55 PAUL MANAFORT							
DRIVE - NEW BRITAIN, CT 06053-2150	06-0969831		35,000.	0.			SCHOLARSHIPS
ALBERT SCHWEITZER ODGAN FESTIVAT							
ALBERT SCHWEITZER ORGAN FESTIVAL, INC 19 WALDEN STREET - WEST							
HARTFORD, CT 06107	47-4302697		35,000.	0.			ARTS AND CULTURE
YMCA OF GREATER BOSTON	±/ ±30203/		33,000.	0.			INTO AND COLLORE
ATTN: DEVELOPMENT DEPARTMENT, 316							
HUNTINGTON AVENUE - BOSTON, MA							COMMUNITY AND ECONOMIC
02115	04-2103551		35,000.	0.			DEVELOPMENT
va	04 2103331		1 33,000.	ı •••	1	I	LT - 1101 11111

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) 2	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GIRLS FOR TECHNOLOGY							
750 MAIN STREET, SUITE 1210							
HARTFORD, CT 06103	46-5696249		35,000.	0.			CAPACITY BUILDING
JUNIOR ACHIEVEMENT OF SOUTH TEXAS							
403 E RAMSEY							
SAN ANTONIO, TX 78216	74-2061852		34,000.	0.			GENERAL SUPPORT
MAYO CLINIC							
ATTN: DEPARTMENT OF DEVELOPMENT							
ROCHESTER, MN 55905	41-6011702		33,000.	0.			GENERAL SUPPORT
ANGEL OF EDGEWOOD, INC.							
143 EDGEWOOD STREET				_			
HARTFORD, CT 06112	85-3536488		32,500.	0.			BASIC HUMAN NEEDS
HARC, INC.							
900 ASYLUM AVENUE							
HARTFORD, CT 06105	06-0710289		32,199.	0.			HUMAN SERVICES
CONNECTICUT AUDUBON SOCIETY							
314 UNQUOWA ROAD							
FAIRFIELD, CT 06824	06-0653531		32,000.	0.			GENERAL SUPPORT
GLASTONBURY MLK COMMUNITY							
INITIATIVE - 417 CHIMNEYSWEEP HILL							COMMUNITY AND ECONOMIC
ROAD - GLASTONBURY, CT 06033	27-3252475		31,900.	0.			DEVELOPMENT
CEMBIONEONI, CI 00033	27 3232473		31,300.				DEVELORIM
CONNECTICUT RIVER WATERSHED							
COUNCIL, INC 15 BANK ROW STREET							
- GREENFIELD, MA 01301	04-2148397		31,858.	0.			CAPITAL GRANTS
INTERNATIONAL GOSPEL FELLOWSHIP							
650 PARK AVE.							
WINDSOR, CT 06095	03-0464704		31,700.	0.			HEALTH

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	ırt II.)	T
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SAN GERONIMO VALLEY COMMUNITY CENTER - PO BOX 194 - SAN	22 7172120		21,400				ATIVED I GUNDON
GERONIMO, CA 94963	23-7172128		31,488.	0.			GENERAL SUPPORT
CONNECTICUT PUBLIC BROADCASTING, INC 1049 ASYLUM AVENUE - HARTFORD, CT 06105-2411	06-0758938		31,191.	0.			GENERAL OPERATING SUPPORT
ASIAN AMERICAN CIVIC ASSOCIATION, INC 87 TYLER STREET, 5TH FLOOR - BOSTON, MA 02111	04-2476258		31,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
FRESH START PALLET PRODUCTS, INC. 20-28 SARGEANT ST. HARTFORD, CT 06101	83-1335850		31,000.	0.			GENERAL SUPPORT
HARTFORD, CT 00101	63-1333630		31,000.	0.			GENERAL SUPPORT
HARRIET BEECHER STOWE CENTER, INC. 77 FOREST STREET HARTFORD, CT 06105	06-6042822		31,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
DAVIDSON COLLEGE - DAF DEVELOPMENT OFFICE	56-0529961		30,670.	0.			GENERAL SUPPORT
DAVIDSON, NC 28035-7170 CONNECTICUT FOOD SYSTEM ALLIANCE 190 WETHERSFIELD AVENUE	30-0323301		30,070.	0.			GENERAL SUFFORT
HARTFORD, CT 06114	00-000000		30,500.	0.			BASIC HUMAN NEEDS
HISPANIC HEALTH COUNCIL, INC. 175 MAIN STREET							
HARTFORD, CT 06106	06-1018979		30,125.	0.			HUMAN SERVICES
HOWARD UNIVERSITY BURSAR/STUDENT ACCTS. OFFICE WASHINGTON, DC 20059	53-0204707		30,000.	0.			SCHOLARSHIPS
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Part II Continuation of Grants and Other		octic Organizations		warnmente (Sch	adula I (Form 000) Pa		70-0099232 Page
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
CONNECTICUT COALITION FOR							
ACHIEVEMENT NOW, INC. (CONNCAN) -							
20 CHURCH STREET - HARTFORD, CT							COMMUNITY AND ECONOMIC
06103	20-1612161		30,000.	0.			DEVELOPMENT
OHIO WESLEYAN UNIVERSITY							
UNIVERSITY ADVANCEMENT OFFICE,							
MOWRY ALUMNI CENTER - DELAWARE, OH							
43015	31-4379585		30,000.	0.			GENERAL SUPPORT
HARTFORD CONSORTIUM FOR HIGHER							
EDUCATION - 349 MAIN STREET - EAST							
HARTFORD, CT 06118	23-7288868		30,000.	0.			EDUCATION
,							
GREATER HARTFORD FESTIVAL OF JAZZ							
PO BOX 230760							
HARTFORD, CT 06123	06-1358376		30,000.	0.			ARTS AND CULTURE
THE FOUNDATION FOR NC A&T STATE	00 1000070						
UNIVERSITY, INC 1601 E. MARKET							
STREET, DOWDY ADMINISTRATION							
•	23-7055330		30,000.	0.			EDUCATION
BUILDING, SUITE 400 - GREENSBORO,	23-7055330		30,000.	0.			EDUCATION
am tump'a ppragopat ampan							
ST. LUKE'S EPISCOPAL CHURCH							
915 MAIN STREET			20.000				
SOUTH GLASTONBURY, CT 06073	00-000000		30,000.	0.			GENERAL OPERATING SUPPORT
REBUILDING TOGETHER HARTFORD, INC.							
PO BOX 230295							
HARTFORD, CT 06123-0295	06-1418008		30,000.	0.			GENERAL SUPPORT
THE MARK TWAIN HOUSE & MUSEUM							
351 FARMINGTON AVENUE							
HARTFORD, CT 06105	06-0685118		30,000.	0.			GENERAL OPERATING SUPPORT
RUSHFORD CENTERS							
883 PADDOCK AVENUE							
MERIDEN, CT 06450	06-0932875		30,000.	0.			HEALTH

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.)	T
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LAWSON CHAPEL/URBAN HOPE REFUGE CHURCH - P. O. BOX 400080 - HARTFORD, CT 06140	06-1415113		29,894.	0.			COMMUNITY AND ECONOMIC
HOUSE OF BREAD, INC. 27 CHESTNUT STREET HARTFORD, CT 06120	06-1073478		28,095.	0.			GENERAL OPERATING SUPPORT
HARTFORD NEIGHBORHOOD CENTERS 38 LAWRENCE STREET HARTFORD, CT 06106	06-0646932		28,000.	0.			BASIC HUMAN NEEDS
THE SALVATION ARMY, A GEORGIA CORPORATION - 4015 STUART ANDREW BOULEVARD - CHARLOTTE, NC 28217	58-0660607		28,000.	0.			GENERAL SUPPORT
THE FRIENDS OF THE FARM AT HILLTOP, INC PO BOX 372 - SUFFIELD, CT 06078	81-0595608		27,500.	0.			CAPITAL GRANTS
ASNUNTUCK COMMUNITY COLLEGE 170 ELM STREET ENFIELD, CT 06082	31-1647253		27,500.	0.			scholarships
EQUITABLE EVALUATION INITIATIVE 1601 FIFTH AVENUE, SUITE 1900 SEATTLE, WA 98101-3615	00-0000000		27,500.	0.			GENERAL SUPPORT
LAYAVINYASA 24 SEA IS, GLASTONBURY GLASTONBURY, CT 06033	86-2377427		27,050.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
GOODWIN UNIVERSITY ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118-1837	06-1627882		27,000.	0.			scholarships

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE ROTARY FOUNDATION							
14280 COLLECTIONS CENTER DRIVE							
CHICAGO, IL 60693	36-3245072		27,000.	0.			GENERAL SUPPORT
UKRAINIAN AMERICAN YOUTH			·				
ASSOCIATION OF HARTFORD INC 961							
WETHERSFIELD AVENUE - HARTFORD, CT							
06114-3137	84-3068765		26,589.	0.			GENERAL OPERATING SUPPOR
MUR DRIDGE EAMLLY GENMER ING							
THE BRIDGE FAMILY CENTER, INC. 1022 FARMINGTON AVENUE							
WEST HARTFORD, CT 06107	23-7013563		26,435.	0.			BASIC HUMAN NEEDS
WEST HARTFORD, CT 00107	23-7013303		20,435.	0.			BASIC HUMAN NEEDS
JOHNSON MEMORIAL HOSPITAL, INC.							
201 CHESTNUT HILL ROAD							
STAFFORD SPRINGS, CT 06076-0860	47-5676956		26,301.	0.			HEALTH
COPPER BEECH INSTITUTE, INC.							
303 TUNXIS ROAD							
WEST HARTFORD, CT 06107	46-2785140		26,283.	0.			CAPACITY BUILDING
FOOTWEAR WITH CARE, INC.							
C/O FLEET FEET							
WEST HARTFORD, CT 06107	86-3653076		26,000.	0.			BASIC HUMAN NEEDS
MUSIC AND POETRY SYNCHRONIZED,							
INC 39 MASSASOIT STREET -				_			
NORTHAMPTON, MA 01060	45-1777894		26,000.	0.			ARTS AND CULTURE
ADVOCACY TO LEGACY							
24 HALE DRIVE							COMMUNITY AND ECONOMIC
WINDSOR, CT 06095	82-2688039		25,999.	0.			DEVELOPMENT
MILE COMMENTATION OF PROPERTY.							
THE CONNECTICUT GOLF FOUNDATION, INC 55 GOLF CLUB ROAD -							
	06-1510744		25,750.	0.			GENERAL OPERATING SUPPOR
CROMWELL, CT 06416	00-1310/44		25,750.	٠.			GENERAL OPERATING SUPPOR

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (SCH	edule i (Form 990), Pa T		T
(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
COMMUNITY FIRST SCHOOL, INC.							
50 LOVE LANE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06112-1614	81-5385904		25,550.	0.			DEVELOPMENT
SOUTHERN CONNECTICUT STATE							
UNIVERSITY - ATTN: FINANCIAL AID -							
NEW HAVEN, CT 06515	23-7208882		25,475.	0.			SCHOLARSHIPS
HARTBEAT ENSEMBLE, INC.							
360 FARMINGTON AVENUE							COMMUNITY AND ECONOMIC
HARTFORD, CT 06105	06-1633100		25,185.	0.			DEVELOPMENT
CONNECTICUT DEPARTMENT OF ENERGY &							
ENVIRONMENTAL PROTECTION - 79 ELM							
STREET, FIRST FLOOR - HARTFORD, CT							
06106-5127	00-000000		25,140.	0.			CAPITAL GRANTS
HOWARD UNIVERSITY (DAF)							
1851 9TH STREET NW	53-0204707		25 000	0.			GENERAL GURRORE
WASHINGTON, DC 20001	53-0204707		25,000.	0.			GENERAL SUPPORT
CITY OF HOPE							
1500 E DUARTE ROAD							
DUARTE, CA 91010-0269	95-3435919		25,000.	0.			GENERAL SUPPORT
ASYLUM HILL NEIGHBORHOOD							
ASSOCIATION, INC 814 ASYLUM							
AVENUE - HARTFORD, CT 06105	27-2457517		25,000.	0.			GENERAL SUPPORT
·							
BOSTON MEDICAL CENTER CORPORATION							
OFFICE OF DEVELOPMENT							
BOSTON, MA 02118	04-3314093		25,000.	0.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF BROWARD							
COUNTY - 877 NW 61ST STREET - FORT							
LAUDERDALE, FL 33309	59-1108790		25,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	ırt II.) T	T
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BOYS & GIRLS CLUBS OF SAN ANTONIO 123 RALPH AVENUE							
SAN ANTONIO, TX 78204	74-1109637		25,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF SOUTHERN MAINE - 277 CUMBERLAND AVE - PORTLAND, ME 04101	01-0211543		25,000.	0.			GENERAL SUPPORT
BROOKLYN RAIL, INC. 253 36TH STREET, 3RD FLOOR, STE. C3 BROOKLYN, NY 11232	11-3562004		25,000.	0.			ARTS AND CULTURE
CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS - 53 OAK STREET - HARTFORD, CT 06106	06-1454857		25,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
CAREER RESOURCES 1000 LAFAYETTE BOULEVARD BRIDGEPORT, CT 06604	06-1427945		25,000.	0.			GENERAL SUPPORT
CONNECTICUT SPORTS MANAGEMENT GROUP, INC 975 MIDDLE STREET, UNIT G - MIDDLETOWN, CT 06457	06-1240550		25,000.	0.			GENERAL SUPPORT
COUNCIL ON FOUNDATIONS, INC. PO BOX 715674 PHILADELPHIA, PA 19171-5674	13-6068327		25,000.	0.			GENERAL SUPPORT
CURATORS OF THE UNIVERSITY OF MISSOURI SPECIAL TRUST - ATTN: MIZZOU GIFT PROCESSING - COLUMBIA, MO 65211	26-6440629		25,000.	0.			EDUCATION
EQUALITY CONNECTICUT 35 CLARKSON AVE. BROOKLYN, NY 11226	00-000000		25,000.	0.			GENERAL OPERATING SUPPORT
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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(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
FAMILIES UNITED SERVING AND							
EMBRACING - P.O. BOX 7 - NORTH GRANBY, CT 06060	27-2344159		25,000.	0.			CAPITAL GRANTS
HARTFORD PARENT UNIVERSITY, INC. 330 MARKET STREET							
HARTFORD, CT 06120	45-1859686		25,000.	0.			EDUCATION
HOPE VIBES, INC. PO BOX 481653							
CHARLOTTE, NC 28269	83-1965620		25,000.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY - DAF 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110		25,000.	0.			неагтн
JUNIOR ACHIEVEMENT OF ARIZONA, INC 636 W SOUTHERN AVENUE - TEMPE, AZ 85282	86-0184349		25,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC 2121 CAMDEN ROAD -							
ORLANDO, FL 32803	59-0972112		25,000.	0.			GENERAL SUPPORT
MUTUAL HOUSING ASSOCIATION OF GREATER HARTFORD, INC 95 NILES							COMMUNITY AND ECONOMIC
STREET - HARTFORD, CT 06105	22-2925052		25,000.	0.			DEVELOPMENT
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT, INC 139 HAZARD AVENUE, BUILDING 3-9 -							
ENFIELD, CT 06082	22-2670688		25,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK - 1 S WASHINGTON STREET - ROCHESTER, NY 14614	16-0956147		25,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A		nestic Organizations		vernments (Sch	edule I (Form 990), Pa		10-0099252 Pag
(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
JUNIOR ACHIEVEMENT OF CHICAGO							
651 W WASHINGTON BLVD.							
CHICAGO, IL 60661	36-2170141		25,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF SOUTH	30 2170141		25,000.	· ·			DENEMIE BOTTONT
FLORIDA - 1130 COCONUT CREEK							
BOULEVARD - COCONUT CREEK, FL							
33066	59-0871446		25 000	0.			GENERAL SUPPORT
33000	39-08/1440		25,000.	٠.			GENERAL SUPPORT
THEMTER DANCE DEDECOMANCE DOCTECH							
JUSTICE DANCE PERFORMANCE PROJECT, INC 75 CHARTER OAK AVENUE -							
	22-3064328		25,000.	0.			CAPACITY BUILDING
HARTFORD, CT 06106	22-3004326		25,000.	٠.			CAPACITI BUILDING
MOHAWK VALLEY FRONTIERS CLUB							
PO BOX 712	22 2027052		25.000	,			GENERAL GURRORE
UTICA, NY 13503-0712	22-3827853		25,000.	0.			GENERAL SUPPORT
INTER MAY OF COMMECTION							
UNITED WAY OF CONNECTICUT							
1344 SILAS DEANE HIGHWAY	06 1004104		25.000	_			DIVITING APPLICATION
ROCKY HILL, CT 06067	06-1084194		25,000.	0.			FAMILY SERVICES
1575711							
MUTUAL GROUND, INC.							
418 OAK AVENUE							
AURORA, IL 60506	36-2921680		25,000.	0.			GENERAL SUPPORT
SAINT TERESA OF CALCUTTA PARISH							
CORPORATION - 80 MAIN ST -							
MANCHESTER, CT 06042-3140	82-3365043		25,000.	0.			GENERAL SUPPORT
ONCE INCARCERATED ANONYMOUS OIA,							
INC 115 RIDGEFIELD STREET -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06112	88-0688480		25,000.	0.			DEVELOPMENT
SEMINOLE COUNTY SHERIFFS OFFICE							
COMMUNITY FOUNDATION, INC 100							
ESLINGER WAY - SANFORD, FL 32773	47-2640601		25,000.	0.			GENERAL SUPPORT

(a) Name and address of	/6\ FINI	(-) IDOti	(4) Amazumt af	(-) ((#\ \ \ \ a + a - a a - f	(a) Description of	(In) Down and of sweet
(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
SUSAN L CURTIS CHARITABLE							
FOUNDATION - DBA CAMP SUSAN CURTIS							
- 1321 WASHINGTON AVENUE -							
PORTLAND, ME 04103	01-0324705		25,000.	0.			GENERAL SUPPORT
SUSTAINABLE CT, INC.							
P.O. BOX 300							COMMUNITY AND ECONOMIC
STORRS, CT 06268	82-4894473		25,000.	0.			DEVELOPMENT
THE ARC OF CONNECTICUT, INC.							
PO BOX 1522							COMMUNITY AND ECONOMIC
NEW CANAAN, CT 06840	06-0735882		25,000.	0.			DEVELOPMENT
THE CHARRO FOUNDATION							
10533 EAST LAKEVIEW DRIVE	F1 01 60 01 0		05.000	_			
SCOTTSDALE, AZ 85258	51-0168210		25,000.	0.			GENERAL SUPPORT
UCLA FOUNDATION							
PO BOX 7145							
PASADENA, CA 91109-9903	95-2250801		25,000.	0.			HEALTH
GOODWIN UNIVERSITY							
ONE RIVERSIDE DRIVE							
EAST HARTFORD, CT 06118-1837	06-1627882		24,980.	0.			EDUCATION
GREATER HARTFORD CHAPTER AMERICAN							
GUILD OF ORGANISTS - 19 WALDEN							
STREET - WEST HARTFORD, CT 06107	06-6103639		24,800.	0.			GENERAL OPERATING SUPPOR
SIREET WEST HARIFORD, CT 00107	00 0103033		24,000.	<u> </u>			GENERAL OFERATING SOFFOR
HARTFORD CHORALE, INC.							
233 PEARL STREET, MAILBOX #17							
HARTFORD, CT 06103	06-0884892		24,384.	0.			ARTS AND CULTURE
FAMILY INSTITUTE OF CONNECTICUT,							
INC 77 BUCKINGHAM STREET -							
HARTFORD, CT 06106	06-1282690		24,000.	0.			GENERAL OPERATING SUPPOR

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	ιπ II.) Τ	I
(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
WESTMINSTER PRESBYTERIAN CHURCH 2080 BOULEVARD							
WEST HARTFORD, CT 06107	06-0664195		23,200.	0.			GENERAL OPERATING SUPPORT
READ TO A CHILD 20 WILLIAM STREET #G25	20-3526239		22.750	0			TOYGO TO ON
WELLESLEY, MA 02481	20-3526239		22,750.	0.			EDUCATION
ACTIVE CITY, INC. 237 OXFORD STREET							
HARTFORD, CT 06105	32-0433528		22,500.	0.			PUBLIC BENEFIT
SPECIAL OLYMPICS CONNECTICUT, INC. 2666 STATE STREET, SUITE 1							
HAMDEN, CT 06517-2200	23-7099756		22,059.	0.			GENERAL OPERATING SUPPORT
THE HARTT SCHOOL AT THE UNIVERSITY OF HARTFORD - 200 BLOOMFIELD	06 0721260		21 504				
AVENUE - WEST HARTFORD, CT 06117	06-0731360		21,504.	0.			ARTS AND CULTURE
MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING, SUITE 200							
NOVATO, CA 94949	94-3007979		21,111.	0.			GENERAL SUPPORT
HISTORICAL SOCIETY OF GLASTONBURY 1944 MAIN STREET, P.O. BOX 46							
GLASTONBURY, CT 06033	06-0775931		21,011.	0.			CAPACITY BUILDING
THE HOLE IN THE WALL GANG FUND, INC 555 LONG WHARF DRIVE - NEW							
HAVEN, CT 06511	06-1157655		20,521.	0.			HEALTH
SENIORS JOB BANK, INC. 50 SOUTH MAIN STREET, ROOM 216							
WEST HARTFORD, CT 06107	36-4748147		20,500.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
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CAPITOL SQUASH, INC. 300 SUMMIT STREET, BOX #702611 HARTFORD, CT 06106	27-2791355		20,250.	0.			CAPITAL GRANTS
CAPE COD FOUNDATION, INC. 261 WHITES PATH, UNIT 2 SOUTH YARMOUTH, MA 02664	51-0140462		20,000.	0.			GENERAL OPERATING SUPPORT
AMON CARTER MUSEUM OF WESTERN ART 3501 CAMP BOWIE BOULEVARD FORT WORTH, TX 76107	75-1077979		20,000.	0.			ARTS AND CULTURE
BROOKGREEN GARDENS 1931 BROOKGREEN DRIVE MURRELLS INLET, SC 29576	57-0380356		20,000.	0.			GENERAL SUPPORT
COMMUNITY SOLUTIONS, INC. 340 WEST NEWBERRY ROAD, SUITE B BLOOMFIELD, CT 06002	06-1580562		20,000.	0.			BASIC HUMAN NEEDS
CONNECTICUT LAND CONSERVATION COUNCIL - DEKOVEN HOUSE - MIDDLETOWN, CT 06457	82-2683386		20,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646		20,000.	0.			GENERAL SUPPORT
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED - 1365 ENFIELD STREET - ENFIELD, CT 06082-4925	06-0882297		20,000.	0.			GENERAL OPERATING SUPPORT
HORIZONS AT THE ETHEL WALKER SCHOOL - 230 BUSHY HILL ROAD - SIMSBURY, CT 06070	06-0689699		20,000.	0.			EDUCATION

Part II Continuation of Grants and Other		nestic Organizations		vernments (Sche	edule I (Form 990). Pa		70-0099232 Page
(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
MAKE THE ROAD CONNECTICUT							
360 FARMINGTON AVE							
HARTFORD, CT 06105	84-3988830		20,000.	0.			HUMAN SERVICES
DRAMATISTS GUILD FOUNDATION, INC. 520 8TH AVENUE SUITE 2401 NEW YORK, NY 10018	13-6144932		20,000.	0.			GENERAL OPERATING SUPPORT
COMMISSION ON WOMEN, CHILDREN, SENIORS, EQUITY AND OPPORTUNITY - 165 CAPITOL AVE - HARTFORD, CT 06106	06-1355055		19,925.	0.			FAMILY SERVICES
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927		19,800.	0.			EDUCATION
BOSTON UNIVERSITY STUDENT ACCOUNTING SERVICE BOSTON, MA 02215	04-2103547		19,601.	0.			SCHOLARSHIPS
TOWN OF GRANBY 15 NORTH GRANBY ROAD GRANBY, CT 06035	06-6002005		19,600.	0.			CAPITAL GRANTS
THE CONNECTICUT FORUM, INC. 750 MAIN STREET HARTFORD, CT 06103	06-1343149		19,557.	0.			CAPACITY BUILDING
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575		19,500.	0.			CAPACITY BUILDING
HARTFORD HEALTH INITIATIVE, INC. 35 THOMASTON STREET HARTFORD, CT 06112	81-2306351		19,374.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT

		A LOK LOBIT					16-0699252 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(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
FELICIAN SISTERS							
1315 ENFIELD STREET							
ENFIELD, CT 06082	00-000000		19,148.	0.			GENERAL OPERATING SUPPOR
			,				
DOCTORS WITHOUT BORDERS USA, INC.							
PO BOX 5030							
HAGERSTOWN, MD 21741-5030	13-3433452		19,129.	0.			GENERAL OPERATING SUPPOR
HARTFORD FRIENDSHIP KIDS CAMP,							
INC 149 RIDGEFIELD STREET -	20 2150146		10.000				WWW GERVICES
HARTFORD, CT 06112	20-3159146		19,000.	0.			HUMAN SERVICES
SPRINGFIELD COLLEGE							
BUSINESS OFFICE							
SPRINGFIELD, MA 01109-3797	04-2104329		18,798.	0.			SCHOLARSHIPS
,							
TRUSTEES OF TUFTS COLLEGE							
BALLOU HALL, 4TH FLOOR							
MEDFORD, MA 02155	04-2103634		18,682.	0.			SCHOLARSHIPS
NIGHT FALL, INC.							
45 CHURCH STREET							
HARTFORD, CT 06103	46-3282277		18,585.	0.			GENERAL OPERATING SUPPOR
MEGREDA NEW ENGLAND INTURDATED							
WESTERN NEW ENGLAND UNIVERSITY STUDENT ADMINISTRATIVE SERVICE							
SPRINGFIELD, MA 01119-2684	04-2108376		18,429.	0.			SCHOLARSHIPS
SPRINGFIELD, MA 01119-2004	04-2100370		10,423.	0.			SCHOLLARSHIFS
MUSIC AT THE RED DOOR, INC.							
679 FARMINGTON AVENUE							
WEST HARTFORD, CT 06119	82-4910448		18,165.	0.			ARTS AND CULTURE
			,				
SUFFIELD LAND CONSERVANCY, INC.							
PO BOX 421							
SUFFIELD, CT 06078-0421	06-1031536		18,000.	0.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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 CANCER SOCIETY, INC.							
ATTN: ALEXIS MALIGA							
EAST HARTFORD, CT 06128	13-1788491		17,981.	0.			HEALTH
THE POLICE ATHLETIC AND ACTIVITIES							
LEAGUE OF HARTFORD, INC PO BOX							
1863 - HARTFORD, CT 06144	06-6068864		17,500.	0.			EDUCATION
CONGREGATION BETH ISRAEL							
701 FARMINGTON AVENUE							
WEST HARTFORD, CT 06119	06-0692758		17,356.	0.			GENERAL SUPPORT
LEVO INTERNATIONAL, INC.							
30 ARBOR STREET, SUITE 203	00 2715724		17 250				DAGTG HUMAN NEEDG
HARTFORD, CT 06106	82-3715734		17,250.	0.			BASIC HUMAN NEEDS
PRUDENCE CRANDALL CENTER							
594 BURRIT STREET							
NEW BRITAIN, CT 06053	06-0968557		17,000.	0.			HUMAN SERVICES
,			, -				
COMMUNITY RENEWAL TEAM, INC.							
555 WINDSOR STREET							
HARTFORD, CT 06120	06-0795640		16,750.	0.			BASIC HUMAN NEEDS
FIRST CHURCH OF CHRIST IN HARTFORD							
60 GOLD STREET							
HARTFORD, CT 06103	06-0646636		16,563.	0.			GENERAL OPERATING SUPPORT
WIDOWE OF STATES AND THE TOTAL							
MARQUIS OF GRANBY ANCIENT FYFE &							
DRUM CORPS, INC PO BOX 1776 -	22 7442075		16 500				ADMG AND GUI TUDE
GRANBY, CT 06035	23-7443075		16,500.	0.			ARTS AND CULTURE
UR COMMUNITY CARES, INC.							
5 JAMIE LANE, UNIT C							
MANCHESTER, CT 06040	83-3706688		16,250.	0.			CAPACITY BUILDING
IIIIIOIIII CI 00010	33 3700000		10,230.				PIIIIOIII DOIDDING

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	irt II.)	Τ
(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, INC.							
233 PEARL STREET							
HARTFORD, CT 06103	06-1172413		16,100.	0.			ARTS AND CULTURE
SUFFIELD FIREMEN'S ASSOCIATION							
73 MOUNTAIN ROAD							
SUFFIELD, CT 06078	06-6045261		16,001.	0.			GENERAL SUPPORT
CONNECTICUT NETWORK FOR CHILDREN							
AND YOUTH - P.O. BOX 1409 -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06143	06-1319872		16,000.	0.			DEVELOPMENT
GREATER HARTFORD COMMUNITY			·				
FOUNDATION - 90 STATE HOUSE							
SQUARE, 11TH FLOOR - HARTFORD, CT							
06103	42-1684133		16,000.	0.			GENERAL SUPPORT
HARTFORD ARTISANS WEAVING CENTER,							
INC 42 WOODLAND STREET -							
HARTFORD, CT 06105	26-3608136		16,000.	0.			GENERAL OPERATING SUPPOR
HARTFORD ROMAN CATHOLIC DIOCESAN			,				
CORPORATION - OFFICE OF THE							
ARCHBISHOP, ARCHBISHOP'S ANNUAL							
APPEAL - HARTFORD, CT 06141	06-0646669		16,000.	0.			GENERAL SUPPORT
SECOND CONGREGATIONAL CHURCH							
385 NORTH MAIN STREET							
MANCHESTER, CT 06042	06-0770166		16,000.	0.			BASIC HUMAN NEEDS
TOWN OF EAST HARTFORD							
MAYOR'S OFFICE							
EAST HARTFORD, CT 06108	06-6001989		16,000.	0.			BASIC HUMAN NEEDS
MADI D GENERAL WITHGUIN ING							
WORLD CENTRAL KITCHEN, INC.							
ATTN: DONOR SERVICES TEAM	27-3521132		16,000.	0.			HUMAN SERVICES
WASHINGTON, DC 20001	Z1-33Z113Z		10,000.	υ.		1	HOHWIN SEVATORS

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
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ROCHESTER INSTITUTE OF TECHNOLOGY							
OFFICE OF FINANCIAL AID AND SCHOLAR			15.500				
ROCHESTER, NY 14623	16-0743140		15,500.	0.			SCHOLARSHIPS
QUINNIPIAC UNIVERSITY							
BURSAR'S OFFICE							
HAMDEN, CT 06518	06-0646701		15,300.	0.			SCHOLARSHIPS
EXPANDING THE BENCH C/O COLORADO							
NONPROFIT DEVELOPMENT CENTER - 789							
SHERMAN STREET - DENVER, CO 80203	84-1493585		15,255.	0.			GENERAL SUPPORT
UNIVERSITY OF CONNECTICUT SCHOOL							
OF MEDICINE & OF DENTAL MEDICINE -							
OFFICE OF FINANCIAL AID - STORRS,							
CT 06269-4116	06-6070722		15,150.	0.			SCHOLARSHIPS
MUSICIANS OF THE SPRINGFIELD							
SYMPHONY ORCHESTRA, INC 70							
WASHINGTON AVE - WALTHAM, MA							
02453-5040	87-1708957		15,000.	0.			ARTS AND CULTURE
COLLEGE OF WOOSTER							
1101 NORTH BEVER STREET							
WOOSTER, OH 44691	34-0714654		15,000.	0.			GENERAL SUPPORT
moderni, on 11031	31 0,11031		13,000.	· ·			
CONNECTICUT FOUNDATION FOR DENTAL							
OUTREACH, INC 835 WEST QUEEN							
STREET - SOUTHINGTON, CT 06489	26-1437861		15,000.	0.			BASIC HUMAN NEEDS
			1 , , , , ,				
GLASTONBURY ABC, INC.							
PO BOX 502							
GLASTONBURY, CT 06033	23-7396672		15,000.	0.			CAPITAL GRANTS
GRANBY RACIAL RECONCILIATION GROUP							
PO BOX 34							
GRANBY, CT 06035	88-1437467		15,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A		nestic Organizations		vernments (Sche	edule I (Form 990), Pa		6-0699252 Pag
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GREATER HARTFORD LEGAL AID, INC.							
999 ASYLUM AVENUE, 3RD FLOOR							
HARTFORD, CT 06105-2465	06-0730611		15,000.	0.			GENERAL SUPPORT
HOPE HELPS, INC.							
812 EYRIE DRIVE							
OVIEDO, FL 32765	20-8490916		15,000.	0.			GENERAL SUPPORT
MOUNT BETHEL CHURCH OF GOD EHT,							
INC 236 CAPEN STREET -							COMMUNITY AND ECONOMIC
HARTFORD, CT 06112	04-3769691		15,000.	0.			DEVELOPMENT
CITY OF LOWELL							
375 MERRIMACK STREET, 1ST FLOOR, RO							COMMUNITY AND ECONOMIC
LOWELL, MA 01852	00-000000		15,000.	0.			DEVELOPMENT
SUFFIELD VOLUNTEER AMBULANCE							
ASSOCIATION, INC PO BOX 642 -							
SUFFIELD, CT 06078	06-0947163		15,000.	0.			CAPITAL GRANTS
STUDENT DIPLOMACY CORPS.							
424 WEST 54TH STREET							
NEW YORK, NY 10019-4406	46-2805875		15,000.	0.			EDUCATION
NORTHERN ALASKA ENVIRONMENTAL							
CENTER - 830 COLLEGE ROAD -							
FAIRBANKS, AK 99701	23-7438038		15,000.	0.			GENERAL SUPPORT
THE INDEDGE OF THE							
THE UNDERGROUND NE							
54 MAPLE AVENUE	06 0550046		15.000	•			DAGIG WINGAN ANDRO
BLOOMFIELD, CT 06002	86-2572246		15,000.	0.			BASIC HUMAN NEEDS
THE WOMEN'S INITIATIVE							
1101 EAST HIGH STREET							
CHARLOTTESVILLE, VA 22902	20-5913090		15,000.	0.			GENERAL OPERATING SUPPOR

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Page 1

(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 (valuation or government) (f) Method of valuation or government (f) Amount of cash grant (f) Amount of noncash assistance (f) Purpose or assistant assistance (f) Amount of noncash assistance (f) Purpose or assistant assistance (f) Amount of valuation (f) Amount of noncash assistance (f) Purpose or assistant assistance (f) Amount of noncash assistance (f) Purpose or assistant assistance (f) Purpose or assistance for assi	Part II Continuation of Grants and Other		nestic Organizations		overnments (Scho	edule I (Form 990), Pa		70-0099232 Page
SUPFIELD, CT 06078 06-6002104 15,000. 0. CAPITAL GRANTS TUNXIS COMMUNITY COLLEGE FOUNDATION 271 SCOTT SWAMP ROAD - FARMINGTON, CT 06032-3187 23-7099816 15,000. 0. SCHOLARSHIPS VOLUNTEERS IN PSYCHOTHERAPY 7 SOUTH MAIN STREET WEST HARTFORD, CT 06107 06-1532207 15,000. 0. CAPACITY BUILDIN WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. GENERAL SUPPORT GENTLE LOVE DIAPER PANTRY 69 RICHROND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 6464 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC AFTN. CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	(a) Name and address of		(c) IRC section	(d) Amount of	(e) Amount of noncash	(f) Method of valuation (book, FMV,	(g) Description of	(h) Purpose of grant or assistance
SUPFIELD, CT 06078 06-6002104 15,000. 0. CAPITAL GRANTS TUNXIS COMMUNITY COLLEGE FOUNDATION 271 SCOTT SWAMP ROAD - FARMINGTON, CT 06032-3187 23-7099816 15,000. 0. SCHOLARSHIPS VOLUNTEERS IN PSYCHOTHERAPY 7 SOUTH MAIN STREET WEST HARTFORD, CT 06107 06-1532207 15,000. 0. CAPACITY BUILDIN WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. GENERAL SUPPORT GENTLE LOVE DIAPER PANTRY 69 RICHROND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 6464 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC AFTN. CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	TOWN OF SUFFIELD							
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7 SOUTH MAIN STREET WEST HARTFORD, CT 06107 06-1532207 15,000. 0. CAPACITY BUILDIN WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. SENERAL SUPPORT GENTLE LOVE DIAPER PANTRY 69 RICHMOND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEED ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTM: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. BENERAL OPERATIN HEALTH ARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. SENERAL OPERATIN	FOUNDATION - 271 SCOTT SWAMP ROAD	23-7099816		15,000.	0.			SCHOLARSHIPS
WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. SENERAL SUPPORT GENTLE LOVE DIAPER PANTRY 69 RICHMOND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEED ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ALLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. SENERAL SUPPORT 14,662. 0. SENERAL SUPPORT 0. SENERAL SUPPORT 0. SENERAL SUPPORT 0. SENERAL OPERATIN	7 SOUTH MAIN STREET	06-1532207		15,000.	0.			CAPACITY BUILDING
75 PARK STREET WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. GENTLE LOVE DIAPER PANTRY 69 RICHMOND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL SUPPORT 0 FAMILY SERVICES 0 BASIC HUMAN NEEL 14,662. 0. GENERAL SUPPORT 0 SENERAL SUPPORT 0 GENERAL SUPPORT 0 GE				22,722.				
WILLIAMSTOWN, MA 01267 04-2104847 15,000. 0. SENERAL SUPPORT GENTLE LOVE DIAPER PANTRY 69 RICHMOND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. SENERAL OPERATIN								
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69 RICHMOND DRIVE MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	WILLIAMSTOWN, MA 01267	04-2104847		15,000.	0.			GENERAL SUPPORT
MANCHESTER, CT 06042 85-1360628 14,750. 0. FAMILY SERVICES LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEEL ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN								
LOAVES & FISHES MINISTRIES, INC. 646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEED ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN		85_1360628		14 750	_			FAMILA GEDIALGEG
646 PROSPECT AVENUE HARTFORD, CT 06105 06-1328823 14,692. 0. BASIC HUMAN NEED ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	MANCHESIER, CI 00042	03-1300020		14,730.	0.			FAMILI SERVICES
ARTHRITIS FOUNDATION, NEW ENGLAND REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	646 PROSPECT AVENUE	06 1220022		14.600				
REGION, INC ATTN: CONNECTICUT GRANTS - ATLANTA, GA 30309 58-1341679 14,662. 0. HEALTH THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATING	HARTFORD, CT 06105	06-1328823		14,692.	0.			BASIC HUMAN NEEDS
THE UNIVERSALIST CHURCH OF WEST HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	•							
HARTFORD - 433 FERN STREET - WEST HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATIN	GRANTS - ATLANTA, GA 30309	58-1341679		14,662.	0.			HEALTH
HARTFORD, CT 06107 06-0709883 14,607. 0. GENERAL OPERATING								
		06-0709883		14,607.	0.			GENERAL OPERATING SUPPORT
	NOURISH MY SOUL, INC.							COMMUNITY AND ECONOMIC
EAST GRANBY, CT 06026 81-0973620 14,562. 0. DEVELOPMENT		81-0973620		14 562	0			

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
HENDERSON BEHAVIORAL HEALTH, INC.							
4740 NORTH STATE ROAD 7							
LAUDERDALE LAKES, FL 33319	59-0711167		14,500.	0.			GENERAL SUPPORT
HOLCOMB FARM, INC.							
113 SIMSBURY ROAD							
WEST GRANBY, CT 06090	06-1384197		14,500.	0.			BASIC HUMAN NEEDS
CONNECTICUT EXPLORED, INC.							
PO BOX 271561							
WEST HARTFORD, CT 06127-1561	45-5404888		14,452.	0.			GENERAL SUPPORT
EADMINGTON VALLEY ADDG GENTED							
FARMINGTON VALLEY ARTS CENTER 25 ARTS CENTER LANE							
AVON, CT 06001	06-0916851		14,395.	0.			ARTS AND CULTURE
WOMEN'S LEAGUE, INC.							
1695 MAIN STREET							
HARTFORD, CT 06120	06-0646969		14,300.	0.			GENERAL OPERATING SUPPOR
UNIVERSITY OF RHODE ISLAND							
ENROLLMENT SERVICES							
KINGSTON, RI 02881	05-6014351		14,250.	0.			SCHOLARSHIPS
WOOD MEMORIAL LIBRARY AND MUSEUM							
PO BOX 131	06-1011396		14,116.	0.			GENERAL SUPPORT
SOUTH WINDSOR, CT 06074	00-1011390		14,110.	0.			GENERAL SOFFORT
ANDOVER PUBLIC LIBRARY							
355 ROUTE 6							
ANDOVER, CT 06232	22-3056227		14,100.	0.			GENERAL SUPPORT
NEW YORK UNIVERSITY							
GENERAL P.O. BOX 30826							
NEW YORK, NY 10087-0826	13-5562308		14,000.	0.			SCHOLARSHIPS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(-, 2	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE CONNECTICUT INVENTION							
CONVENTION, INC P.O. BOX 230311							
- HARTFORD, CT 06123	22-3173317		14,000.	0.			GENERAL SUPPORT
THE CORNERSTONE FOUNDATION, INC.							
P O BOX 3							
VERNON-ROCKVILLE, CT 06066-9998	22-2587192		13,951.	0.			BASIC HUMAN NEEDS
COMMUNITY CHILD GUIDANCE CLINIC,							
INC 317 NORTH MAIN STREET -							
MANCHESTER, CT 06042	06-0735879		13,900.	0.			CAPITAL GRANTS
CHURCH OF SAINT PETER CLAVER							
47 PLEASANT STREET							
WEST HARTFORD, CT 06107	06-0835235		13,629.	0.			GENERAL SUPPORT
VALLEY BROOK COMMUNITY CHURCH							
PO BOX 68							
NORTH GRANBY, CT 06060	06-1569138		13,530.	0.			CAPITAL GRANTS
PACE UNIVERSITY							
PAYMENT PROCESSING CENTER							
PLEASANTVILLE, NY 10570-2799	13-5562314		13,158.	0.			SCHOLARSHIPS
BRICK STORE MUSEUM							
117 MAIN STREET							
KENNEBUNK, ME 04043	01-0238760		13,000.	0.			GENERAL OPERATING SUPPOR
·			,				
VOCE, INC.							
PO BOX 584							
MYSTIC, CT 06355	20-4968777		12,987.	0.			ARTS AND CULTURE
SIMSBURY LAND TRUST							
PO BOX 634							
SIMSBURY, CT 06070	06-0958573		12,864.	0.			GENERAL OPERATING SUPPOR

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organization or government	(b) Liiv	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DANA-FARBER CANCER INSTITUTE, INC.							
10 BROOKLINE PLACE WEST							
BROOKLINE, MA 02445-7226	04-2263040		12,821.	0.			HEALTH
CEDARS-SINAI MEDICAL CENTER							
ATTN: CEDARS-SINAI GIFT							
ADMINISTRATION - LOS ANGELES, CA							
90048	95-1644600		12,500.	0.			GENERAL SUPPORT
			,				
IRONWOOD COMMUNITY PARTNERS, INC.							
52 DUNCASTER ROAD							
BLOOMFIELD, CT 06002	47-1277495		12,500.	0.			CAPACITY BUILDING
			,				
JOURNEY WRITERS, INC.							
47 VINE STREET							
HARTFORD, CT 06112	47-5481594		12,500.	0.			CAPACITY BUILDING
LITTLE THEATRE OF MANCHESTER, INC.							
177 HARTFORD ROAD							
MANCHESTER, CT 06040	23-7169063		12,500.	0.			GENERAL OPERATING SUPPOR
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012		12,321.	0.			HEALTH
WEST INDIAN FOUNDATION, INC.							
116 COTTAGE GROVE ROAD							
BLOOMFIELD, CT 06002	06-0976022		12,000.	0.			EDUCATION
AMERICAN CHESTERTON SOCIETY							
THE SOCIETY OF GILBERT KEITH CHESTE							
HOPKINS, MN 55343	41-1865930		12,000.	0.			GENERAL OPERATING SUPPOR
TAMEDAN MICHAEL CHICAGO OF							
INTERNATIONAL FELLOWSHIP OF							
CHRISTIANS & JEWS - PO BOX 96105 -	26 2056006		10.000	_			anunna, aunnan
WASHINGTON, DC 20090-6105	36-3256096		12,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
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ENFIELD LOAVES AND FISHES, INC.							
23 NORTH MAIN STREET							
ENFIELD, CT 06083-0544	22-2558791		12,000.	0.			BASIC HUMAN NEEDS
NATURAL WOMANHOOD							
P.O. BOX 780374	46 1200100		10.000				GENERAL OPERATING GURDON
SAN ANTONIO, TX 78278 UNIVERSITY OF NEW HAMPSHIRE -	46-1289199		12,000.	0.			GENERAL OPERATING SUPPORT
SCHOLARSHIP - STOKE HALL - 11							
GARRISON AVENUE - DURHAM, NH							
03824-3511	02-6000937		12,000.	0.			SCHOLARSHIPS
MARY MOTHER OF MERCY PARISH							
500 GREENTREE ROAD							
GLASSBORO, NJ 08028	45-2589615		12,000.	0.			GENERAL SUPPORT
COVENANT TO CARE FOR CHILDREN, INC 1477 PARK STREET, STE 208 -							
HARTFORD, CT 06106	06-1241044		11,500.	0.			BASIC HUMAN NEEDS
MARIFORD, CT 00100	00 1241044		11,300.	· ·			DADIC HOMAN NEEDS
JOURNEY FOUND, INC.							
60 HILLIARD STREET							
MANCHESTER, CT 06040	46-2753734		11,432.	0.			GENERAL OPERATING SUPPORT
THE MASONIC CHARITY FOUNDATION OF							
CONNECTICUT - PO BOX 70 -							
WALLINGFORD, CT 06492	06-1435920		11,321.	0.			HEALTH
FRIENDS OF KENEY PARK, INC.							
183 WINDSOR AVENUE							
WINDSOR, CT 06095	22-3104236		11,250.	0.			CAPACITY BUILDING
,			, ,				
REBUILDING TOGETHER OF MANCHESTER,							
INC 448 TOLLAND TURNPIKE -							COMMUNITY AND ECONOMIC
MANCHESTER, CT 06042	06-1356443		11,000.	0.			DEVELOPMENT

,		N FOR PUBLIC					76-0699252 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	rt II.)	
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ASCEND MENTORING							
34 MAPLE AVENUE							
WINDSOR, CT 06095	45-5065001		11,000.	0.			EDUCATION
GREATER HARTFORD CHAMBER OF	45 5005001		11,000.	0.			Boomion
COMMERCE FOUNDATION, INC 31							
PRATT STREET, 5TH FLOOR -							
HARTFORD, CT 06103	23-7366606		11,000.	0.			ARTS AND CULTURE
,			,				
HORACE BUSHNELL CHILDREN'S FOOD							
PANTRY - 23 VINE STREET -							
HARTFORD, CT 06112	06-1137687		11,000.	0.			BASIC HUMAN NEEDS
SAN ANTONIO FOOD BANK							
5200 ENRIQUE M. BARRERA PARKWAY							
SAN ANTONIO, TX 78227	74-2122979		11,000.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CHURCH							
11 CHURCH ST				_			
TARIFFVILLE, CT 06081	06-6051129		11,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW HAVEN							
OFFICE OF THE BURSAR	06-0761704		11,000.	0.			SCHOLARSHIPS
WEST HAVEN, CT 06516	00-0701704		11,000.	0.			SCHOLARSHIPS
WIND HILL COMMUNITY FARM &							
LEARNING, INC 2225 MAIN STREET							
- GLASTONBURY, CT 06033	45-1538008		11,000.	0.			CAPITAL GRANTS
TRINITY ACADEMY OF HARTFORD							
120 SIGOURNEY STREET							
HARTFORD, CT 06105	27-2901529		11,000.	0.			EDUCATION
BROWN UNIVERSITY - DAF							
CASHIER'S OFFICE							
PROVIDENCE, RI 02912	05-0258809		10,740.	0.			SCHOLARSHIPS

		N FOR PUBLIC					76-0699252 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	ırt II.)	
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IMMANUEL CHURCH FOUNDATION FOR THE							
ELDERLY - 15 WOODLAND STREET -							
HARTFORD, CT 06105	22-2480380		10,714.	0.			GENERAL OPERATING SUPPORT
			, -				
COMMUNITY BAPTIST CHURCH							
585 EAST CENTER STREET							
MANCHESTER, CT 06040	06-0792881		10,705.	0.			GENERAL SUPPORT
CONTROL CUM DI DOMPTO PATIVAN							
CONNECTICUT ELECTRIC RAILWAY							
ASSOCIATION, INC 58 NORTH ROAD - EAST WINDSOR, CT 06088	06-6070002		10,600.	0.			GENERAL SUPPORT
	00 00,0002		10,000.				
THE EAST GRANBY LAND TRUST, INC							
РО ВОХ 39							COMMUNITY AND ECONOMIC
EAST GRANBY, CT 06026	51-0189342		10,500.	0.			DEVELOPMENT
HARTFORD CITY MISSION							
PO BOX 320397 HARTFORD, CT 06132-0397	20-1051758		10,500.	0.			HUMAN SERVICES
HARTFORD, CT 00132 0337	20 1031730		10,300.	0.			HOHAN BERVICES
AMERICARES							
88 HAMILTON AVENUE							
STAMFORD, CT 06902	06-1008595		10,500.	0.			HUMAN SERVICES
CONNECTICUT WOMEN'S HALL OF FAME							
320 FITCH STREET	06 1402005		10 500				EDITO ET ON
NEW HAVEN, CT 06515-1306	06-1492895		10,500.	0.			EDUCATION
ZEBRA COALITION, INC.							
911 N MILLS AVENUE							
ORLANDO, FL 32803	27-1645847		10,500.	0.			GENERAL SUPPORT
HEART OF FLORIDA UNITED WAY							
DR. NELSON YING CENTER							
ORLANDO, FL 32804	59-0808854		10,500.	0.			GENERAL SUPPORT

,		N FOR PUBLI					76-0699252 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt 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
UNIVERSITY OF DELAWARE							
CASHIER'S OFFICE							
NEWARK, DE 19716	51-6000297		10,500.	0.			SCHOLARSHIPS
CORNELL UNIVERSITY	31 0000237		10,300.	· ·			Bellollarisiti
OFFICE OF FINANCIAL AID AND							
STUDENT EMPLOYMENT - ITHACA, NY							
14851-0752	15-0532082		10,305.	0.			SCHOLARSHIPS
CONNECTICUT HEALTH I-TEAM							
346 ALDEN AVENUE							
NEW HAVEN, CT 06515	46-1068891		10,100.	0.			EDUCATION
NATIONAL PUERTO RICAN DIASPORA							
MUSEUM - C/O SAN JUAN CENTER INC.							
- HARTFORD, CT 06103	88-2080152		10,000.	0.			GENERAL SUPPORT
CROSSROADS SCHOOL FOR ARTS AND							
SCIENCES - ADVANCEMENT OFFICE -							
SANTA MONICA, CA 90404	23-7120625		10,000.	0.			GENERAL OPERATING SUPPORT
GDVDD DO DEGLGDD DVII IVDVD DVI							
CENTER FOR DISASTER PHILANTHROPY							
ATTN: DEVELOPMENT TEAM	45-5257937		10,000.	0.			BASIC HUMAN NEEDS
WASHINGTON, DC 20005	45-5257937		10,000.	0.			BASIC HUMAN NEEDS
CHARTER OAK AMATEUR BOXING ACADEMY							
81 POPE PARK HIGHWAY							
HARTFORD, CT 06106	06-1310059		10,000.	0.			CAPACITY BUILDING
CHILDREN'S EDUCATIONAL OPPORTUNITY							
FOUNDATION - 290 HUNTER DRIVE -							
LITCHFIELD, CT 06759	06-1494714		10,000.	0.			EDUCATION
COMMUNITY FOUNDATION OPPORTUNITY							
NETWORK C/O NEW HAMPSHIRE							
COMMUNITY FOUNDATION - 37 PLEASANT							
STREET - CONCORD, NH 03301	02-6005625		10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other		nestic Organizations		vernments (Sch	edule I (Form 990) Pa		0-0099252 Pag
(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
CONNECTICUT BALLET							
750 MAIN STREET, SUITE 100							
HARTFORD, CT 06103	06-1039302		10,000.	0.			ARTS AND CULTURE
CONNECTICUT CHORAL ARTISTS C/O SOUTH CHURCH							
NEW BRITAIN, CT 06051	22-2755473		10,000.	0.			ARTS AND CULTURE
CONNECTICUT PUBLIC AFFAIRS NETWORK, INC. D/B/A THE CONNECTICUT DEMOCRACY CENTER - 21							
OAK STREET - HARTFORD, CT 06106	06-1502343		10,000.	0.			ARTS AND CULTURE
ENFIELD FOOD SHELF, INC. PO BOX 699 ENFIELD, CT 06083	06-1327533		10,000.	0.			BASIC HUMAN NEEDS
				. •			
DIAPER BANK OF CONNECTICUT 370 STATE STREET, SUITE B							
NORTH HAVEN, CT 06473	20-1179912		10,000.	0.			BASIC HUMAN NEEDS
EDWARD STREET DAYCARE CENTER 50 PORTLAND STREET WORCESTER, MA 01608	04-2133874		10,000.	0.			GENERAL OPERATING SUPPOR
MONODELLIN, INI 01000	01 2133071		10,000.	•			
FIRST CONGREGATIONAL CHURCH OF ANDOVER - PO BOX 55 - ANDOVER, CT							COMMUNITY AND ECONOMIC
06232	00-000000		10,000.	0.			DEVELOPMENT
FIRST NIGHT HARTFORD, INC. 1429 PARK STREET							
HARTFORD, CT 06106	22-2970922		10,000.	0.			PUBLIC BENEFIT
GIRLS WITH IMPACT, INC. 15 E. PUTNAM AVENUE							
GREENWICH, CT 06830	83-1742762		10,000.	0.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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
GLASTONBURY LINKS TOGETHER							
1079 HEBRON AVENUE							
GLASTONBURY, CT 06033	00-000000		10,000.	0.			BASIC HUMAN NEEDS
·			,				
KENNEBUNK LAND TRUST							
6 BROWN STREET							
KENNEBUNK, ME 04043	23-7221345		10,000.	0.			GENERAL OPERATING SUPPORT
LIBERTY CHRISTIAN CENTER							
INTERNATIONAL - 23 VINE STREET -							
HARTFORD, CT 06112	13-1957221		10,000.	0.			CAPITAL GRANTS
			, -				
ASSOCIATION OF BLACK FOUNDATION							
EXECUTIVES - ABFE MEMBERSHIP - NEW							
YORK, NY 10005	23-7156531		10,000.	0.			GENERAL SUPPORT
MARC, INC. OF MANCHESTER							
151 SHELDON ROAD MANCHESTER, CT 06042	06-0712057		10,000.	0.			CAPACITY BUILDING
MANCHESTER, CT 00042	00-0712037		10,000.	0.			CAFACIII BUILDING
TOWN OF WINDSOR LOCKS							
50 CHURCH STREET							COMMUNITY AND ECONOMIC
WINDSOR LOCKS, CT 06096	00-000000		10,000.	0.			DEVELOPMENT
HARTFORD MARATHON FOUNDATION, INC.							
41 SEQUIN DRIVE, SUITE 1	0.5 4 44 5 3 3 3		10.000				
GLASTONBURY, CT 06033-5041	06-1415320		10,000.	0.			GENERAL SUPPORT
NORTH END LITTLE PANTRIES							
412B GARDEN STREET							
HARTFORD, CT 06112	12-3456789		10,000.	0.			BASIC HUMAN NEEDS
·							
SACRED HEART ACADEMY, INC.							
265 BENHAM STREET							
HAMDEN, CT 06514	06-1271712		10,000.	0.			ARTS AND CULTURE

Part II Continuation of Grants and Other A		nestic Organizations		vernments (Sch	edule I (Form 990), Pa		0-0099232 Page
(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
OLD ST. ANDREW'S CHURCH 59 TARIFFVILLE RD BLOOMFIELD, CT 06002-1136	06-6036894		10,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
OPEN MEDICINE FOUNDATION 29302 LARO DRIVE AGOURA HILLS, CA 91301	26-4712664		10,000.	0.			GENERAL SUPPORT
OPERATION HEALING FORCES, INC. 380 PARK PLACE BOULEVARD CLEARWATER, FL 33759	45-3798803		10,000.	0.			GENERAL OPERATING SUPPOR
OXFAM-AMERICA, INC. 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	23-7069110		10,000.	0.			HUMAN SERVICES
PLAINVILLE SEVENTH DAY ADVENTIST CHURCH - 97 BROAD STREET - PLAINVILLE, CT 06062	06-1180028		10,000.	0.			GENERAL SUPPORT
ROCKY HILL CONGREGATIONAL CHURCH 805 OLD MAIN STREET ROCKY HILL, CT 06067	06-0770507		10,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
ROCKY HILL HIGH SCHOOL BAND BACKERS - 50 CHAPIN AVENUE - ROCKY HILL, CT 06067	88-3108534		10,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
SOMERS LITTLE LEAGUE P.O. BOX 591 SOMERS, CT 06071	06-6068799		10,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
SACRED HEART UNIVERSITY - SCHOLARSHIP - OFFICE OF THE CASHIER - FAIRFIELD, CT 06825	06-0776644		10,000.	0.			SCHOLARSHIPS

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(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
SANKOFA KUUMBA CULTURAL ARTS							
CONSORTIUM - PO BOX 613 -							
BLOOMFIELD, CT 06002	06-1393320		10,000.	0.			ARTS AND CULTURE
STUDENTS FOR JUSTICE VOTE C/O	00 1333320		10,000.	· ·			AKID AND COLICKE
CENTER FOR COMMON GOOD - 184569							
PATRIOT LANE - RUTHER GLEN, VA							
22546	82-4589218		10,000.	0.			GENERAL OPERATING SUPPORT
	02 1009220		20,000.	· ·			
THE BROOKS TOKEN, INC.							
750 MAIN ST. SUITE 610							
HARTFORD, CT 06103	87-4748936		10,000.	0.			BASIC HUMAN NEEDS
·			·				
THE OLIVERIAN SCHOOL, INC.							
PO BOX 385							
PIKE, NH 03780	02-0433265		10,000.	0.			EDUCATION
TOWN OF BOLTON, BENTLEY MEMORIAL							
LIBRARY - 206 BOLTON CENTER ROAD -							COMMUNITY AND ECONOMIC
BOLTON, CT 06043	00-000000		10,000.	0.			DEVELOPMENT
UNIVERSITY OF SAINT JOSEPH							
1678 ASYLUM AVENUE	06-0646829		10.000	0.			GENERAL GURRORE
WEST HARTFORD, CT 06117-2791	06-0646829		10,000.	0.			GENERAL SUPPORT
VILLANOVA UNIVERSITY							
BURSAR'S OFFICE							
VILLANOVA, PA 19085-1675	23-1352688		10,000.	0.			SCHOLARSHIPS
	20 2002000		20,000.	· ·			
NEW ENGLAND BALLET THEATRE OF							
CONNECTICUT, INC P.O. BOX							
271693 - WEST HARTFORD, CT 06127	86-2629780		10,000.	0.			CAPITAL GRANTS
•			, ,				
WORLD AFFAIRS COUNCIL OF							
CONNECTICUT - 1049 ASYLUM AVENUE -							
HARTFORD, CT 06105	06-0771570		9,896.	0.			CAPACITY BUILDING

Schedule I (Form 990) HARTFORD	FOUNDATION	N FOR PUBLIC	C GIVING				0099454	Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T	
(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 g or assistance	
ALOHA FOUNDATION								
2968 LAKE MOREY ROAD								
FAIRLEE, VT 05045	03-6016791		9,868.	0.			GENERAL OPERATING	SUPPORT
FIRST CHURCH OF CHRIST			,					
CONGREGATIONAL - WEST HARTFORD -								
12 SOUTH MAIN STREET - WEST								
HARTFORD, CT 06107	00-000000		9,868.	0.			GENERAL OPERATING	SUPPORT
MCALLEY CENTED INC								
MCAULEY CENTER, INC. 275 STEELE ROAD								
WEST HARTFORD, CT 06117-2716	06-1058086		9,868.	0.			HUMAN SERVICES	
meet management, or colly 2,10	00 200000		7,000.	· ·				
ANCIENT BURYING GROUND ASSOCIATION								
INC - PO BOX 347 - HARTFORD, CT								
06141	22-2823727		9,844.	0.			GENERAL OPERATING	SUPPORT
BULKELEY HIGH SCHOOL							COMMINITARY AND EGO	NOWEG
495 WETHERSFIELD AVE	06-6001870		9,795.	0.			COMMUNITY AND ECO	NOMIC
HARTFORD, CT 06114	00-0001870		9,195.	<u> </u>			DEVELOPMENT	
AMERICAN RED CROSS - CT								
209 FARMINGTON AVENUE								
FARMINGTON, CT 06032	53-0196605		9,500.	0.			HUMAN SERVICES	
HARTFORD'S PROUD DRILL, DRUM &								
DANCE CORP - 69 MANSFIELD STREET -	45 1505315		0.500					~***DD0D#
HARTFORD, CT 06112	47-1785315		9,500.	0.			GENERAL OPERATING	SUPPORT
GREATER HARTFORD ARTS COUNCIL								
100 PEARL STREET								
HARTFORD, CT 06103	23-7111486		9,406.	0.			GENERAL OPERATING	SUPPORT
FIRST CONGREGATIONAL CHURCH OF								
GRANBY - 219 NORTH GRANBY ROAD -								
GRANBY, CT 06035	06-0720501		9,240.	0.			BASIC HUMAN NEEDS	

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
CONNECTICUT LANDMARKS							
59 SOUTH PROSPECT STREET							
HARTFORD, CT 06106	06-0789151		9,120.	0.			CAPITAL GRANTS
	1 00 0703202		7,220.	•			
HEBREW HEALTH CARE, INC.							
ONE ABRAHMS BOULEVARD							
WEST HARTFORD, CT 06117	04-3750515		9,000.	0.			GENERAL SUPPORT
SETON HALL UNIVERSITY							
SETON HALL UNIVERSITY							
SOUTH ORANGE, NJ 07079	22-1500645		9,000.	0.			SCHOLARSHIPS
SOLDIER'S BEST FRIEND							
14505 N 75TH AVENUE							
PEORIA, AZ 85381	27-4665797		9,000.	0.			GENERAL SUPPORT
TOWN OF SIMSBURY							
933 HOPMEADOW STREET	00-000000		9,000.	0.			BASIC HUMAN NEEDS
SIMSBURY, CT 06070	00-000000		9,000.	0.			BASIC HUMAN NEEDS
WESTFIELD STATE UNIVERSITY							
ATTN: OFFICE OF STUDENT ACCOUNTS							
WESTFIELD, MA 01085	00-0000000		9,000.	0.			SCHOLARSHIPS
,			,,,,,,				
MANDELL JEWISH COMMUNITY CENTER							
335 BLOOMFIELD AVENUE							
WEST HARTFORD, CT 06117-1507	06-0662142		8,844.	0.			GENERAL OPERATING SUPPORT
SOUTH WINDSOR CULTURAL ARTS							
COMMISSION - PO BOX 401 - SOUTH							
WINDSOR, CT 06074-0401	23-7195765		8,804.	0.			GENERAL SUPPORT
SOUTH WINDSOR PUBLIC LIBRARY							
1550 SULLIVAN AVENUE							
SOUTH WINDSOR, CT 06074	06-6137013		8,804.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt 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
NUTMEG SENIOR RIDES, INC.							
99 MAIN STREET							
EAST WINDSOR, CT 06088	26-0302801		8,635.	0.			HUMAN SERVICES
,			,,,,,,				
DAUGHTERS OF MARY OF THE							
IMMACULATE CONCEPTION - 314 OSGOOD							
AVENUE - NEW BRITAIN, CT 06053	06-0907212		8,599.	0.			GENERAL OPERATING SUPPORT
CLARK UNIVERSITY							
BUSINESS AND FINANCIAL SERVICES							
WORCESTER, MA 01610	04-2111203		8,538.	0.			SCHOLARSHIPS
TOWN OF WEST HARTFORD							
50 SOUTH MAIN STREET, ROOM 310	06 6000104		0.500				
WEST HARTFORD, CT 06107	06-6002124		8,500.	0.			GENERAL SUPPORT
MCEIVR, INC.							
960 MAIN STREET							
HARTFORD, CT 06103	81-1458039		8,500.	0.			CAPITAL GRANTS
			,,,,,,				
YALE UNIVERSITY - SCHOLARSHIP							
STUDENT FINANCIAL SERVICES							
NEW HAVEN, CT 06520-8288	06-0646973		8,378.	0.			SCHOLARSHIPS
WEST HARTFORD ART LEAGUE, INC.							
37 BUENA VISTA ROAD							
WEST HARTFORD, CT 06107	06-0721830		8,288.	0.			GENERAL OPERATING SUPPORT
POLISH AMERICAN FOUNDATION OF							
CONNECTICUT, INC 27 GROVE HILL	06.1466010		0.000				ADMG AND GUI TUTT
- NEW BRITAIN, CT 06052	06-1466812		8,200.	0.			ARTS AND CULTURE
MASSACHUSETTS COLLEGE OF PHARMACY							
AND HEALTH SCIENCES - STUDENT							
FINANCIAL SERVICES - BOSTON, MA 02115	04-2104700		8,044.	0.			SCHOLARSHIPS
02113	04-2104/00		0,044.	U.			benonweuthe

		1 LOK LOPIT					70-0099232 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	rt II.)	T
(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 FARMINGTON LIBRARIES							
6 MONTEITH DRIVE							
FARMINGTON, CT 06032	06-0676855		8,000.	0.			ARTS AND CULTURE
			,,,,,,				
UNIVERSITY OF PENNSYLVANIA							
140 FRANKLIN BUILDING							
PHILADELPHIA, PA 19104-6270	23-1352685		8,000.	0.			SCHOLARSHIPS
THE WEBB-DEANE-STEVENS MUSEUM							
211 MAIN STREET							
WETHERSFIELD, CT 06109	06-0699245		8,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF VERMONT							
223 WATERMAN BUILDING	02 01 50 440		0.000				
BURLINGTON, VT 05405	03-0179440		8,000.	0.			SCHOLARSHIPS
SALVE REGINA UNIVERSITY							
BUSINESS OFFICE							
NEWPORT, RI 02840-4192	05-0259080		8,000.	0.			SCHOLARSHIPS
<u> </u>	00 020000		1,,,,,,	•			
ENDICOTT COLLEGE							
BURSAR'S OFFICE							
BEVERLY, MA 01915	04-2103567		8,000.	0.			SCHOLARSHIPS
ELEVATE TO EVEN PLUS INCORPORATED							
PO BOX 281							
SUMMIT, NJ 07902	86-1182213		8,000.	0.			EDUCATION
LIBRARY ASSOCIATION OF WAREHOUSE							
POINT, INC 107 MAIN STREET -							COMMUNITY AND ECONOMIC
EAST WINDSOR, CT 06088	06-0719521		7,951.	0.			DEVELOPMENT
TINION LEAGUE OF HARMOND THE							
JUNIOR LEAGUE OF HARTFORD, INC.							
PO BOX 270956	06-0672786		7 010				GENERAL OPERAMING GURRORS
WEST HARTFORD, CT 06127	00-00/2/86		7,919.	0.			GENERAL OPERATING SUPPORT

				. (0-1-	ll I /F 000\ D-		70-0099232 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	rt II.) T	
(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
WINDSOR LOCKS PUBLIC LIBRARY							
28 MAIN STREET							COMMUNITY AND ECONOMIC
WINDSOR LOCKS, CT 06096	06-0714787		7,871.	0.			DEVELOPMENT
			,,,,,,				
CONNECTICUT HORTICULTURAL SOCIETY,							
INC PO BOX 330966 - WEST							
HARTFORD, CT 06133-0966	06-6048899		7,759.	0.			GENERAL OPERATING SUPPORT
TALCOTT MOUNTAIN SCIENCE CENTER							
324 MONTEVIDEO ROAD							
AVON, CT 06001	06-0860469		7,652.	0.			SCHOLARSHIPS
FRANK H. NETTER MD SCHOOL OF							
MEDICINE, QUINNIPIAC UNIVERSITY -							
BURSAR'S OFFICE - HAMDEN, CT 06518	06-0646701		7,555.	0.			SCHOLARSHIPS
DEGUGLED DIDEG DEGLECT ING							
RECYCLED RIDES PROJECT INC							CONGINITELY AND ECONOMIC
537 GRAHAM RD	87-2346141		7,500.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
SOUTH WINDSOR, CT 06074-1408 WETHERSFIELD EARLY CHILDHOOD	07-2340141		7,300.	0.			DEVELOPMENT
COLLABORATIVE C/O WETHERSFIELD							
PUBLIC SCHOOLS - 505 SILAS DEANE							COMMUNITY AND ECONOMIC
HIGHWAY - WETHERSFIELD, CT 06109	00-000000		7,500.	0.			DEVELOPMENT
,			,,,,,,				
REVOLUTIONARY YOUTH THEATRE, INC.							
1985 WEST ST, UNIT 15							
SOUTHINGTON, CT 06489	83-0684061		7,500.	0.			GENERAL SUPPORT
HARTFORD BUSINESS IMPROVEMENT							
DISTRICT - 31 PRATT STREET, 5TH							
FLOOR - HARTFORD, CT 06103	41-2229120		7,500.	0.			ARTS AND CULTURE
LA BODEGUITA DE LA GENTE							
287 COLLINS STREET							
HARTFORD, CT 06105	85-3751407		7,500.	0.			CAPACITY BUILDING

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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			
CITIZENS FOR A BETTER GRANBY INC. 11 NORTH GRANBY ROAD	22 7000126		7 500				GENERAL GURDON			
GRANBY, CT 06035	23-7098136		7,500.	0.			GENERAL SUPPORT			
CONNECTICUT NEWS PROJECT, INC. 1049 ASYLUM AVENUE HARTFORD, CT 06105	27-0583046		7,500.	0.			CAPACITY BUILDING			
AMERICAN GEERZ FOR LIFE, INC. 3350 DRENNAN INDUSTRIAL LOOP NORTH COLORADO SPRINGS, CO 80910	47-5273403		7,400.	0.			GENERAL OPERATING SUPPORT			
,			, -	-						
SOMERS RECREATION AND LEISURE SERVICES C/O TOWN OF SOMERS - 619 MAIN STREET - SOMERS, CT 06071	00-000000		7,000.	0.			COMMUNITY & ECONOMIC DEVELOPMENT			
CLARKSON UNIVERSITY STUDENT ADMIN. SERVICES DEPART POTSDAM, NY 13699	15-0543659		7,000.	0.			SCHOLARSHIPS			
2000000, 0.0 20000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020		7,000.	0.			GENERAL OPERATING SUPPORT			
ELLINGTON FARMERS MARKET, INC. 105 PINNACLE RD.										
ELLINGTON, CT 06029	81-2223411		7,000.	0.			BASIC HUMAN NEEDS			
ST. MARY'S FOOD BANK DEL E. WEBB DISTRIBUTION CENTER PHOENIX, AZ 85009	23-7353532		7,000.	0.			GENERAL SUPPORT			
THE NEW ANTIOCH BAPTIST CHURCH, INC 161 NELSON STREET -	22.2455222		T 000							
HARTFORD, CT 06120	22-3466989		7,000.	0.			BASIC HUMAN NEEDS			

		I FOK PUBLIT					70-0099232 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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
NORTHEASTERN UNIVERSITY							
PO BOX 981085							
BOSTON, MA 02298-1085	04-1679980		7,000.	0.			SCHOLARSHIPS
THE CONNECTICUT HOSPICE, INC. 100 DOUBLE BEACH ROAD	05,000000		,				
BRANFORD, CT 06405	06-0878822		6,916.	0.			BASIC HUMAN NEEDS
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY, INC PO BOX 956 - MANCHESTER, CT 06045	41-2047734		6,887.	0.			GENERAL SUPPORT
BOLTON VOLUNTEER FIRE DEPARTMENT, INC 168 BOLTON CENTER ROAD - BOLTON, CT 06043	22-3048494		6,778.	0.			COMMUNITY AND ECONOMIC
FRIENDS OF GRANBY WILDFLOWER MEADOW - 10 HAVEN DRIVE - GRANBY,							
CT 06035	87-4815848		6,568.	0.			CAPITAL GRANTS
THE LINK 1210 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41-1920649		6,500.	0.			GENERAL SUPPORT
VEAP 9600 ALDRICH AVENUE SOUTH							
BLOOMINGTON, MN 55420	41-6175999		6,500.	0.			GENERAL SUPPORT
ACHIEVEMENT FIRST 370 JAMES STREET NEW HAVEN, CT 06513	65-1203744	_	6,500.	0.			GENERAL OPERATING SUPPOR
UNIVERSITY OF CONNECTICUT SCHOOL OF LAW - STUDENT FINANCE OFFICE,			2,330.				
ROOM 116 - HARTFORD, CT 06105	23-7387568		6,471.	0.			SCHOLARSHIPS

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
UFFIELD HIGH SCHOOL PARENTS							
ASSOCIATION - PO BOX 21 -							
SUFFIELD, CT 06078-0021	03-0429062		6,364.	0.			CAPITAL GRANTS
,			,,,,,,,				
VASSAR COLLEGE							
BOX 14							
POUGHKEEPSIE, NY 12604-0728	14-1338587		6,325.	0.			SCHOLARSHIPS
PLANNED LIFETIME ASSISTANCE							
NETWORK OF CT - PO BOX 290937 -							
WETHERSFIELD, CT 06129	06-1268987		6,149.	0.			FAMILY SERVICES
NORTH CAROLINA AGRICULTURAL AND							
TECHNICAL STATE UNIVERSITY - THE							
OFFICE OF FINANCIAL AID AND							
SCHOLARSHIPS - GREENSBORO, NC	56-6000007		6,094.	0.			SCHOLARSHIPS
LAUREN'S KIDS							
18851 NE 29TH AVE							
AVENTURA, FL 33180	26-1252588		6,000.	0.			GENERAL SUPPORT
AVENIUKA, FE 33100	20 1232300		0,000.	0.			GENERAL BOTTORT
HOMEWARD BOUND							
2302 WEST COLTER STREET							
PHOENIX, AZ 85015-0632	86-0660875		6,000.	0.			GENERAL SUPPORT
·			,				
GEORGE WASHINGTON UNIVERSITY							
PO BOX 822543							
PHILADELPHIA, PA 19182-2543	53-0196584		6,000.	0.			SCHOLARSHIPS
GEORGE MASON UNIVERSITY -							
SCHOLARSHIPS - P.O. BOX # 716475 -							
PHILADELPHIA, PA 19171-6475	00-000000		6,000.	0.			SCHOLARSHIPS
GARDNERG HOUGE							
GARDNERS HOUSE							
1229 ALBANY AVE 3RD FLOOR	26-0617898		6 000	0.			UIIMANI CEDVITCEC
HARTFORD, CT 06112	Z0-001/898		6,000.	U.		1	HUMAN SERVICES

		I FOR PUBLIC					16-0699252 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	T
(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
FOUNDATION FOR ADVANCEMENT OF CATHOLIC SCHOOLS - 92 HOPMEADOW	05 4050000						
STREET - WEATOGUE, CT 06089	06-1359802		6,000.	0.			GENERAL OPERATING SUPPORT
BRYANT UNIVERSITY BURSAR'S OFFICE SMITHFIELD, RI 02917	05-0258810		6,000.	0.			SCHOLARSHIPS
BHITH THEE, KI CEST,	03 0230010		0,000:	· ·			S G G G G G G G G G G G G G G G G G G G
DARTMOUTH COLLEGE CASHIER'S OFFICE/STAC	02 0222111		6 000				agyot angur ng
HANOVER, NH 03755	02-0222111		6,000.	0.			SCHOLARSHIPS
CONNECTICUT ORAL HEALTH INITIATIVE 53 OAK STREET							
HARTFORD, CT 06106	52-2380576		6,000.	0.			CAPACITY BUILDING
CANTON LAND CONSERVATION TRUST, INC PO BOX 41 - CANTON CENTER,							COMMUNITY AND ECONOMIC
CT 06020-0041	23-7187569		6,000.	0.			DEVELOPMENT
A PROMISE TO JORDAN 542 HOPMEADOW STREET SIMSBURY, CT 06070	83-3033636		6,000.	0.			HEALTH
SIMSBORI, CI 00070	03-3033030		0,000.	0.			READIN
EDUCATIONAL RESOURCES FOR CHILDREN, INC 174 SOUTH ROAD -							
ENFIELD, CT 06082	03-0399205		6,000.	0.			CAPACITY BUILDING
MUTUAL AID - EAST OF THE RIVER 25 JEFFREY ALAN DRIVE							
MANCHESTER, CT 06042	85-0714203		6,000.	0.			BASIC HUMAN NEEDS
MEDICAL AID TO HAITI, INC. 344 N MAIN STREET, SUITE 1							
MARLBOROUGH, CT 06447	26-4757226		6,000.	0.			GENERAL OPERATING SUPPORT

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(a) Name and address of organization or government (b) EIN (c) IRC section if applicable ash grant (cash grant or government (cash grant or government (cash grant or government or gapticable or gard or gash grant or government (cash grant or government or gash grant or government or gash grant or government or gash grant or gash grant or government or gash grant gra	Part II Continuation of Grants and Other A		nestic Organizations		overnments (Sch	edule I (Form 990). Pa		70-0099232 Page
HALL - WILMINGTON, NC 28403-5951 00-000000 6,000. 0. SCHOLARSHIPS UNIVERSITY OF FITTSBURGH OFFICE OF THE BURSAR PITTSBURGH, PA 15260 25-0965591 6,000. 0. SCHOLARSHIPS VALLEY STUDENT THEATRE P.O. BOX 133 WEST GRANEY, CT 06090 84-2609805 6,000. 0. DEVELOPMENT WELL DONE POUNDATION INC P.O. BOX 333 SERLEPY, NT 59474 84-4559447 6,000. 0. DEVELOPMENT BOBCAT ROBOTICS 161 NEVERS ROAD COMMUNITY AND ECONOMIC SOUTH WINDSOR, CT 06074 00-000000 6,000. 0. DEVELOPMENT MRC TRACK & FIELD SERIES, INC. 10 LORI ROAD BOLFON, CT 06043 81-3343212 5,900. 0. SENERAL SUPPORT ROARING BROOK NATURE CENTER 70 GRACET ROAD CANYON, CT 06019 22-2596568 5,658. 0. EDUCATION BENTLEY UNIVERSITY STURENT FINANCIAL SERVICES WALTHAM, NA 02452 04-1081650 5,585. 0. SCHOLARSHIPS SYRACUSE UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS FROO	(a) Name and address of		(c) IRC section	(d) Amount of	(e) Amount of noncash	(f) Method of valuation (book, FMV,	(g) Description of	
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161 NEVERS ROAD SOUTH WINDSOR, CT 06074 00-0000000 6,000. 0. 0. 0. 0. 0. 0. 0. 0. 0	SHELBY, MT 59474	84-4559447		6,000.	0.			GENERAL OPERATING SUPPORT
161 NEVERS ROAD SOUTH WINDSOR, CT 06074 00-0000000 6,000. 0. 0. 0. 0. 0. 0. 0. 0. 0	BOBCAT ROBOTICS							
MRC TRACK & FIELD SERIES, INC. 10 LORI ROAD BOLTON, CT 06043 ROARING BROOK NATURE CENTER 70 GRACEY ROAD CANTON, CT 06019 22-2596568 5,658. 0. EDUCATION BENTLEY UNIVERSITY STUDENT FINANCIAL SERVICES WALTHAM, MA 02452 04-1081650 5,585. 0. SCHOLARSHIPS SYRACUSE UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS PROG								COMMUNITY AND ECONOMIC
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10 LORI ROAD BOLTON, CT 06043 81-3343212 5,900. 0. GENERAL SUPPORT ROARING BROOK NATURE CENTER 70 GRACEY ROAD CANTON, CT 06019 22-2596568 5,658. 0. EDUCATION BENTLEY UNIVERSITY STUDENT FINANCIAL SERVICES WALTHAM, MA 02452 04-1081650 5,585. 0. SCHOLARSHIPS SYRACUSE UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS PROG								
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CANTON, CT 06019 22-2596568 5,658. 0. EDUCATION BENTLEY UNIVERSITY STUDENT FINANCIAL SERVICES WALTHAM, MA 02452 04-1081650 5,585. 0. SCHOLARSHIPS SYRACUSE UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS PROG	ROARING BROOK NATURE CENTER							
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SYRACUSE UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS PROG								
FINANCIAL AID AND SCHOLARSHIPS PROG	WALTHAM, MA 02452	04-1081650		5,585.	0.			SCHOLARSHIPS
FINANCIAL AID AND SCHOLARSHIPS PROG	SYRACUSE UNIVERSITY							
				5,555.	0.			SCHOLARSHIPS

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
UNIVERSITY OF FLORIDA							
S107 CRISER HALL							
GAINESVILLE, FL 32611-4025	59-6002052		5,541.	0.			SCHOLARSHIPS
EAST GRANBY PUBLIC LIBRARY							
24 CENTER STREET							
EAST GRANBY, CT 06026	06-6062503		5,502.	0.			CAPITAL GRANTS
CONNECTICUT RIVER MUSEUM							
67 MAIN STREET							
ESSEX, CT 06426	23-7417579		5,502.	0.			GENERAL OPERATING SUPPORT
anian magania awanay winanan							
GRACE EPISCOPAL CHURCH, HARTFORD							
CT - 55 NEW PARK AVENUE - HARTFORD, CT 06106	06-0808143		5,500.	0.			BASIC HUMAN NEEDS
HARIFORD, CI 00100	00 0000143		3,300.	0.			DASIC HOMAN NEEDS
EMERSON COLLEGE							
BURSAR'S OFFICE							
BOSTON, MA 02116-4624	04-1286950		5,500.	0.			SCHOLARSHIPS
COMMINITAL HEALTH CEDVICES INC							
COMMUNITY HEALTH SERVICES, INC. 500 ALBANY AVENUE							
HARTFORD, CT 06120	06-0863942		5,500.	0.			BASIC HUMAN NEEDS
			·				
EQUAL JUSTICE INITIATIVE							
122 COMMERCE STREET							
MONTGOMERY, AL 36104	63-1135091		5,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW HAMPSHIRE							
FOUNDATION, INC 9 EDGEWOOD ROAD							
- DURHAM, NH 03824	02-0437506		5,500.	0.			EDUCATION
SERVICES FOR THE ELDERLY OF							
FARMINGTON, INC 321 NEW BRITAIN							
AVENUE - UNIONVILLE, CT 06085	06-0860153		5,500.	0.			BASIC HUMAN NEEDS

(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
HOFSTRA UNIVERSITY							
STUDENT FINANCIAL SERVICES							
HEMPSTEAD, NY 11549-1260	11-1630906		5,500.	0.			SCHOLARSHIPS
WARBURTON COMMUNITY CHURCH							
420 BROOKFIELD STREET							
HARTFORD, CT 06106	06-0860303		5,500.	0.			BASIC HUMAN NEEDS
SCANTIC RIVER WATERSHED							
ASSOCIATION, INC P.O. BOX 303 -							COMMUNITY AND ECONOMIC
SOMERS, CT 06071	56-2304289		5,494.	0.			DEVELOPMENT
WORLD RESOURCES INSTITUTE							
P.O. BOX 791542							
BALTIMORE, MD 21279	52-1257057		5,406.	0.			GENERAL OPERATING SUPPOR
HAWKWING, INC.							
306 CAVAN LANE							COMMUNITY AND ECONOMIC
GLASTONBURY, CT 06033	06-1600366		5,300.	0.			DEVELOPMENT
OLIVET NAZARENE UNIVERSITY							
1 UNIVERSITY AVE							
BOURBONNAIS, IL 60914-2345	36-2191252		5,258.	0.			SCHOLARSHIPS
HILL AND DALE GARDEN CLUB							
71 OVERSHOT DRIVE							
GLASTONBURY , CT 06973	06-6084093		5,191.	0.			CAPITAL GRANTS
CEMBTONDONT , CT 00373	00 0004033		3,131.	· ·			CMITTAL GRANTS
LITCHFIELD PERFORMING ARTS, INC. PO BOX 69							
LITCHFIELD, CT 06759	06-1083202		5,090.	0.			HUMAN SERVICES
HITCHFIELD, CI 00/39	00-1003202		3,090.	0.			HOLLWAN SEKATOES

Schedule I (Form 990) 2022 HAR'T'F'ORD F'OUNDA	TION FOR	LOBPIC GI	VING		06-0699252	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 ass	sistance
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
GRANT PAYMENTS ARE MADE AFTER GRAN	T APPROVA	L. FOR GRA	ANTS WITH I	NSTALLMENTS,		
PAYMENTS ARE MADE AFTER REVIEW OF	PROGRESS	SUBMITTED	BY AN AGEN	CY.		

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number 06-0699252

Pa	Int I Questions Regarding Compensation	223		
	and the state of t		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	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	1b		
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?	2		
	trustees, and officers, including the OEO/Executive Director, regarding the items checked of fine 1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3				
	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.			
	X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations			
	Approval by the board of 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
_	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:			
а	The organization?	6a		Х
	Any related organization?	6b		X
_	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	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
	The Department Post action Act Nation and the Instructions for Form 2000	<u> </u>		

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

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAY WILLIAMS	(i)	396,462.	67,710.	1,104.	39,400.	31,043.	535,719.	0.
PRESIDENT & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE J. MALLEY	(i)	208,077.	7,500.	3,062.	18,064.	28,319.	265,022.	0.
VP FINANCE AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELYSA GORDON	(i)	203,752.	7,500.	1,995.	18,064.	27,012.	258,323.	0.
VP COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH ROTHSTEIN	(i)	198,735.	7,500.	2,805.	16,765.	12,407.	238,212.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRADFORD H. DRAZEN	(i)	185,071.	7,500.	963.	16,421.	26,837.	236,792.	0.
VP COMMUNICATIONS & MARKET	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUDITH W. MCBRIDE	(i)	180,273.	4,350.	4,815.	14,945.	11,066.	215,449.	0.
DIRECTOR OF STRATEGIC PART	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN H. DANA	(i)	165,286.	5,800.	4,276.	13,647.	2,044.	191,053.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SALLY WEISMAN	(i)	158,074.	5,800.	2,213.	13,599.	10,853.	190,539.	0.
DIRECTOR OF DEVELOPMENT AN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
<u> </u>	(ii)							

Schedule J (Forr	m 990) 2022		FOUNDATION FO	R PUBL	IC GIVING			06-0699252	Page 3
Part III Suppl	emental Information								
Provide the infor	rmation, explanation,	or descriptions requ	uired for Part I, lines 1a, 1	b, 3, 4a, 4b,	4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II	. Also complete this	part for any additional information.	
PART I,	LINE 7:								
BONUSES	ARE AWARDED	BASED ON	THE ACHIEVEM	ENT OF	SPECIFIC	PERFORMANCE	GOALS.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

Inspection
Employer identification number

	HARTFORD FOUL	NDAT.TO	N FOR PUBI	TC GIVING	06-0	<u>699</u>	<u> </u>	
Par	t 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 de noncash contribu	termini	•	5
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	32	28,320,539.	MARKET QUOT:	ES		
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								
28	Other () Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ration during	the tay year for o	ontributions				
29	for which the organization completed Form 828	_	•					
	for which the organization completed Form 626	oo, Fait V, D	onee Acknowledg	ement			Yes	No
20-	During the year did the examination receive by	, aantributia	n any nyanasty ran	autod in Dort I lines 1 throug	h 00 that it		162	NO
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-		v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	aliau that	autico the medical	of any nanatanaland assistant	iana?	0.1	v	
31	Does the organization have a gift acceptance p	-	· · ·	•	IOHS?	31	Х	
32a	Does the organization hire or use third parties of	· ·	•	, ,		_		v
_	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	HARTFORD	FOUNDATION	FOR	PUBLIC	GIVING	06-0699252	Page 2
Part II	Supplemental is reporting in Part this part for any ad	I Information. t I, column (b), the	Provide the information	on requi	red by Part I, I number of iter	ines 30b, 32b, an ns received, or a	d 33, and whether the organizate combination of both. Also comp	tion olete
								,

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

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 for the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number 06-0699252

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE 29 TOWNS IN THE HARTFORD REGION. ITS MISSION IS PUTTING PHILANTHROPY INTO ACTION TO CREATE LASTING SOLUTIONS THAT RESULT IN VIBRANT COMMUNITIES WITHIN THE GREATER HARTFORD REGION. THE FOUNDATION SERVES APPROXIMATELY 775,000 RESIDENTS, HUNDREDS OF NONPROFITS AND A NETWORK OF PHILANTHROPISTS WITH MORE THAN 1500 FUNDS. IT BRINGS KNOWLEDGE, INVESTMENTS AND PASSION TO MAKE THE TOGETHER THE PEOPLE, REGION A MORE INCLUSIVE AND POSITIVE PLACE TO LIVE, WORK AND RAISE A FAMILY.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEDICATED INDIVIDUALS, BUSINESSES AND NONPROFITS TO UNDERSTAND LOCAL CHALLENGES, SHARE INFORMATION AND PUT RESOURCES BEHIND SOLUTIONS THAT CAN BUILD A MORE EQUITABLE AND RESILIENT PLACE TO LIVE, WORK AND RAISE FAMILY. WE ARE COMMITTED TO DISMANTLING STRUCTURAL RACISM, AND ACHIEVING EQUITY IN SOCIAL AND ECONOMIC MOBILITY IN OUR REGION, INPARTNERSHIP WITH NONPROFIT ORGANIZATIONS AND COMMUNITY STAKEHOLDERS. THAT COMMITMENT SITS AT THE CENTER OF THE FOUNDATION'S WORK AND IS REFLECTED IN THE ORGANIZATION'S PRIORITIES, PLANS AND ALLOCATION OF RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NON-PROFIT PARTNERS TO PROVIDE SUPPORT FOR HUNDREDS OF THOUSANDS OF

RESIDENTS WITH PANDEMIC-RELATED GRANTS THAT IMPACTED EACH OF THE 29

TOWNS IN OUR REGION.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

FORM 990, PART VI, SECTION A, LINE 7A:

PURSUANT TO THE FOUNDATION'S RESOLUTION AND DECLARATION OF TRUST, ITS

GOVERNING DOCUMENT, EACH OF THE FOLLOWING HAS AUTHORITY TO APPOINT ONE

MEMBER OF THE BOARD OF DIRECTORS - CHIEF JUSTICE OF THE SUPREME COURT OF

THE STATE OF CONNECTICUT, MAJORITY VOTE OF THE PRESIDENTS OF THE COLLEGES

THAT ARE FULL MEMBERS OF THE HARTFORD CONSORTIUM OF HIGHER EDUCATION, JUDGE

OF THE PROBATE COURT FOR THE DISTRICT OF HARTFORD, CHAIR OF THE BOARD OF

DIRECTORS OF THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, CHAIR

OF THE BOARD OF DIRECTORS OF THE METROHARTFORD ALLIANCE, TRUSTEES

COMMITTEE, WHOSE APPOINTEE SHALL NOT BE AN EXECUTIVE OFFICER OF ANY OF THE

TRUSTEE CORPORATIONS THEN ACTING.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE FOUNDATION'S RESOLUTION AND DECLARATION OF TRUST, A MAJORITY VOTE

BY THE TRUSTEES COMMITTEE IS REQUIRED TO APPROVE AMENDMENTS TO THE

RESOLUTION AND DECLARATION OF TRUST, INCLUDING THE POWER TO APPROVE A

DECISION BY THE BOARD OF DIRECTORS TO TERMINATE THE FOUNDATION AND ALL THE

POWERS AND DUTIES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS, AND THEN REVIEWED BY THE FOUNDATION'S FINANCIAL AND EXECUTIVE STAFF. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE 990. THE BOARD OF DIRECTORS APPROVES THE FORM 990 FOR FILING WITH THE IRS ON THE RECOMMENDATION OF THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

INFORMATION GATHERING

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 ANNUALLY, THE BOARD OF DIRECTORS, INVESTMENT COMMITTEE MEMBERS (INCLUDES NON-DIRECTORS) AND ALL STAFF MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE THE DISCLOSURE FORM, INFORMATION FROM WHICH IS REVIEWED IN CONNECTION WITH GRANT PROPOSALS OR NEW VENDOR RELATIONSHIPS. REVIEW AND MONITORING BOARD AND STAFF CONFLICTS DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT. BOARD AND SENIOR STAFF CONFLICTS ARE THEN COMPILED IN A CHART FOR DISTRIBUTION TO THE FOUNDATION'S PROGRAM STAFF FOR REGULAR REVIEW AS GRANT WRITE-UPS ARE PREPARED AND SUBMITTED TO THE BOARD. DIRECTORS ARE FURTHER ASKED TO DISCLOSE CONFLICTS, OR POTENTIAL CONFLICTS, BEFORE ACTION IS TAKEN ON ANY GRANT PROPOSAL. THE DIRECTOR OR SENIOR STAFF MEMBER MUST ABSTAIN FROM ACTING ON ANY PROPOSAL WHEN THERE IS A CONFLICT OR POTENTIAL CONFLICT OF INTEREST. CONFLICTS AND ABSTENTIONS ARE NOTED IN THE BOARD MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DETERMINATION REVIEW OF PERFORMANCE OF CHIEF EXECUTIVE OFFICER BY THE DIRECTORS, NONE OF WHOM HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. BOARD CHAIR AND VICE CHAIR EXECUTE A CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN WRITING, PRIOR TO ANY COMPENSATION ADJUSTMENT FOR THE CEO. A SIMILAR PROCESS OCCURS FOR THE CEO'S REVIEW OF THE OTHER SENIOR MANAGEMENT OFFICIALS.

Schedule O (Form 990) 2022

THIS PROCESS IS UNDERTAKEN ANNUALLY, INCLUDING 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING	Employer identification number 06-0699252
FORM 990, PART VI, SECTION C, LINE 19:	
CORPORATE GOVERNANCE DOCUMENTS ARE PART OF THE PUBLIC FILE	ES OF THE CT
SECRETARY OF STATE, AUDITED FINANCIAL STATEMENTS AND QUART	TERLY INVESTMENT
PERFORMANCE DATA ARE AVAILABLE ON OUR WEBSITE, AND THE OTH	HERS ARE AVAILABLE
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE/SPLIT-INTEREST	-1,474,828.

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-0699252

HARTFORD FOUN	DATION FOR PUBLIC G	IVING				06-06992	252	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets	1	ontrolling ntity	9
HFPG IMPACT, LLC - 83-2025201	TO MAKE INVESTMENTS BEYOND							
10 COLUMBUS BOULEVARD 8TH FLOOR	THE SCOPE OF THE							
HARTFORD, CT 06106	FOUNDATION'S TRADITIONAL	CONNECTICUT		96	0,000.	HFPG, INC.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.		answered "Yes" on Form 990	D, Part IV, line 34,		or more		mpt	
(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		(f) ct controlling entity	cont	g) 512(b)(13) rolled :ity?
or rolatou organization		loreign country)	00000011	501(c)(3))		Ortholy	Yes	No
HFPG SPECIAL ASSETS, INC 30-0303718							163	INO
10 COLUMBUS BLVD., 8TH FLOOR	TO ASSIST THE FOUNDATION			TYPE 1				
HARTFORD, CT 06106	IN RECEIVING DONATIONS.	CONNECTICUT	501 (C) (3)	SUPPORTING				Х
	_							
	-							

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

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
POOLED INCOME FUND	SPLIT INTEREST AGREEMENTS	СТ		TRUST				103	X
CHARITABLE REMAINDER TRUST (12)	SPLIT INTEREST AGREEMENTS	СТ		TRUST					X

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		_X
f	Dividends from related organization(s)				1f		_X_
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		<u>X</u>
m	n Performance of services or membership or fundraising solicitations by related organization(s))			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete thi	s line, including covered re	elationships and transaction thresholds.			
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
٥,							
3)							
41							
4)							
- \							
5)							
6)							
6) 				Oakadula F	/Ганга	000,	2022
3216	63 09-14-22			Schedule F	ւ (⊢orm	99U)	ZUZZ

Schedule R (Form 990) 2022 HARTFORD FOUNDATION FOR PUBLIC GIVING

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R (Form 990) 2022 HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Page
Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:
NAME OF DISPERSED ENDING.
NAME OF DISREGARDED ENTITY:
HFPG IMPACT, LLC
INTO IMPACT, DEC
PRIMARY ACTIVITY: TO MAKE INVESTMENTS BEYOND THE SCOPE OF THE FOUNDATION'S
TRADITIONAL GRANTS

232165 09-14-22 Schedule R (Form 990) 2022

000 T	EXTENDED TO NOVEMBER 15, 2023	_ 1	
Form 990-T	Exempt Organization Business Income Tax Return	• <u> </u>	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		2022
	For calendar year 2022 or other tax year beginning , and ending	·	2022
Department of the Treasury Internal Revenue Service	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).	5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEmploy	yer identification number
B Exempt under section	Print HARTFORD FOUNDATION FOR PUBLIC GIVING	06	5-0699252
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup (see in	exemption number structions)
408(e) 220(e)	Type 10 COLUMBUS BLVD, 8TH FLOOR		5. do. do. do. do. do. do. do. do. do. do
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A	HARTFORD, CT 06106	_F	Check box if
	C Book value of all assets at end of year		an amended return.
G Check organization	type 501(c) corporation X 501(c) trust 401(a) trust Other trust	State c	college/university
H Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J Enter the number of	attached Schedules A (Form 990-T)	1	
${f K}$ During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the na	ame and identifying number of the parent corporation.		
L The books are in car		<u>(860)</u>	548-1888
Part I Total Unr	elated Business Taxable Income		
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see		
instructions)		1	0.
2 Reserved		2	
3 Add lines 1 and 2		3	
	utions (see instructions for limitation rules)	4	0.
	siness taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net	operating loss. See instructions	6	
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		7	1 000
	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
-	99A deduction. See instructions	9	1 000
	. Add lines 8 and 9	10	1,000.
	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	1	0
Part II Tax Com	nutation	11	0.
		Т	
	cable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
	trust rates. See instructions for tax computation. Income tax on the amount on		0.
Part I, line 11 from		2	<u> </u>
3 Proxy tax. See ins	-	3	
4 Other tax amounts		4	
5 Alternative minimu		5	
6 Tax on noncomp	liant facility income. See instructions	6	

7 Total. Add lines 3 through 6 to line 1 or 2, whichever appliesLHA For Paperwork Reduction Act Notice, see instructions.

	90-T (2	(022) Tax and Payme	ante							Page 2
Part				4440 1 1 1 1 5	4440)	1.1				
1a				n 1118; trusts attach Form 1				_		
b		credits (see instruc	,	/·				_		
C				(see instructions)				_		
d				rm 8801 or 8827)				4.		
e								1e		0.
2				rm 4255 Form 861				2		<u> </u>
3	Otner	amounts due. Che		rm 4255 Form 861 ner (attach_statement)				3		
4	Total	tax. Add lines 2 ar	nd 3 (see instruction	s). Check if inc	ludes tax pre	viously deferre	ed under			
	section	on 1294. Enter tax a	amount here					4		<u> </u>
5	Curre	nt net 965 tax liabil	lity paid from Form	965-A, Part II, column (k)				5		0.
6a	Paym	ents: A 2021 overp	payment credited to	2022		6a				
b	2022	estimated tax payn	ments. Check if sec	tion 643(g) election applies	[6b	16,680	•		
С		eposited with Form								
d	Forei	gn organizations: Ta	ax paid or withheld	at source (see instructions)		6d				
е								_		
f				oremiums (attach Form 894						
g	Other	credits, adjustmen	nts, and payments:	Form 2439						
				Other		al 6g				
7	Total	payments. Add lin	nes 6a through 6g .					_	16	<u>,680.</u>
8	Estim	ated tax penalty (se	ee instructions). Ch	eck if Form 2220 is attache	d		L	8		
9				lines 4, 5, and 8, enter amo						
10				al of lines 4, 5, and 8, enter				10	16	,680.
11				ited to 2023 estimated tax				11		0.
Part				n Activities and Othe		•	· · · · · · · · · · · · · · · · · · ·			
1		,	• .	did the organization have ar		ū			_	Yes No
				other) in a foreign country		-	•			
		N Form 114, Repo	rt of Foreign Bank a	and Financial Accounts. If "	Yes," enter th	ne name of the	foreign country	,		77
	here									X
2		, ,	· ·	eive a distribution from, or	J	,	,			v
										X
_		•		organization may have to f			Φ			
3				eived or accrued during the re						
4		•	NOL carryovers he			• •		•		
_		•	· ·	educe the NOL carryover sh	-	-			0.	
5		•		ess Activity Code and availa	•	•				
	tne ar	nounts snown beio		ned on any Schedule A, Pa	rt II, IIne 17 to					
			Business Ac	tivity Code			post-2017 NOL	carryove	er	
						\$				
	Did +h	o organization cha	ngo ito mothod of a	.ccounting? (see instruction	<u> </u>	'				Х
6a b		•	•	d the change on Form 990,	,		1000 If "No "			
D		in in Part V	gariization describe	d the change on Form 990,	, 990-LZ, 990	-FF, OF FORM 1	120 ! 11 110,			
Part		Supplemental	Information							
				Also, provide any other add	ditional inform	nation Social	etructions			
Provide	tile e	kpiariation required	by Part IV, line 6b.	Also, provide any other aut	JILIOHAI IIIIOHI	nation. See ins	structions.			
-	Ur	nder penalties of perjury, I	declare that I have examin	ned this return, including accompany	ing schedules and	d statements, and to	the best of my know	ledge and b	elief, it is true,	
Sign	cc	errect, and complete. Decl	aration of preparer (other t	han taxpayer) is based on all informa		parer has any know NANCE Al	MD =			ı
Here				Í		ISTRATIO	O 3 T	-	S discuss this re r shown below	
	S	ignature of officer		Date	Title		_		s)? X Yes	
		Print/Type preparer	's name	Preparer's signature		Date	Check	if PTI		110
D-:-J		. Tille Type proparer	o namo	1 Toparor 3 Signature		Duto	self- employe		•	
Paid		LORI BUDN	TCK	LORI BUDNICK		10/15/2			000463	10
Prepa			LIFTONLARS		ľ	_0, _0, _	Firm's EIN		1-0746	
Use C	nly	Tim shame		MAIN STREET,	4TH FI.C	OR	THIII S LIN		_ 5, ±0	·
		Firm's address		FORD, CT 0610			Phone no.	(860) 561-	4000
		1		, 0020				, , , , ,		0-T ₍₂₀₂₂₎

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service 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 1	A Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING					tion number 2
<u>C</u> (Unrelated business activity code (see instructions) 52300	0		D Sequer	nce: 1	of 1
E [Describe the unrelated trade or business ALTERNATIVE	INVE	STMENTS			
Pa			(A) Income	(B) Expen	ses	(C) Net
	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-1,68			-1,688.
С	Capital loss deduction for trusts	4c	-3,00	0.		-3,000.
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 1	5	47,39	6.		47,396.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	42,70	8.		42,708.
Pa	rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				must be
1	Compensation of officers, directors, and trustees (Part X)				. 1	
2	Salaries and wages					14.
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)		C T T T T	יא חבו אים אים אי	13	10 650
14	Other deductions (attach statement)				1 1	49,659. 49,673.
15	Total deductions. Add lines 1 through 14				15	49,013.
16	Unrelated business income before net operating loss deduction. S				,,	-6,965.
47	column (C)					0.
17 10	Deduction for net operating loss. See instructions Unrelated hydroges taxable income. Subtract line 17 from line 1.					-6,965.
18 LHA	Unrelated business taxable income. Subtract line 17 from line 1 For Paperwork Reduction Act Notice, see instructions.	·			·	A (Form 990-T) 2022
_	. S apsi work rioddodon Aot Hodoc, see instructions.				Jonedale	7. 1. OITH 000-17 EUEE

1

	ule A (Form 990-T) 2022				Page 2
Part	III Cost of Goods Sold Enter meth	nod of inventory valuati	on		
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			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with Re	al Property)	
1	Description of property (property street address, city, st	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A				
	В 🗌				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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				
5 Part		ee instructions)			0.
1	Description of debt-financed property (street address, of	city, state, ZIP code). C	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D		Г	Т-	
		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				
а	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 through D).	. Enter here and on Par	t I, line 7, column (A)	<u> </u>	0.
		ı	Г	T	
9	Allocable deductions. Multiply line 3c by line 6			(5)	
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			U •

1

Schedule A (Form 990-T) 2022 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 5. Part of column 4 6. Deductions directly that is included in the identification organization income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the payments made connected with income (loss) controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 Totals Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, 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 Expenses attributable to income entered on line 5 6 6 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2022

4. Enter here and on Part II, line 12

1

	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basis	S.	
	A				
	В 💹				
	c <u> </u>				
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а			T		
3	Direct advertising costs by periodical	·			
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
_				1	
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,	_			
	complete lines 5 through 8. For any column ir 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	I			
	line 5, subtract line 6 from line 5. If line 5 is lea				
	than line 6, enter zero	• • • • • • • • • • • • • • • • • • •			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7	• • • • • • • • • • • • • • • • • • •			
а	Add line 8, columns A through D. Enter the gi	· · · · · · · · · · · · · · · · · · ·	tal or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	rectors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
<u>(4)</u>				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			
					_

	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
INCOME	1
COMMONFUND CAPITAL VENTURES PARTNERS XI LP - DIVIDEND	
INCOME	1
FIFF PARTNERS V-US, LLC - DIVIDEND INCOME	3
COMMONFUND CAPITAL VENTURE PARTNERS XIII, LP - INTEREST INCOME	205
COMMONFUND CAPITAL VENTURE PARTNERS XIII, LP - DIVIDEND	200
INCOME	603
FIFF PARTNERS V-US LLC - TRUST - DIVIDEND INCOME	7
PRECURSOR VENTURES, IV - INTEREST INCOME	85
BATTERY VENTURES XIV, LP - INTEREST INCOME	526
ABERDEEN VENTURE PARTNERS VII, LP COMMONFUND CAPITAL VENTURES PARTNERS XI LP	-3,640 -642
TIFF PARTNERS V-US, LLC	2,758
AMPFIELD HOLDINGS (ONSHORE), LP	38,279
COMMONFUND CAPITAL VENTURE PARTNERS XIII, LP	7,465
FIFF PARTNERS V-US LLC - TRUST	
XPONANCE DIVERSE OPPORTUNITIES FUND LP TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	7,272 -5,527 -47,396
XPONANCE DIVERSE OPPORTUNITIES FUND LP	-5,527
KPONANCE DIVERSE OPPORTUNITIES FUND LP FORM 990-T (A) OTHER DEDUCTIONS	-5,527
FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION	-5,527 47,396 STATEMENT 2
CPONANCE DIVERSE OPPORTUNITIES FUND LP POTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREPARATION FEE	-5,527 47,396 STATEMENT 2 AMOUNT 2,750
POTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION PAX PREPARATION FEE INVESTMENT MANAGEMENT FEE DTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027
POTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027
POTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE DTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP DTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027
FORM 990-T (A) OTHER DEDUCTIONS PAX PREPARATION FEE ENVESTMENT MANAGEMENT FEE OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURE	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027
FORM 990-T (A) OTHER DEDUCTIONS PAX PREPARATION FEE INVESTMENT MANAGEMENT FEE OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURE PARTNERS XIII,	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027
FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE DTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP DTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC DTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP DTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC DTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURE PARTNERS XIII, DTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US LLC -	-5,527 47,396 STATEMENT 2
FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURES PARTNERS XI LP OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US, LLC OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL VENTURE PARTNERS XIII, OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PARTNERS V-US LLC - TRUST	-5,527 47,396 STATEMENT 2 AMOUNT 2,750 2,027 118
XPONANCE DIVERSE OPPORTUNITIES FUND LP TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-5,52° 47,396 STATEMENT 2 AMOUNT 2,750 2,02° 118

SCHEDULE D (Form 1041)

Capital Gains and Losses

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

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust 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.

Employer identification number

HAF	RTFORD FOUNDATION FOR PUBLIC GIVIN	06-	0699252			
Did yo	ou dispose of any investment(s) in a qualified opportunity fund during the t	[Ye	s X No		
If "Yes	s," attach Form 8949 and see its instructions for additional requirements for	r reporting your gain (or loss.			
	Form 5227 filers need to complete only Parts I and II.					
Pa	rt I Short-Term Capital Gains and Losses-Gene	erally Assets H	leld 1 Year or Le	ess (see ins	tructi	ons)
See ir	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustmer	nto.	(h) Gain or (loss) Subtract column (e)
		Proceeds (sales price)	Cost (or other basis)	to gain or loss		from column (d) ànd
This f	orm may be easier to complete if you round off cents to whole dollars.	(Sales price)	(Of Other Dasis)	Form(s) 8949,		combine the result with column (g)
				line 2, colum	II (g)	with 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					
1 h	these transactions on Form 8949, leave this line blank and go to line 1b Totals for all transactions reported on Form(s) 8949 with					
1 10	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					
			•	•		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other		SEE STATE	MENT 3	5	-91,761.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2021 Capital Loss	3			
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu		nd on		_	01 761
Da	Part III, line 17, column (3)	rally Accete H	old More Than 1	Vear (see	inotri	
	estructions for how to figure the amounts to enter on the lines below.			T ,		
See II	istructions for now to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmer	nts	(h) Gain or (loss) Subtract column (e)
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949,		from column (d) and combine the result
11113 1	orni may be easier to complete if you round on comes to whole donars.			line 2, colum		with 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					
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked				T	
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and				11	7 05/
12	Net long-term gain or (loss) from partnerships, S corporations, and other				12	7,954.
13	Capital gain distributions				13 14	
14 15	Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of	the 2021 Canital Loc	e		14	
10	Carryover Worksheet	•			15	(
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in colu				10	1
	Part II, line 18a, column (3),	• •			16	7,954.

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

Schedule D (Form 1041) 2022

210841 12-09-22 LHA

Schedule D (Form 1041) 2022 ALTERNATIVE INVES	TMENTS		06-0	0699252 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing	this part.		or trust's	
17 Net short-term gain or (loss)	17		-91,76	5191,761.
18 Net long-term gain or (loss):				
a Total for year	18a		7,95	7,954.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a			-83,80	<u>-83,807.</u>
Note: If line 19, col (3), is a net gain, enter the gain on Form 104	1, line 4 (or Schedule A (Form	990-T), Part I, line 4	a). If lines 18a a	and 19, col (2), are net
gains, go to Part V, and don't complete Part IV. If line 19, colum Part IV Capital Loss Limitation	n (3), is a net loss, complete F	Part IV and the Capita	I Loss Carryover	Worksheet, as necessary.
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedu	ula Λ (Form QQN-T) Part I lina Λο	if a truct) the emaller	of:	
a The loss on line 19, column (3) or b \$3,000		• • • • • • • • • • • • • • • • • • • •		(3,000.)
Note: If the loss on line 19, column (3), is more than \$3,000, or i				·
Loss Carryover Worksheet in the instructions to figure your capital	al loss carryover.	or i omi 990-i, i arti	, 11116 11), 13 a 10	ss, complete the supra
Part V Tax Computation Using Maximum C	-			
Form 1041 filers. Complete this part only if both lines 18a and 19 in o	column (2) are gains, or an amou	nt is entered in Part I or	Part II and there	is an entry on Form 1041,
line 2b(2), and Form 1041, line 23, is more than zero.				
Caution: Skip this part and complete the Schedule D Tax Worksho				
• Either line 18b, col. (2), or line 18c, col. (2), is more than zer	,			
 Both Form 1041, line 2b(1), and Form 4952, line 4g, are mo 	ore than zero, or			
There are amounts on lines 4e and 4g of Form 4952.			5	
Form 990-T trusts. Complete this part only if both lines 18a and 19 ar				
line 11, is more than zero. Skip this part and complete the Schedule D			1. (2), 01 11116 100,	, coi. (2), is inore than zero.
21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Pa	rt I, line11) 21			
22 Enter the smaller of line 18a or 19 in column (2)				
but not less than zero 22				
23 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) 23				
24 Add lines 22 and 23 24				
25 If the estate or trust is filing Form 4952, enter the				
amount from line 4g; otherwise, enter -0-				
	26	i		
00 February 11	27			
		•		
30 Subtract line 29 from line 28. If zero or less, enter -0 This amoun	1	1	30	
31 Enter the smaller of line 21 or line 26				
32 Subtract line 30 from line 26				
33 Enter the smaller of line 21 or \$13,700				
34 Add lines 27 and 30	34	1		
35 Subtract line 34 from line 33. If zero or less, enter -0-				
36 Enter the smaller of line 32 or line 35				
37 Multiply line 36 by 15% (0.15)	1	1	37	
38 Enter the amount from line 31				
39 Add lines 30 and 36	39			
40 Subtract line 39 from line 38. If zero or less, enter -0-				
41 Multiply line 40 by 20% (0.20)			41	
42 Figure the tax on the amount on line 27. Use the 2022 Tax Rate So				
and Trusts (see the Schedule G instructions in the Instructions for				
43 Add lines 37, 41, and 42	l l			
44 Figure the tax on the amount on line 21. Use the 2022 Tax Rate So				
and Trusts (see the Schedule G instructions in the Instructions for	,	•		
45 Tay on all tayable income Enter the smaller of line 43 or line 44	I hare and on Form 10/11 Schadu	IP.	1 1	

210842 12-09-22

Schedule D (Form 1041) 2022

G, Part I, line 1a (or Form 990-T, Part II, line 2)

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 for instructions and the latest information.

OMB No. 1545-0184 **2022**

Attachment 2

Name(s) shown on return Identifying number HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 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 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale TIFF PARTNERS V-US LLC -464TIFF PARTNERS V-US TRUST ,224 LLCGain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -1,688. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 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. SEE STATEMENT 6 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 1,688 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 ,688. Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. 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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

(Form 1040), Part I, line 4

18b

Form 4797 (2022) HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Page 2 Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on Property A Property B **Property C** Property D lines 19A through 19D. 20 20 Gross sales price (**Note:** See line 1a before completing.) 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 Total gain. Subtract line 23 from line 20 24 If section 1245 property: a Depreciation allowed or allowable from line 22 25a 25b **b** Enter the **smaller** of line 24 or 25a If section 1250 property: 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 smaller 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 260 d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: 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 smaller of line 24 or 27b 27c If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions **b** Enter the **smaller** of line 24 or 28a 28b If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions **b** Enter the **smaller** 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. Total gains for all properties. Add property columns A through D, line 24 30 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 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 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 Section 179 expense deduction or depreciation allowable in prior years 33 33 Recomputed depreciation. See instructions 34

Form 4797 (2022)

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

35

Schedule E (Form 1040) 2022 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on page 1 Your social security number 06-0699252 HARTFORD FOUNDATION FOR PUBLIC GIVING Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1 Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions. Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," X No see instructions before completing this section Yes (e) Check if basis computati (b) Enter P for (c) Check if foreign (f) Check if any amount is (d) Employer partnership; **S** for S corporation 28 computation (a) Name identification number is required not at risk SEE STATEMENT Α В С D **Passive Income and Loss** Nonpassive Income and Loss (i) Nonpassive loss (g) Passive loss allowed (j) Section 179 expense (h) Passive income (k) Nonpassive income allowed (see (attach Form 8582 if required) from Schedule K-1 deduction from Form 4562 from Schedule K-1 Schedule K-1) Α В С D 55,717 57. 29a Totals 9,809. Totals b 55,774 30 30 Add columns (h) and (k) of line 29a 9,809 Add columns (g), (i), and (j) of line 29b 31 31 45 ,965 Total partnership and S corporation income or (loss). Combine lines 30 and 31 Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number Α В **Passive Income and Loss** Nonpassive Income and Loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals b Add columns (d) and (f) of line 34a 35 35 Add columns (c) and (e) of line 34b 36 37 Total estate and trust income or (loss). Combine lines 35 and 36 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion (d) Taxable income (b) Employer (e) Income from ròm **Schedules Q,** line 38 (net loss) from (a) Name identification number Schedules Q, line 3b 2c (see instructions) **Schedules Q,** line 1b Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below 40 40 45,965. 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 41 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions. 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules

	· · · · · · · · · · · · · · · · · · ·		
SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FRO PARTNERSHIPS AND S-CORPORATION		STATEMENT 3
DESCRIPTION OF	ACTIVITY		GAIN OR LOSS
AMPFIELD HOLDIN COMMONFUND CAPI	TAL VENTURES PARTNERS XI GS (ONSHORE), LP TAL VENTURE PARTNERS XIII E OPPORTUNITIES FUND LP		284. -99,720. 7,583. 92.
TOTAL TO SCHEDU	LE D, PART I, LINE 5		-91,761.
SCHEDULE D	NET LONG-TERM GAIN OR LOSS FRO PARTNERSHIPS AND S-CORPORATION		STATEMENT 4
DESCRIPTION OF	ACTIVITY	GAIN OR LOSS	28% GAIN
TIFF PARTNERS V COMMONFUND CAPI TIFF PARTNERS V	TAL VENTURES PARTNERS XI -US, LLC TAL VENTURE PARTNERS XIII -US LLC - TRUST E OPPORTUNITIES FUND LP	6,484. -1,291. 4,559. -3,404. 1,606.	
TOTAL TO SCHEDU	LE D, PART II, LINE 12	7,954.	

SCH	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET	STATEMENT 5
1.	ENTER THE AMOUNT FROM FORM 990-T, SCH A, LINE 18	6,965
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT .	. 3,000
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0	. 0
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3	. 0
	NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.	
5.	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT	. 91,761
6.	ENTER ANY GAIN FROM SCHEDULE D, LINE 16 7,954	•
7.	ADD LINES 4 AND 6	
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2023. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0	. 83,807
	NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.	
9.	ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT .	. 0
10.	ENTER ANY GAIN FROM SCHEDULE D, LINE 7 0	•
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0	•
12.	ADD LINES 10 AND 11	. 0
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2023. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0	. 0

FORM 4797 NONRECA	APTURED NET SECTI FROM PRIOR Y		STATEMENT 6
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2017 2018 2019 2020 2021	2,027. 4,661. 0. 0.	0. 0. 0. 0.	1. 2,027. 4,661.
TOTAL TO FORM 4797, LINE 8	6,689.		6,689.

NAME								
EMP I	D NO	•						
CODE	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
 ABERD 45-31 P			PARTNER	S VII, LP				
47-20			AL VENTU	RES PARTNERS	S XI LP			
P POMON 20-17		PITAL V	I LP	642.				
P			US, LLC	0.				
56-23 P	84591	1			2,758.			
36- 4 8			S (ONSHO	RE), LP	20 270			
P COMMO LP	NFUNI	CAPIT	AL VENTU	RE PARTNERS	38,279. XIII,			
84-34 P	27992	2			7,408.			57.
20-17			I LP - T		·			
			US LLC -	0. TRUST				
56-23 P		L VENTUR:	FC TV		7,272.			
87-30 P			ES, IV	0.				
XPONA 87-10			OPPORTU	NITIES FUND	LP			
			XIV, LP	5,527.				
88-07 P	09701	L		0.				
	а по	COII E	, LN. 29	9,809.	55,717.			57.

SCHEDULE D (Form 1041)

Capital Gains and Losses

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

OMB No. 1545-0092

2022

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust 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.

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 1 Year or Less (see instructions) See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (d) (e) (g) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) Form(s) 8949, Part I, This form may be easier to complete if you round off cents to whole dollars. combine the result 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 Box B checked 3 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 4 -91,761. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on -91.761 Part III, line 17, column (3) Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments (h) Gain or (loss) Sùbtract column (é) Proceeds Cost from column (d) and to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. combine the result 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

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

Totals for all transactions reported on Form(s) 8949 with

Totals for all transactions reported on Form(s) 8949 with

Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

Schedule D (Form 1041) 2022

7.954

7,954.

11

12

13

14

15

210841 12-09-22 LHA

Box D checked

Box E checked

9

10

11

12 13

14

15

16

Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts SEE STATEMENT 9

Gain from Form 4797, Part I

Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss

Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on

Carryover Worksheet

Part II, line 18a, column (3),

Part III Summary of Parts I and II			(1) Beneficiaries'	(2) Estate's	9252 Page : (3) Total
Caution: Read the instructions before com	pleting this part.		, ,	or trust's	• •
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		17		-91,761.	-91,761.
18 Net long-term gain or (loss):					
a Total for year				7,954.	7,954.
b Unrecaptured section 1250 gain (see line 18 of the work	sheet)	18b			
c 28% rate gain		18c			
19 Total net gain or (loss) . Combine lines 17 and 18a		▶ 19		-83,807.	-83,807.
Note: If line 19, col (3), is a net gain, enter the gain on Fo	orm 1041, line 4 (or Sched	lule A (Form	990-T), Part I, line 4	a). If lines 18a and 19), col (2), are net
gains, go to Part V, and don't complete Part IV. If line 19	, column (3), is a net loss,	complete P	Part IV and the Capita	I Loss Carryover Work	sheet, as necessary
Part IV Capital Loss Limitation					
Enter here and enter as a (loss) on Form 1041, line 4 (o	•		**		2 000
a The loss on line 19, column (3) or b \$3,000					3,000.
Note: If the loss on line 19, column (3), is more than \$3, .oss Carryover Worksheet in the instructions to figure you	000, or if Form 1041, page	e 1, line 23 (d	or Form 990-T, Part I	, line 11), is a loss, co	omplete the Capital
Part V Tax Computation Using Maxin		Dates			
	<u> </u>		tionate and in Death on	Deat II and the section	
form 1041 filers. Complete this part only if both lines 18a an ine 2b(2), and Form 1041, line 23, is more than zero.	d 19 in column (2) are gains	, or an amoun	it is entered in Part I or	Part II and there is an	entry on Form 1041,
	Workshoot				
Caution: Skip this part and complete the Schedule D Tax		ons it:			
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, or				
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952	are more than zero, or	dividanda ara	included in income in	Dort Lof Form 000 T	nd Form 000 T. Dort
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a	are more than zero, or 2. nd 19 are gains, or qualified				
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in	the instruction			
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Science 11 Enter taxable income from Form 1041, line 23 (or Form 9	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in	the instruction			
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Scienter taxable income from Form 1041, line 23 (or Form 9 22 Enter the smaller of line 18a or 19 in column (2)	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in 90-T, Part I, line11)	the instruction			
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci Enter taxable income from Form 1041, line 23 (or Form 9 Enter the smaller of line 18a or 19 in column (2) but not less than zero	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in	the instruction			
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci Enter taxable income from Form 1041, line 23 (or Form 9 Enter the smaller of line 18a or 19 in column (2) but not less than zero Enter the estate's or trust's qualified dividends from	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in 90-T, Part I, line11)	the instruction			
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Science 11. Enter taxable income from Form 1041, line 23 (or Form 9) but not less than zero. Better the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in 90-T, Part I, line11)	the instruction			
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Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci 11. Enter taxable income from Form 1041, line 23 (or Form 9 12. Enter the smaller of line 18a or 19 in column (2) but not less than zero 13. 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) 14. Add lines 22 and 23 15. If the estate or trust is filling Form 4952, enter the amount from line 4g; otherwise, enter -0- 16. Subtract line 25 from line 24. If zero or less, enter -0- 17. Subtract line 26 from line 21. If zero or less, enter -0- 18. Enter the smaller of the amount on line 21 or \$2,800 19. Enter the smaller of the amount on line 27 or line 28 19. Subtract line 29 from line 28. If zero or less, enter -0 Th	are more than zero, or 2. Ind 19 are gains, or qualified nedule D Tax Worksheet in 190-T, Part I, line11) 22 23 24 25	21 26 27 28 29	ns if either line 18b, co	l. (2), or line 18c, col. (
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Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci 11 Enter taxable income from Form 1041, line 23 (or Form 9 12 Enter the smaller of line 18a or 19 in column (2) 13 but not less than zero 14 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) 14 Add lines 22 and 23 15 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- 16 Subtract line 25 from line 24. If zero or less, enter -0- 17 Subtract line 26 from line 21. If zero or less, enter -0- 18 Enter the smaller of the amount on line 21 or \$2,800 19 Enter the smaller of the amount on line 27 or line 28 10 Subtract line 29 from line 28. If zero or less, enter -0 Th 18 Enter the smaller of line 21 or line 26 18 Subtract line 30 from line 21 or line 26 18 Subtract line 30 from line 21 or line 26	are more than zero, or 2. Ind 19 are gains, or qualified nedule D Tax Worksheet in 20-T, Part I, line11) 22 23 24 25 is amount is taxed at 0%	21 26 27 28 29 31 32	ns if either line 18b, co	l. (2), or line 18c, col. (
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci Enter taxable income from Form 1041, line 23 (or Form 9 Enter the smaller of line 18a or 19 in column (2) but not less than zero 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) Add lines 22 and 23 Enter the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- Subtract line 25 from line 24. If zero or less, enter -0- Enter the smaller of the amount on line 21 or \$2,800 Enter the smaller of the amount on line 27 or line 28 Subtract line 29 from line 28. If zero or less, enter -0 The Enter the smaller of line 21 or line 26 Subtract line 30 from line 26 Enter the smaller of line 21 or \$13,700	are more than zero, or 2. Ind 19 are gains, or qualified nedule D Tax Worksheet in 190-T, Part I, line11) 22 23 24 25 is amount is taxed at 0%	26 27 28 29 31 32 33	ns if either line 18b, co	l. (2), or line 18c, col. (
Both Form 1041, line 2b(1), and Form 4952, line 4g. There are amounts on lines 4e and 4g of Form 4952 Form 990-T trusts. Complete this part only if both lines 18a a ine 11, is more than zero. Skip this part and complete the Sci 11 Enter taxable income from Form 1041, line 23 (or Form 9 12 Enter the smaller of line 18a or 19 in column (2) 13 but not less than zero 14 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) 14 Add lines 22 and 23 15 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- 16 Subtract line 25 from line 24. If zero or less, enter -0- 17 Subtract line 26 from line 21. If zero or less, enter -0- 18 Enter the smaller of the amount on line 21 or \$2,800 19 Enter the smaller of the amount on line 27 or line 28 10 Subtract line 29 from line 28. If zero or less, enter -0 Th 18 Enter the smaller of line 21 or line 26 18 Subtract line 30 from line 21 or line 26 18 Subtract line 30 from line 21 or line 26	are more than zero, or 2. nd 19 are gains, or qualified nedule D Tax Worksheet in 90-T, Part I, line11) 22 23 24 25	26 27 28 29 31 32 33 34	ns if either line 18b, co	l. (2), or line 18c, col. (

G, Part I, line 1a (or Form 990-T, Part II, line 2)

210842 12-09-22

Schedule D (Form 1041) 2022

37 Multiply line 36 by 15% (0.15)

Enter the amount from line 31

Add lines 30 and 36

40 Subtract line 39 from line 38. If zero or less, enter -0-41 Multiply line 40 by 20% (0.20)

and Trusts (see the Schedule G instructions in the Instructions for Form 1041)

43 Add lines 37, 41, and 4244 Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates

42 Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates

39

42

39

37

41

SCHEDULE D (Form 1041)

ALTERNATIVE MINIMUM TAX

Capital Gains and Losses

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

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust 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.

Employer identification number

HAF	TFORD FOUNDATION FOR PUBLIC GIVIN	G			06-	0699252
Did vo	u dispose of any investment(s) in a qualified opportunity fund during the ta	Ye	s X No			
-	," attach Form 8949 and see its instructions for additional requirements for	-	r loss.			
	Form 5227 filers need to complete only Parts I and II.	1 33 3				
	rt I Short-Term Capital Gains and Losses-Gene	rally Assets He	eld 1 Year or Le	ss (see in	structi	ons)
See in	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
		Proceeds	Cost	Adjustme		Subtract column (e)
This fo	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or los Form(s) 8949		from column (d) and combine the result
	, in the second to compress it you can a circumstance to minor actions			line 2, colu		with 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 h	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					
Ü	Box C checked					
	box o oncorred			1		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
•	onor torm suprial gain or (1999) norm of the 1991, 9292, 9791, and 9921					
5	Net short-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	SEE STATE	MENT 11	5	-91,761.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of 1					
·	Carryover Worksheet	·			6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu					
•	Part III, line 17, column (3)	. ,			7	-91,761.
Pa	rt II Long-Term Capital Gains and Losses-Gene	rally Assets He	eld More Than 1	Year (see		uctions)
See in	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		,
		Proceeds	Cost	Adjustme		(h) Gain or (loss) Subtract column (e)
This fo	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or los Form(s) 8949	SS from Part II	from column (d) and combine the result
	, in the second to compress it you can a circumstance to minor actions			line 2, colu		with 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					
_	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824		•	11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other		SEE STATE	MENT 12	12	7,954.
13	Capital gain distributions				13	-
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of					
	Carryover Worksheet	-			15	(
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in colu					•
	Part II, line 18a, column (3),				16	7,954.
				-		

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

Schedule D (Form 1041) 2022

210841 12-09-22 LHA

ALTERNATIVE MINIMUM TAX

Sch	nedule D (Form 1041) 2022 ALTERNATIVE I		STMENTS	1 1 1 1 1 1	TOM TAX		06-06	99252 Page 2
	Part III Summary of Parts I and II				(1) Beneficiaries'	(2)	Estate's	(3) Total
	Caution: Read the instructions before con	npletin	g this part.				trust's	
17	Net short-term gain or (loss)			17		-9	1,761	91,761.
18	Net long-term gain or (loss):							
	a Total for year			18a			<u>7,954</u>	7,954.
	b Unrecaptured section 1250 gain (see line 18 of the work	(sheet)		18b				
	c 28% rate gain			18c				
19	Total net gain or (loss). Combine lines 17 and 18a		>	19		-8	<u>3,807</u>	-83,807.
Not	e: If line 19, col (3), is a net gain, enter the gain on F	orm 10	041, line 4 (or Schedule i	A (Form	990-T), Part I, line 4	a). If line	es 18a and	19, col (2), are net
	ns, go to Part V, and don't complete Part IV. If line 19 Part IV Capital Loss Limitation	9, colu	mn (3), is a net loss, con	nplete F	Part IV and the Capita	II LOSS C	arryover Wo	orksheet, as necessary.
_		r Sche	dule A (Form 990-T). Part	I. line 4c.	if a trust), the smalle r	of:		
							20 ()_
Not	e: If the loss on line 19, column (3), is more than \$3,	000, 0	f if Form 1041, page 1, I	ine 23 (d	or Form 990-T, Part	l, line 11), is a loss,	complete the Capital
_	s Carryover Worksheet in the instructions to figure yo							
_	Part V Tax Computation Using Maxir							
	m 1041 filers. Complete this part only if both lines 18a ar	nd 19 ir	ı column (2) are gains, or a	ın amour	nt is entered in Part I o	r Part II a	nd there is a	an entry on Form 1041,
	2b(2), and Form 1041, line 23, is more than zero.							
Cau	Ition: Skip this part and complete the Schedule D Tax			if:				
•	Either line 18b, col. (2), or line 18c, col. (2), is more		•					
•	Both Form 1041, line 2b(1), and Form 4952, line 4g		nore than zero, or					
	There are amounts on lines 4e and 4g of Form 495.		and the second of the second of the		to all did to to a constant	Deather	F 000 T	
	m 990-T trusts. Complete this part only if both lines 18a at 11, is more than zero. Skip this part and complete the Sc							
						n. (<i>2)</i> , or	100,00	. (2), is more man zero.
	Enter taxable income from Form 1041, line 23 (or Form 9	190-1, 1	² art i, iiile i i)	21				
22	Enter the smaller of line 18a or 19 in column (2)	22	I					
22	but not less than zero			-				
23	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)	23						
24	Add lines 22 and 23	24						
	If the estate or trust is filing Form 4952, enter the	24						
20	amount from line 4g; otherwise, enter -0-	25						
26	Subtract line 25 from line 24. If zero or less, enter -0-			26				
	O. h. t t. l'				+			
	Enter the smaller of the amount on line 21 or \$2,800			28			•	
	- · · · · · · · · · · · · · · · · · · ·			29				
	Subtract line 29 from line 28. If zero or less, enter -0 The						30	
	Enter the smaller of line 21 or line 26				1			
	Subtract line 30 from line 26							
	3 Enter the smaller of line 21 or \$13,700							
	Add lines 27 and 30							
	Subtract line 34 from line 33. If zero or less, enter -0-							
	Enter the smaller of line 32 or line 35							
	Multiply line 36 by 15% (0.15)				37			
38	Enter the amount from line 31			. 38				
39				. 39				
40	Subtract line 39 from line 38. If zero or less, enter -0			. 40				
41	Multiply line 40 by 20% (0.20)						41	
42	Figure the tax on the amount on line 27. Use the 2022 Ta	x Rate	Schedule for Estates					
	and Trusts (see the Schedule G instructions in the Instru		,	42				
	Add lines 37, 41, and 42			. 43				
44	Figure the tax on the amount on line 21. Use the 2022 Ta							
	and Trusts (see the Schedule G instructions in the Instru		,	. 44				
45	Tax on all taxable income. Enter the smaller of line 43						_	
	G, Part I, line 1a (or Form 990-T, Part II, line 2)						45	

210842 12-09-22 Schedule D (Form 1041) 2022

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 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 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale TIFF PARTNERS V-US LLC -464TIFF PARTNERS V-US TRUST ,224 LLCGain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -1,688. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 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 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 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 1,688 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 688. Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. 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)

Form 4797 (2022) HARTFORD FOUNDATION FOR PUBLIC GIVING

Pa	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, c	or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)			
A											
<u>B</u>											
<u></u> C											
_ <u>D</u>											
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D			
20	Gross sales price (Note: 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									
	If section 1245 property:										
	Depreciation allowed or allowable from line 22	25a									
	Enter the smaller of line 24 or 25a	25b									
26	If section 1250 property: If straight line depreciation	200									
20	was used, enter -0- on line 26g, except for a corporation subject to section 291.										
а	Additional depreciation after 1975. See instructions	26a									
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b									
С	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										
	Enter the smaller of line 26c or 26d										
_		26e									
f	Section 291 amount (corporations only)	26f									
	Add lines 26b, 26e, and 26f	26g									
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	5									
а	Soil, water, and land clearing expenses	27a									
b	Line 27a multiplied by applicable percentage	27b									
	Enter the smaller of line 24 or 27b	27c									
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a									
	Enter the smaller of line 24 or 28a	28b									
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a									
b	Enter the smaller of line 24 or 29a. See instructions	29b									
Sur	mmary of Part III Gains. Complete property of	olumn	is A through D through lin	ne 29b before (going	to line 30.					
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30				
31	$\label{eq:Add_property} \text{Add property columns A through D, lines 25b, 26g,}$	27c, 2	8b, and 29b. Enter here a	and on line 13			31				
32	2 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 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less										
Pa	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 allo	wable	in prior years	[33						
34					34						
35	Recapture amount. Subtract line 34 from line 33. Se				35						

Form **4797** (2022)

	GAIN OR LOSS -99,720. 7,583. 92. -91,761.
	284. -99,720. 7,583. 92.
	-99,720. 7,583. 92.
	-91,761.
	STATEMENT 9
GAIN OR LOSS	28% GAIN
6,484. -1,291. 4,559. -3,404. 1,606.	
7,954.	
	GAIN OR LOSS 6,4841,291. 4,5593,404. 1,606.

SCH	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET		STATEMENT 10
1.	ENTER THE AMOUNT FROM FORM 990-T, LINE 11		0
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT		3,000
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0		3,000
ŀ.	ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000
	NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.		
5.	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT .		91,761
5.	ENTER ANY GAIN FROM SCHEDULE D, LINE 16 7,	954	
' •	ADD LINES 4 AND 6		10,954
3.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2023 . SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0		80,807
	NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.		
•	ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT		0
0.	ENTER ANY GAIN FROM SCHEDULE D, LINE 7	0	
1.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0	0	<u> </u>
2.	ADD LINES 10 AND 11		0
3.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2023. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0		0

SCHEDULE D AMT NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 11
DESCRIPTION OF ACTIVITY		GAIN OR LOSS
COMMONFUND CAPITAL VENTURES PARTNERS XI COMMONFUND CAPITAL VENTURES PARTNERS XI TIFF PARTNERS V-US, LLC AMPFIELD HOLDINGS (ONSHORE), LP COMMONFUND CAPITAL VENTURE PARTNERS XIII COMMONFUND CAPITAL VENTURE PARTNERS XIII TIFF PARTNERS V-US LLC - TRUST XPONANCE DIVERSE OPPORTUNITIES FUND LP XPONANCE DIVERSE OPPORTUNITIES FUND LP		284. 6,484. -1,291. -99,720. 7,583. 4,559. -3,404. 92. 1,606.
TOTAL TO SCHEDULE D, PART I, LINE 5		-83,807.
SCHEDULE D AMT NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 12
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
COMMONFUND CAPITAL VENTURES PARTNERS XI COMMONFUND CAPITAL VENTURES PARTNERS XI TIFF PARTNERS V-US, LLC AMPFIELD HOLDINGS (ONSHORE), LP COMMONFUND CAPITAL VENTURE PARTNERS XIII COMMONFUND CAPITAL VENTURE PARTNERS XIII TIFF PARTNERS V-US LLC - TRUST XPONANCE DIVERSE OPPORTUNITIES FUND LP XPONANCE DIVERSE OPPORTUNITIES FUND LP	284. 6,484. -1,291. -99,720. 7,583. 4,559. -3,404. 92. 1,606.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-83,807.	

SCHEDULE E (Form 5471)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

(Rev. December 2021)

Department of the Treasury

► Attach to Form 5471.

So to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Internal F	Revenue Service				P do to min.	0.g0 1/1 0111		, IIIO II I	otiono una	tile lateot								
Name of	person filing Form 5471																number	
HART	FORD FOUNDAT	CIOL	N FOR 1	PUBLIC	GIVING										06	<u> – 0 6 </u>	9925	52
Name of	foreign corporation										EIN (if any)						er (see instructions)
OCTA	GON CLO OPPO	DRTU	JNITY 1	FUND]	V LP										547		OIA	001
a S	eparate Category (Ente	r code	- see instru	ctions.)												<u> </u>	PAS	
b If	code 901j is entered or	n line a	a, enter the (country co	de for the sanctio	ned country	(see inst	ructions	s)							▶ _		
	one of the RBT codes i						ountry (s	ee instru	uctions))	<u> </u>		
Part					edit Is Allowe													
Section	n 1 - Taxes Paid or	Accru	ued Direct	ly by For	eign Corporati													
			(2)			(b) EIN or Ref		(c)	Country	(d) or U.S. Pos /hich Tax Is	ssession	Foreig	e) Yn Tay V) ear of Pa	wor	1118	Tay Ve	(f) ear of Payor Entity
		Name	(a) e of Payor E	Intity		ID Numb		Unsuspend	led to W	/hich Tax Is de - see inst	Paid tructions			Tax Rel				th Tax Relates
						Payor E	ntity	Taxes		parate line f		ĺ	ear/Mor	nth/Day)		↓	(Year/	/Month/Day)
1																↓		
2																↓		
3																↓		
4	, ,															Щ.		
	(g) Income Subject to T	гах	If taxes a	n) re paid on	(i) Local Curr	rency in	Tax	(j) Paid or	Accrued		(k)			(I)				(m)
	in the Foreign Jurisdic	u Jurisdiction U.S. source income, Which Tax Is Payable (in local currency in which U.S. pollars (divide column									In U.S. Do		n (k))		etional Currency eign Corporation			
	(see instructions)		chec	k box	(enter code - see	instructions)	the	tax is p	ayable)	<u> </u>	0.0. Done		(divide co	olullii (j) D	y coluini	1 (K))	01101	eigit corporation
1																\rightarrow		
2																\rightarrow		
3																\rightarrow		
4																\rightarrow		
	Total (combine lines 1				report amount or	n Schedule E	E-1, line ₄	4				▶						
	Total (combine lines 1							<u></u>							>	<u>*</u>		
Section	n 2 - Taxes Deemed	d Paic	d by Forei	gn Corpo	ration	1 (1-)												(-)
			(a)			(b) EIN or Refer	rence ID		Countr	y or U.S. Po	(c) ossession t	o Which Ta	x Is			(d)		(e) Annual PTEP
	Name of Lowe	r-Tier [Foreign Co	orporation	Number of Lo Distributing	Foreign			aid (Enter co						EP Gro		Account
						Corpora	ition			Use a sepa	arate line fo	r each.)			(GIII		ue)	(enter year)
1																		
2																		
3																		
4																	(i)	
	PTEP [(f)				(g)			Tatal Amazon	-+ -f +b - DT	(h)	Tawaa \4/:4la	Daamaat	Foreign I	ncome T	Гахеs F	. ,	Attributable to PTEP
	PTEP I (enter amount in			.,,	Total A in the PTEP Gro	Amount of Pi		ancv)	Total Amour		EP Group P Group (L		Respect				•	emed Paid
	(enter amount m	iuiicil	orial cultell	·y)	in the FTEF GIO		orial Cull	ы юу)			(0	- ,		((co	lumn (f)/d	columr	n (g)) x co	olumn (h)) (USD)
1																		
3																		
4																		
5 To	otal (combine lines 1 the	rough	4 of column	ı (i)). Also r	eport amount on S	Schedule E-1	I, line 6						<u> </u>					

Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation EIN (if any) Reference ID number (see instructions) 5471CLOIV001 OCTAGON CLO OPPORTUNITY FUND IV LP PAS a Separate Category (Enter code - see instructions.) **b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) Part II Election For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? X No If "Yes," state date of election Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.) Part III (b) (g) (c) (h) (i) (d) EIN or Reference ID Suspended Name of Payor Entity Other Section 901(i) Section 901(k) and (l) Section 901(m) U.S. Taxes Total No. of Payor Entity Taxes In functional currency (combine lines 1 and 2) In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation Schedule E-1 Taxes related to: IMPORTANT: Enter amounts in U.S. dollars. (d) Subpart F Income Tested Income Residual Income Suspended Taxes Balance at beginning of year (as reported in prior year Schedule E-1) 1a Beginning balance adjustments (attach statement) Adjusted beginning balance (combine lines 1a and 1b) 2 Adjustment for foreign tax redetermination За Taxes unsuspended under anti-splitter rules b Taxes suspended under anti-splitter rules Taxes reported on Schedule E, Part I, Section 1, line 5, column (I) 4 5 Taxes carried over in nonrecognition transactions Taxes reported on Schedule E. Part I. Section 2. line 5. column (i) 6 7 Other adjustments (attach statement) Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7) 9 Taxes deemed paid with respect to inclusions (see instructions) 10 Taxes deemed paid with respect to actual distributions 11 Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P 12 Other (attach statement) Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c)) 13 14 Reserved for future use 15 Reduction for other taxes not deemed paid 16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12.

Name of foreign corporation

Schedule E (Form 5471) (Rev. 12-2021)

EIN (if any)

Reference ID number (see instructions)

OCTA	GON CLO O	PPORTUNITY	FOND IN LP				24/TCTOT/	700I		
а	Separate Categor	y (Enter code - see ins	structions.)						▶ PAS	
		ered on line a, enter t							_	
С	If one of the RBT	codes is entered on lir	ne a, enter the countr	y code for the treaty	country (see instruc	tions)				
Sche	dule E-1 T	codes is entered on lin	ued, or Deemed	Paid on Accum	ulated Earnings	and Profits (E	&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related	l to previously tax	ced E&P (see in	structions)			
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
С										
2										
3a										
b										
4										
_ 5										
6										
_ 7										
8										
9										
10										
11										
12										

212447 04-01-22 Schedule E (Form 5471) (Rev. 12-2021)

SCHEDULE Q (Form 5471)

(Rev. December 2022) Department of the Treasury Internal Revenue Service

CFC Income by CFC Income Groups

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471						Identifying nur	nber
HARTFORD FOUNDATION FOR	PUBLI	C GIVING				06-069	9252
Name of foreign corporation					EIN (if any)	Reference ID I	number (see instructions)
OCTAGON CLO OPPORTUNITY	FUND	IV LP				5471CLO	IV001
Complete a separate Schedule Q with respect t	o each ap	plicable category of inco	ome (see instructions).		•		
A Enter separate category code with resp	ect to whi	ch this Schedule Q is be	eing completed (see instr	ructions for codes)		PA	S
B If category code "PAS" is entered on lin						T 7.7	
C If code "901j" is entered on line A, enter							
Complete a separate Schedule Q for U.S. source	e income	and foreign source inco	me (see instructions for a				
D Indicate whether this Schedule Q is being			U.S. source income or	X Foreign so	ource income		
Complete a separate Schedule Q for FOGEI or I	FORI incor	me.		_			
E If this Schedule Q is being completed for	or FOGEI o	or FORI income, check the	nis box				
Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
Subpart F Income Groups			·	·	·	·	,
a Dividends, Interest, Rents, Royalties,							
& Annuities (Total)		983,043.					288,980.
(1) Unit name: OCTAGON CLO	CJ	983,043.					288,980.
(2) Unit name:							
b Net Gain From Certain Property							
Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
c Net Gain From Commodities							
Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
d Net Foreign Currency Gain (Total)							
(1) Unit name:							
(2) Unit name:							
e Income Equivalent to Interest (Total)							
(1) Unit name:							
(2) Unit name:							
f Other							
(1) Unit name:							
(2) Unit name:							
g Foreign Base Company Sales							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
Important: See Computer-Generated Sc	chedule (in instructions.					

Schedule Q (Form 5471) (Rev. 12-2022)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a				694,063. 694,063.		11,086,267.			
(1)				694,063.		11,086,267.			
(2)							ш		
b									
(1)									
(2)							ш		
<u> </u>									
(1)							-H		
(2)									
d (1)									
(2)									
<u>(2)</u> e									
(1)									
(2)									
f									
(1)							П		
(2)									
g									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:	\vdash						
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:		000 040					000 000
5 Total		983,043.					288,980.

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)									
(2)									
i									
(1)									
(2)									
i									_
(1)									
(2)							Ш		
k									
m									
2									
3									
(1)									
(2)							Ш		
_4									
(1)									
(2)				504.055					
5				694,063.					

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

SCHEDULE R (Form 5471) (December 2020)

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

	ent of the Treasury Revenue Service	Go to www.irs.gov/Form5471 for instructi		tion.	
	of person filing Form	5471		Identifying number	
		NDATION FOR PUBLIC GIVING		06-0699252	
	of foreign corporation		EIN (if any)	Reference ID number	
OCT	AGON CLO	OPPORTUNITY FUND IV LP		5471CLOIV0	01
		(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	CASH DIST	RIBUTIONS	12/31/2022	1,032,261.	694,063.
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24		on Act Notice see instructions LUA cress 58.		Sahadula D	/Form F474) (10 0000)

Passive Activity Loss Limitations

See separate instructions. Attach to Form 1040, 1040-SR, or 1041. OMB No. 1545-1008

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return					l	dentif	ying number
		_					0.6.0000000
HARTFORD FOUNDATION FOR PU	DBLIC GIVIN	G					06-0699252
Part I 2022 Passive Activity Loss							
Caution: Complete Parts IV and V be							
Rental Real Estate Activities With Active Particip	pation (For the defin	ition of active par	ticipation	, see			
Special Allowance for Rental Real Estate Activities	in the instructions	´ 1	1				
1a Activities with net income (enter the amount for			1a		_		
b Activities with net loss (enter the amount from			1b ()		
c Prior years' unallowed losses (enter the amou	nt from Part IV, colun	nn (c)) L	1c ()		
d Combine lines 1a, 1b, and 1c						1d	
All Other Passive Activities							
2a Activities with net income (enter the amount for	rom Part V, column (a	a))	2a	55,	717.		
b Activities with net loss (enter the amount from	Part V, column (b))		2 b (11,	497.)		
c Prior years' unallowed losses (enter the amou	nt from Part V, colum	ın (c)) L	2c ()		
d Combine lines 2a, 2b, and 2c						2d	44,220.
3 Combine lines 1d and 2d. If this line is zero or	more, stop here and	include this form	with you	r return;			
all losses are allowed, including any prior year	unallowed losses en	tered on line 1c o	or 2c. Rep	ort the			
losses on the forms and schedules normally u	sed				L	3	44,220.
Military Order and a second of the Additional Additiona	- 4 - D- 4 II						
If line 3 is a loss and: • Line 1d is a loss, g		\ D		" 40			
● Line 2d is a loss (a	na line 1a is zero or r	nore), skip Part II	and go to	o line 10.			
Caution: If your filing status is married filing separ	ately and you lived w	ith your spouse a	at any tim	e during the y	ear, do r	not cor	mplete
Part II. Instead, go to line 10.			•	,			•
Part II Special Allowance for Renta	al Real Estate A	ctivities With	Active	Participati	on		
Note: Enter all numbers in Part II as	positive amounts. Se	e instructions for	an exam	ple.			
4 Enter the smaller of the loss on line 1d or the	loss on line 3					4	
5 Enter \$150,000. If married filing separately, se	e instructions		5				
6 Enter modified adjusted gross income, but no			6				
Note: If line 6 is greater than or equal to line 5							
on line 9. Otherwise, go to line 7.	,						
- Outstand the Officer F			7				
8 Multiply line 7 by 50% (0.50). Do not enter mo		_		e instructions		8	
	πο τη απή φ25,000. Η ΤΙ		-			9	
Part III Total Losses Allowed						9	
10 Add the income, if any, on lines 1a and 2a and	d ontor the total					10	
					·····	10	
11 Total losses allowed from all passive activity		ies 9 and 10. See	mstructi	oris to iirid			
out how to report the losses on your tax return Part IV Complete This Part Before I	Part I Lines 1a	1h and 1c	See inct	ructions		11	
Complete This Fall Before	arti, Emeora,	15, 4114 10.		ituctions.			
	Curren	t year	P	rior years		Over	all gain or loss
Name of activity	(-) Net in a con-	(In) Ni at I a a a	(-)	I I II I			
	(a) Net income (line 1a)	(b) Net loss (line 1b)		Unallowed ss (line 1c)	(d)	Gain	(e) Loss
	(iii ic Ta)	(III C TD)	100	33 (11110-10)			
Total. Enter on Part I, lines 1a, 1b, and 1c							

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

Form 8582 (202 Part V	2) HARTFORD FOUNDAT Complete This Part Before						ctions.	06-0	69	9252 Page 2	
			Currer			Prior ye		Overall gain or loss			
	Name of activity	(;	a) Net income (line 2a)		Net loss ne 2b)	(c) Unalle loss (line		(d) Gain		(e) Loss	
		S	EE ATTAC	HED	STATEM	ENT FOI	R PAI	RT V			
Total. Enter o	n Part I, lines 2a, 2b, and 2c Use This Part if an Amoun	t Ic	55,717.	-1	1,497.) oo inatru k	tiono				
Pait Vi	Ose This Part II all Allioun			art II,	Lille 9.	l listruc	Juons.	Ī			
	Name of activity	ar to	orm or schedule and line number be reported on see instructions)	(a	i) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a)	
Total											
Part VII	Allocation of Unallowed L	oss	es. See instr	uction	S.						
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) [[]	_OSS		(b) Ratio	(4	c) Unallowed loss	
Total	Allowed Lagge On the										
Part VIII	Allowed Losses. See instru	JCTI			1		Ι				
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) L	_OSS	(b) U	nallowed loss		(c) Allowed loss	

Form **8582** (2022)

Total

schedule

c Subtract line 1b from line 1a. If zero or less, enter -0-

Form 8582 (2022) HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Page 3 Activities With Losses Reported on Two or More Forms or Schedules. See instructions. Name of activity: (d) Unallowed (e) Allowed loss (c) Ratio (a) (b) loss Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule **b** Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule **b** Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule **b** Net income from form or

Form **8582** (2022)

<u>Tot</u>al

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

JAN 1

beginning

, 2022 , 2022, and ending $\ensuremath{\text{DEC}}$ 31

Attachment Sequence No. **865**

Name of person filing this return			-	Filer	's identifica	tion numbe	ſ
				0	6-069	9252	
HARTFORD FOUNDATIO	N FOR PUBLIC GIVIN	1G					
Filer's address (if you aren't filing this form w	rith your tax return)	A Category of	of filer (see Categori	ies of Filers in th	e instructions	and check app	licable box(es)):
		1	2 [X	4	
		B Filer's tax beginning	year JAN	1 ,202	2 , and end	ing DEC	31,2022
C Filer's share of liabilities: Nonrecourse \$		recourse financi			Other	r \$	
D If filer is a member of a consolidated grou	p but not the parent, enter the following	j information abo	out the parent:				
<u>Name</u>				EIN			
Address							
E Check if any excepted specified foreign fir		See instructions	s				
F Information about certain other partners (see instructions)		T		T		
(1) Name	(2) Address		(3) Identificat	ion number	H	Check applica	
					Category 1	Category 2	Constructive owner
					-		
					2/a) FIN	(if any)	
G1 Name and address of foreign partnership BALDERTON CAPITAL VI	TT C T D				2(a) EIN	(a y) -1642	106
BALDERION CAPITAL VI	11, Б.ш.Р.					erence ID nu	
3 RUE GABRIEL LIPPMA	NTNI				2(0) 11010	or crice ib ilu	IIIDGI
MUNSBACH, LUXEMBOURG					3 Country	, under who	se laws organized
MUNSBACH, BUXEMBOURG	п-2202				1	BOURG	sc laws of garlized
4 Date of 5 Principal place of business	6 Principal business activity code number	7 Principal bus	siness	8a Func			ange rate nstructions)
07/27/2021 UNITED KIN		INVESTI		USD curre	ency	ob (see in	nstructions)
H Provide the following information for the				002		l	
1 Name, address, and identification number		2 Check if th	ne foreign partne	ership must fi	le:		
,	5 (3)		orm 1042 [Form 88		Form 106	65
		Service Ce	enter where Forr	n 1065 is filed	d:		
		E-FI					
3 Name and address of foreign partnership		y 4 Name and a partnership,	ddress of person(s and the location of) with custody of such books and	the books and d records, if di	d records of th fferent	e foreign
BALDERTON CAPITAL GE		BALDER	TON CAP	ITAL G	ENERA:	L PART	TNER VII
3 RUE GABRIEL LIPPMA			GABRIEL				
MUNSBACH, LUXEMBOUR		MUNSBA	•	XEMBOU	RG L-	5365	
5 During the tax year, did the foreign part	nership pay or accrue any interest or ro	yalty for which t	he deduction is	not			
allowed under section 267A? See instru						Yes	L No
	sallowed deductions					\$	
6 Is the partnership a section 721(c) part		on 1.721(c)-1(b)	(14)?			Yes	L No
7 Were any special allocations made by th						Yes	X No
8 Enter the number of Forms 8858, Inform							
	ached to this return. See instructions					 ХТ. Т.П	D PSHIP
9 How is this partnership classified under10 a Does the filer have an interest in the for			roign partnarahi		SELCI	ידה הידי	D FSIIIF
separate unit under Regulations section		-					
	stion 10b					Yes	No
b If "Yes," does the separate unit or comb						163	NO
	illeu separate unit nave a uuai consonua					Yes	□ No
11 Does this partnership meet both of the			······			103	110
The partnership's total receipts for the state of th							
2. The value of the partnership's total a	-	s than \$1 million				Yes	□ No
If "Yes," don't complete Schedules L, M		,]				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2022)

Form 8865	(2022)	HARTF	ORD FOUNDA	TION	FOR	PUBLIC	G]	IVING			0 (5-0699	252	Page 2		
12 a Is	the filer of		865 claiming a foreign						on 250) wit	า				-		
			n with the foreign part		•	,		•	,			Yes	Г	No		
	-	-	s receipts derived fror	•		-										
		_	on of foreign-derived o		-											
	oradou iii it	o compatati	on or foreign derived t		ngibio iii	oomo (r BBEr)										
c Er	nter the am	ount of ares	s receipts derived fror	n all sales d	of intandi	hle property to	the fo	oreian partnershi	n that the fi	ler						
		s computation	•		•				•							
		•	s receipts derived fror													
		on of FDDEI														
			gn partners subject to													
			eiving a distribution fro		(/ (/			•								
			x year were any transf													
	-	-			-	•		-				Yes	Γ .	X No		
16	quireinents	oi negulatii	ons section 1.707-8?									169	L <u>-4</u>	IZ NU		
Sign Here On	lly Under pe	enalties of perj	ury, I declare that I have ex	amined this r	eturn, inclu	uding accompanyi	ng sch	nedules and stateme	nts, and to the	e best of my	knowle	dge and belief,	it is true,			
if You're Filin			Declaration of preparer (ot													
This Form Separately ar	nd											1				
Not With You Tax Return.	I	ignature of gon	eral partner or limited liabi	lity company	mombor								Date			
	_	e preparer's na	•		arer's sign	ature		ID	ate	Chec	$\overline{}$	T PTIN	Date			
Paid	aid					· · · · · · · · · · · · · · · · · · ·						if				
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			t you constructive	•	see iris	tructions.										
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		Name				Addre	ess			Identificatio	n numb	er (if any)	foreign	direct		
													person	partner		
				_												
<u> </u>				ᆜ_		. , .										
Schedu	ile A-1	Certair	n Partners of For	eign Par	tnersn	ip (see ins	truct	tions)						1		
		Name				Addre	ess			Identif	ication	number (if any)		Check if foreign		
														person		
-																
Schedu	ile A-2	Foreig	n Partners of Se	ction 72	1(c) Pa		(see									
Name of fo			Address			Country of organization		U.S. taxpay identification no		Check if rela			ntage inter	est		
partire						(if any)		(if any)		U.S. trans	ieror	Capital		Profits		
													%	%		
													%	%		
Does the pa	artnership l		er foreign person as a								[Yes		No		
Schedu	le A-3		ion Schedule. Li				or do	mestic) in wh	nich the f	oreign p	artne	rship own	S			
		a direc	t interest or indire	ctly own	s a 10%	% interest.										
									T	EIN		Total o	ordinary	Check		
		Name				Addre	SS			(if any)		income	or loss	Check foreigr partner ship		
												1				

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)

➤ Attach to Form 8865. See the Instructions for Form 8865.

➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Schedule O (Form 8865) 10-2021

Name of transferor Filer's identifying number HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Name of foreign partnership BALDERTON CAPITAL VIII, EIN (if any) Reference ID number (see instr) 98-1642186 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions X | No Yes No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes 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)? X No Yes Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 12/31/22 926,350 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 **Totals** 926,350. Enter the transferor's percentage interest in the partnership: (a) Before the transfer .6696 % (b) After the transfer .6696 % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (b) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership to partner original disposition disposition recognized by property recapture allocated transfer partnership to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

210661 04-01-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2022, and ending DEC . 2022 Internal Revenue Service Filer's identification number Name of person filing this return 06-0699252 HARTFORD FOUNDATION FOR PUBLIC GIVING Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X Filer's tax vea 2022 , and ending DEC В 31 JAN beginning 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; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 2(a) EIN (if any) **G1** Name and address of foreign partnership KONTIKI LONG ONLY ONSHORE FUND 98-1551295 2(b) Reference ID number SUITE 3205-6 & 3207A, ICBC TOWER, 3 GARDEN RD HONG KONG, HONG KONG K3 00000 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 6 Principal business activity code number Principal business activity 8a Functional currency 5 Principal place of business 12/31/2020 HONG KONG 525990 INVESTING USD 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 X Form 1065 Service Center where Form 1065 is filed: OGDEN, UT 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 3 Name and address of foreign partnership's agent in country of organization, if any MORGAN STANLEY MORGAN STANLEY 7-11 SIR JOHN ROGERSONS QUAY 7-11 SIR JOHN ROGERSONS QUAY DUBLIN IRELAND DUBLIN IRELAND 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 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No 7 Were any special allocations made by the foreign partnership? Yes 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? EXEMPT PSHIP 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 No 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Ves 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)? 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. No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

Form 8865 (2022)

Form 8865	(2022)	HARTF	ORD FOUNDAT	ION	FOR	PUBLIC	G]	IVING			06	5-0699	252	Page 2
12 a Is	the filer of		865 claiming a foreign-de						250) with	า				-
			n with the foreign partner		•	, ,		,	,			Yes		No
	-	-	s receipts derived from a			-								
		-	on of foreign-derived ded		-									
		o comparati	on or torongin donned dod		.g	(, , , , , , , , , , , , , , , , , , ,								
c Er	nter the am	ount of gros	s receipts derived from a	II sales of	f intangi	ble property to	the fo	oreign partnership	that the fi	ler				
		s computati												
		ount of gros ion of FDDEI												
13 Er	nter the nui	mber of forei				provided to the foreign partnership that the filer included in (8) as a result of transferring all or a portion of an interest in ship (a) e partnership and its partners subject to the disclosure (b) Yes (c) No (c) In, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, partner or limited liability company member) is based on all information of which preparer has any knowledge. (c) Date (c) PTIN (c) Prim's EIN (c) Phone no. (c) Prim's EIN (c) Phone no. (d) U.S. taxpayer identification number (if any) of the person(s) whose								
			· ,		(/ (/									
	-	-			-	-		•				☐ Yes		No
10	quironnonia	orriogalati										100		
Sign Here Or	ly Under p	enalties of perj	ury, I declare that I have exami	ined this re	turn, inclu	uding accompanyi	ng sch	nedules and statements	s, and to the	e best of my	knowled	dge and belief,	it is true,	
if You're Filin This Form	g correct,	and complete.	Declaration of preparer (other	than gener	al partner	or limited liability	comp	any member) is based	on all inforr	nation of wh	ich prep	arer has any kr	nowledge.	
Separately ar														
Not With You Tax Return.		ignature of ger	neral partner or limited liability	company n	memher								Date	
		e preparer's na	<u> </u>			ature		Date	e	T _a , ,		T PTIN	Dute	
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			t you constructively	own. S	ee ins	tructions.	_							
		a X	Owns a direct interest				b L	Owns a cons	tructive in	nterest			I	.1
		Name				Addre	ess			Identificatio	n numbe	er (if anv)	Check if foreign	Check if direct
													person	partner
Schedu	ile A-1	Certaiı	n Partners of Forei	gn Part	tnersh	ip (see ins	truc	tions)						
		Name				Addre	:SS			Identif	ication r	number (if any)		Check if foreign person
														1
Schedu	le A-2	Foreig	n Partners of Secti	on 721	(c) Pa	rtnershin	(see	instructions)						-1
Name of fo		T 0.0.9		0		Country of	000	U.S. taxpayer		Check if rela	tod to	Percer	tage inter	est
partne			Address			organization (if any)		identification num (if any)	ber	U.S. transf		Capital	-	Profits
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		+					—				-		%	%
D 11													%	%
			er foreign person as a dir								<u>L</u>	Yes		No
Schedu	ile A-3		ion Schedule. List tinterest or indirectl				or ac	omestic) in whic	on the fo	oreign pa	artnei ——	rsnip own:	S	
										EIN		Total o	rdinary	Check foreign partner ship
		Name				Addre	SS			(if any)		income	or loss	partner ship
				1					\neg			1		

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)

➤ Attach to Form 8865. See the Instructions for Form 8865.

➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor Filer's identifying number HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Name of foreign partnership KONTIKI LONG ONLY ONSHORE FUND EIN (if any) Reference ID number (see instr) 98-1551295 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions X | No Yes No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes 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)? X No Yes Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 12/31/22 5,350,000 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 5,350,000. **Totals** Enter the transferor's percentage interest in the partnership: (a) Before the transfer 3.8680 % (b) After the transfer 7.9042 Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (d) (g) Date of Date of Manner of Gain Gain allocated Type of Depreciation recapture recognized by partnership to partner original disposition disposition recognized by property recapture allocated transfer partnership to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

210661 04-01-22

Schedule O (Form 8865) 10-2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

JAN 1 , 2022, and ending DEC . 2022 beginning Filer's identification number Name of person filing this return 06-0699252 HARTFORD FOUNDATION FOR PUBLIC GIVING Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 **X** Filer's tax vea В 2022 , and ending DEC JAN 31 beginning 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; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 2(a) EIN (if any) G1 Name and address of foreign partnership INVESTCORP STRATEGIC CAPITAL PARTNERS LP 98-1494040 2(b) Reference ID number P.O. BOX 1111 CENTURY YARD CRICKET SOUARE, GRAND CAYMAN CAYMAN ISLANDS K 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 8a Functional currency Principal business activity 06/06/2019 CAYMAN ISLANDS 523900 INVESTMENTS USD 1.000000 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 X Form 1065 Service Center where Form 1065 is filed: E-FILE Name and address of person(s) with custody of the books and records of the foreign Name and address or person as with castody of the best and records, if different partnership, and the location of such books and records, if different partnership. 3 Name and address of foreign partnership's agent in country of organization, if any 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 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No Were any special allocations made by the foreign partnership? Yes 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 EXEMPTED LP **9** How is this partnership classified under the law of the country in which it's organized? 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 No Yes 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)? No Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.

Form 8865 (2022)

No

Form 8865	(2022)	HART	FORD	FOUNDAT:	ION	FOR	PUBLIC	G	IVING			06	5-0699	252	Page 2	
12 a ls	the filer of	this Form	n 8865 clai	iming a foreign-de	rived inta	angible i	ncome (FDII)	deduc	ction (under sec	tion 250) wit	:h					
				he foreign partners		•	` ,		•	,			Yes	Г	No	
				ots derived from al			-									
		-	-	reign-derived ded		-										
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			0 1	ners subject to sec		(/ (/										
				distribution from												-
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rec	quirements	of Regul	lations sec	tion 1.707-8?									Yes	L	No	
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if You're Filing				ion of preparer (other												
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Not With Your																_
Tax Return.				ner or limited liability						5.			DTIN	Date		_
Paid	Print/Typ	e preparer'	s name		Prepa	arer's sign	ature			Date	I	eck] if PTIN			
Prepare											se	f-employe	d			
Use	Firm's ı	name									Firm's	EIN				
Only	Firm's a	address									Phone	no.				
Schedul	le A	Cons	structive	e Ownership o	of Part	nershi	ip Interest.	Ch	neck the box	ces that ap	ply to	the file	r. If you ch	neck		
		box	b , enter	the name, add	dress, a	and U.S	S. taxpayer	iden	ntification nu	ımber (if ar	ny) of tl	ne pers	son(s) who	se		
		inter	est you	constructively	own. S	See ins	tructions.									
		a 🗌	Owns	a direct interest				b [X Owns a	constructive i	nterest					
														Check i		
		Nam	e				Addr	ess			Identifica	tion numb	er (if any)	foreign person		
XPONAI	NCE D	IVER	SE OI	PORTUNI	1845	WA:	LNUT ST	rre	ET	8	7-10	1200) 6		Х	_
							LPHIA,	PA								_
Schedul	le A-1	Cert	ain Part	ners of Foreig											_	-
					ĺ		• •		,						Check if	-
		Nam	e				Addre	ess			Idei	ntification i	number (if any)		foreign person	
															person	-
															+	-
Schedul	lo A 2	Foro	ian Dari	tners of Section	n 721	(a) Da		(000	instruction	-/						-
		Tore	igii Faii	illers of Section	JII 12 I		Country of	(366	U.S. taxp				Perce	ntage inter	ract	_
Name of for partner				Address			organization		identification	number	Check if r U.S. tra		Capital		Profits	-
							(if any)		(if any	y)	_	- 	Сарпаі	_		_
		-				<u> </u>					<u> </u>	_		%	9/	
												┙		%		o
				gn person as a dir				<u></u>				L	Yes		No	_
Schedul	le A-3			chedule. List				or do	omestic) in v	vhich the f	oreign	partne	rship own	S		
		a dire	ect inter	est or indirectl	y owns	a 10%	6 interest.									_
											EIN		Total	ordinary	Check foreig	i
		Nam	le				Addr	₽SS			(if an	y)	incom	e or loss	partne ship	r
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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)

Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information. Name of transferor Filer's identifying number HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Name of foreign partnership INVESTCORP STRATEGIC CAPITAL PART EIN (if any) Reference ID number (see instr) 98-1494040 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions X | No Yes No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes 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)? X No Yes Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 12/31/22 597,456 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 597,456. **Totals** Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .2420 Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (d) (g) Date of Date of Manner of Gain Gain allocated Type of Depreciation recapture recognized by partnership to partner original disposition disposition recognized by property recapture allocated transfer partnership to partner

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

...... ► Yes X No Schedule 0 (Form 8865) 10-2021

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

FORM 8582	OTHER	PASSIV	E AC'	rivitie:	S - PART V	STA	rement 20
	C	CURRENT	YEAI	R	PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET I	NCOME	NET	LOSS	LOSS	GAIN	LOSS
ABERDEEN VENTURE PARTNERS VII, LP COMMONFUND CAPITAL		0.	-	-3,640.			-3,640.
VENTURES PARTNERS XI LP TIFF PARTNERS V-US,		0.		-642.			-642.
LLC AMPFIELD HOLDINGS	2	2,758.		-464.		2,294.	
(ONSHORE), LP COMMONFUND CAPITAL VENTURE PARTNERS	38	3,279.		0.		38,279.	
XIII, LP TIFF PARTNERS V-US	7	7,408.		0.		7,408.	
LLC - TRUST XPONANCE DIVERSE	7	7,272.	-	-1,224.		6,048.	
OPPORTUNITIES FUND LE)	0.	-	-5,527.			-5,527.
TOTALS	55	5,717.	-:	11,497.		54,029.	-9,809.

FORM 8582	SUI	MMARY OF PA	ASSIVE ACT	IVITIES	STAT	EMENT 21
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
- ABERDEEN VENTURE PARTNERS VII, LP COMMONFUND	SCH E	-3,640.		-3,640.		3,640.
CAPITAL VENTURES PARTNERS XI LP		-642.		-642.		642.
TIFF PARTNERS V-US, LLC TIFF PARTNERS	FORM 4797 SCH E	/ -464 .		-464.		464.
V-US, LLC AMPFIELD HOLDINGS		2,758.		2,758.		
(ONSHORE), LP COMMONFUND CAPITAL VENTURE	SCH E	38,279.		38,279.		
PARTNERS XIII, LI	P FORM 4797	7,408.		7,408.		
V-US LLC - TRUST TIFF PARTNERS	SCH E	-1,224.		-1,224.		1,224.
V-US LLC - TRUST XPONANCE DIVERSE OPPORTUNITIES		7,272.		7,272.		
FUND LP		-5,527.		-5,527.		5,527.
TOTALS		44,220.		44,220.		11,497.
PRIOR YEAR CARRYOV	ERS ALLOWI	ED DUE TO	CURRENT YE	CAR NET ACTI	VITY INCOME	
TOTAL					•	11,497.