Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change HARTFORD FOUNDATION FOR PUBLIC GIVING Name change 06-0699252 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final (860) 548-1888 10 COLUMBUS BLVD, 8TH FLOOR termin-ated 748,694,207. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende HARTFORD CT 06106 H(a) Is this a group return Applica-F Name and address of principal officer LINDA J. KELLY Yes X No for subordinates? pending 10 COLUMBUS BLVD., HARTFORD, CT Ves H(b) Are all subordinates included? Tax-exempt status: x 501(c)(3) _ 501(c) 4947(a)(1) or) (insert no.) If "No." attach a list, (see instructions) Website: ► WWW.HFPG.ORG **H(c)** Group exemption number ▶ K Form of organization: Corporation x Trust Association Other > L Year of formation: 1925 M State of legal domicile; CT Part I Summarv Briefly describe the organization's mission or most significant activities. THE HARTFORD FOUNDATION FOR Activities & Governance PUBLIC GIVING, ESTABLISHED IN 1925, IS THE COMMUNITY FOUNDATION FOR 2 Check this box > L ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets

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☐ If the organization discontinued its net asset discontinued its net 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 61 Total number of individuals employed in calendar year 2015 (Part V. line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 19,733,486 17,463,928. Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) 92,678,554 39,459,950. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,011,240 620,889. 11 113,423,280 57,544,767. 12 Total revenue - radd lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,009,897 33,101,618. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,698,829. 15 5,560,979 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX; column (D), line 25) 12,348,921, 9,989,042. Other expenses (Part.IX, column (A), lines 11a-11d, 11f-24e) 17 50,919,797 48,789,489. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,503,483 8,755,278, Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 934,212,141 888,320,069. 20 Total assets (Part X, line 16) 32,126,554 29,936,145, 21 Total liabilities (Part X, line 26) 902,085,587 858 383 924 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Date Sign VIRGILIO BLONDET JR., V.P. FOR ADMIN & FINANCE Here Type or print name and title Date Print/Type preparer's name Preparer's sygnature Check Paid LORI BUDNICK 04/21/16 P00046310 BLUM, SHAPIRO & COMPANY, Preparer CPA'S 06-1009205 Firm's name Firm's EIN Use Only Firm's address 29 S. MAIN STREET, P.O. BOX 272000

Phone no.860 561-4000

G51 🎉

X Yes

WEST HARTFORD, CT 06127-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments Check Sheduke & Contents a response or note to any line in this Part III	Form	990 (2015) HARTFORD FOUNDATION FOR PUBLIC GIVING	06-0699252	Page 2
1 Briefly describe the organization's mission Area Hardyne Profile Total For Public CIVING PUTS PRILAMPHROPY INTO ACTION 70 CREATE LAPETUS SOLUTIONS PULL ESSUED IN VISIANT COMMUNITIES WITHIN 1918 (GREATER SHAPPED) REGION, WE WORK TO SERVED \$1.1 STEPLEY TO THE 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 €2. 3 Did the organization cause controlling, or make significant changes in how it conducts, any program services? 3 Did the organization cause controlling, or make significant changes in how it conducts, any program services? 3 Did the organization cause controlling, or make significant changes in how it conducts, any program services? 3 Did the organization services controlling to report the amount of grants and allocations to others, the total expenses, and reverupe, if any, for each program service reported. 4 (cose) (cosenset 3 38,750,877, relating grants 2 33,191,6182) (revenue 5 1,192,017, relating grants 2 33,191,6182) (revenue 5 1,192,017, relating grants 2 33,191,6182) (revenue 5 1,192,017, relating grants 2 33,191,6182) (revenue 6 1,192,017, relating grants 3 33,191,6182) (revenue 6 1,192,017,192,01	Par	t III Statement of Program Service Accomplishments		
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532002 12-16-15

Part IV | Checklist of Required Schedules

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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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	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	<u> </u>		
4	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 Revenue Procedure 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	i
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			
Ĭ	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	<u> </u>
D	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		Х
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_x	
f	•	440		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـ ـ ا		
	complete Schedule G, Part III	19 Form	990 (X (2015)
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Part IV | Checklist of Required Schedules (continued)

			Yes	No
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	_x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
	Schedule J	23	Х	
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	İ.		
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
27	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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	ا ۔ ا	v	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_x	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2015)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			_
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
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).	-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			$\vdash \vdash$
	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-'''		
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ıva		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

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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 in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					<u> </u>			
<u>Sec</u>	tion A. Governing Body and Management								
		ι.	ι .		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	5	4					
	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 in Schedule 0.	١		i i					
	Enter the number of voting members included in line 1a, above, who are independent	1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			l			
_	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	3		х			
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
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 a	ppoint	one or	_		1			
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
_	persons other than the governing body?			7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tr	ie following:						
	The governing body?			8a	X				
	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 real	ached	at the	_		.,,			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0 - 4 - 1	9		Х			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)						
40-	Del the accompany to the selection of th				Yes	No x			
	Did the organization have local chapters, branches, or affiliates?			10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napter	s, amiliates,	406		1			
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	h, hafa	ero filipa the form?	10b	х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy beic	ore ming the form?	11a					
	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990			100	х	1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	a to con	fliote2	12a 12b	x	 			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		 			
·	in Schedule O how this was done	C3, U	COCIDE	12c	х				
13	Did the organization have a written whistleblower policy?			13	х	 			
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 approve	al by ir	ndenendent	'-					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	асренает	1					
а	The organization's CEO, Executive Director, or top management official			15a	х				
	Other officers or key employees of the organization			15b	Х	<u> </u>			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- <u></u> -					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its i	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•			\			
	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 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply	-							
	Own website Another's website X Upon request Other (explain	ın Sci	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	cıal				
	statements available to the public during the tax year.		<i>,, -</i>						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records.						
	VIRGILIO BLONDET, JR (860)548-1888								
	10 COLUMBUS BOULEVARD, 8TH FLOOR, HARTFORD, CT 06106								

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order. individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) YVETTE MELENDEZ	3.50					Π				
CHAIR		х		Х	L	╙	<u> </u>	0.	0.	0.
(2) BONNIE J. MALLEY	3.50									
VICE CHAIR		х		х		L		0.	0.	0.
(3) ROBERT B. GOLDFARB	3,50									
TREASURER		Х		х	_	L	<u> </u>	0.	0.	0.
(4) DAVID M. BOREDEN	2.30									
DIRECTOR		х				<u> </u>		0.	0.	0.
(5) ANDREW R. WORTHINGTON	2.30									
DIRECTOR		х	Щ			L	L	0.	0.	0.
(6) THEODORE SERGI	2.30	ļ								
DIRECTOR		x	Щ			L	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0.
(7) RODNEY O. POWELL	2.30									
DIRECTOR		х				上	_	0.	0.	0.
(8) JOANN H. PRICE	2,30	ļ			l	ļ				
DIRECTOR		Х	Ш		<u> </u>	L		0.	0.	0.
(9) NANCY P. BERNSTEIN	2.30									
DIRECTOR	<u> </u>	х	Щ			L	匚	0.	0.	0.
(10) LINDA J. KELLY	40.00	l				1				
PRESIDENT & SECRETARY		<u> </u>		х		L	L	302,543.	0.	71,329.
(11) VIRGILIO BLONDET, JR.	40.00									
VP ADMIN&FINANCE/ ASST. SE				X		L		200,645.	0.	33,303.
(12) JUDITH ROZIE-BATTLE	40.00					ĺ			,	
VP FOR COMMUNITY INVESTMENTS		_		Х		L	L	191,064.	0.	20,077.
(13) DEBORAH ROTHSTEIN	40.00						1			
VP FOR DEVELOPMENT AND DONOR ENGAGEM						х		149,807.	0.	24,808.
(14) SHARON O'MEARA	40.00									
DIRECTOR, COMMUNITY INVESTMENTS		L	Ш			х		147,522.	0.	24,354.
(15) NANCY BENBEN	40.00									
VP FOR COMMUNICATIONS		L				х	<u>L</u> .	164,509.	0.	17,437.
(16) SARA A. SNEED	40.00									
DIRECTOR, EDUCATION INVEST		L				х	L	153,631.	0.	25,803.
(17) RICHARD A. SUSSMAN	40.00									
DIRECTOR, EARLY CHILDHOOD						х		146,152.	0.	15,426.

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Form 990 (2015)

Section A. Officers, Directors, rustees, key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)				C)			(D)	(E)		ſ	(F)	
	Name and title	Average	Average Position Reportable Reportable					Reportable		Est	mate	ed		
		hours per	box.	, unie	ss pe	erson	ıs bot	th an	compensation	compensation		amo	unt -	of
		week	offic	cer an	d a d	irecto	or/trus	stee)	from	from related		of	ther	
		(list any	ector						the	organizations	C	ompe	ensa	tion
		hours for	the organizations with the organizations organization (W-2/1099-MISC)							(W-2/1099-MISC)		fror	m the	Э
		related	를 불 발 (W-2/1099-MISC)									orgar		
		organizations	organization (W-2/1099-MISC) IS Institution of the control of the									and i		
		below line)	Individual	Institutional trustee	Officer	Key employee	E Se Page	Former			0	organ	ıızatı	ons
		iiie)	DE.	lns	#5	, Š	포를	횬						
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	Sub-total	l			L		<u> </u>		1,455,873.				232	537.
	Total from continuation sheets to Part VI	I Section A							0.	·	-		.,	0.
	Total (add lines 1b and 1c)	i, Section A							1,455,873.				232	537.
2	Total number of individuals (including but n	ot limited to th	000	liete	nd al	hove	2) sad	20 rc	L ' - il.		<u> </u>		,	
_	compensation from the organization	or minited to th	036	iiste	u a	DUVE	<i>5)</i> WI	10 16	sceived more than \$100,	ooo or reportable				17
	compensation from the organization											$\neg \overline{v}$	es l	No
3	Did the organization list any former officer,	director or tri	ietos	. ka	v or	mnlo		ort	highest componented or	anlovoo on		+	-	
Ū	line 1a? If "Yes," complete Schedule J for s		13100	, NO	y Cı	прю	усс,	, 01 1	nighest compensated en	ipioyee on	₃	,		х
4	For any individual listed on line 1a, is the su		0.00	ma	2000	ation		4 0+1-	or component on from the		屵	+	\dashv	
7	and related organizations greater than \$150									ie organization	1.	.	x	
5	Did any person listed on line 1a receive or a									lual for conver-	14	+	*	
J	rendered to the organization? If "Yes," com							eiate	eu organization or individ	Juan for Services	5	.		х
Sec	tion B. Independent Contractors	piece oureduit	. 0 /0	JI SL	2011	pers	UII					<u></u>		Λ.
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt c	ontr	acto	are ti	hat received more than [©]	100 000 of compo	neatic	n fro	·m	_
•	Combiere mis rapie for April 11AE HiRHEST CO	mpensateu III	₁ehe	" IGG	III U	JI IC	aut	ภอ U	nac received Hiore (Hidf) \$	o roo,ooo or compe	isaliO	лтио	7111	

the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BANK OF AMERICA, TRUSTEE BANK		- Componication
99 FOUNDERS PLAZA, EAST HARTFORD, CT 06108	INVESTMENT MANAGEMENT FEES	1,140,508
ARTISAN FUNDS		
P.O. BOX 8412, BOSTON, MA 02266	INVESTMENT MANAGEMENT FEES	794,695
SILCHESTER INTERNATIONAL INVESTORS, 780		
THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT FEES	649,368
MONDRIAN INVESTMENT GROUP, 1105 N. MARKET		
STREET, SUITE 1118, WILMINGTON, DE 19801	INVESTMENT MANAGEMENT FEES	382,271
PIMCO, 1633 BROADWAY 45TH FLOOR, NEW YORK,		
NY 10019	INVESTMENT MANAGEMENT FEES	260,836.
2 Total number of independent contractors (including but not limited	d to those listed above) who received more than	
\$100,000 of compensation from the organization	27	
		- 000

Form 990 (2015)

532008 12-16-15

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D)**Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 17,463,928 similar amounts not included above 1,476,810 Q Noncash contributions included in lines 1a-1f \$ 17,463,928 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,784,011 13,784,011. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 41,748 6 a Gross rents 64,737. b Less. rental expenses <22,989. c Rental income or (loss) <22,989. <22,989.> d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 716,760,642 assets other than inventory b Less: cost or other basis and sales expenses 91,084,703. 25,675,939. c Gain or (loss) 25,675,939 25,675,939. ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER REVENUE 900099 394,621 394,621. 900099 GRANT REFUNDS AND CANC 249,257 249,257. d All other revenue 643,878 e Total. Add lines 11a-11d Total revenue. See instructions 57,544,767. 40,080,839.

532009 12-16-15

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	ımn (A)
--	---------

	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	33,101,618.	33,101,618.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	01.0 0.61	155 000	544 072	
_	trustees, and key employees	818,961.	177,888.	641,073.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 770 720	1 207 600	1 774 004	500.03
7	Other salaries and wages	3,770,739.	1,387,608.	1,774,894.	608,237
8	Pension plan accruals and contributions (include	2/2 117	126 265	161 506	EE 346
	section 401(k) and 403(b) employer contributions)	343,117. 452,356.	126,265. 166,464.	161,506. 212,925.	55,346
9	Other employee benefits Payroll taxes	313,656.	108,464.	162,793.	72,967 42,761
10	· · · · · · · · · · · · · · · · · · ·	313,030.	100,102.	102,733.	42,761
11	Fees for services (non-employees).				
a	Management	127,866.		127,866.	
b	- ~ F	53,106.		53,106.	
ن	Accounting Lobbying	33,100.		33,100.	
đ e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,946,789.		4,946,789.	
g	Other (If line 11g amount exceeds 10% of line 25,			1,510,705.	
9	column (A) amount, list line 11g expenses on Sch O.)	178,818.	160,936.	17,882.	
12	Advertising and promotion	414,481.	150,329.	73,033.	191,119
13	Office expenses	112,299.	38,704.	58,285.	15,310
14	Information technology	86,826.	, ,	86,826.	
15	Royalties			,	
16	Occupancy	569,955.	196,435.	295,817.	77,703
17	Travel	38,767.	13,361.	20,121.	5,285
18	Payments of travel or entertainment expenses		,, , , , , , , , , , , , , , , , ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,803.		17,803.	
20	Interest	· · ·			·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	192,000.	-	192,000.	
23	Insurance	38,553.		38,553.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	RELATED PROGRAM ACTIVIT	2,622,301.	2,622,301.		
b	STRATEGIC PLAN	266,729.	266,729.		
С	FUNDS TRANSFERRED OUT	214,400.	214,400.		
d	ANNUAL REPORT	50,520.		50,520.	
е	All other expenses	57,829.	19,737.	30,025.	8,067
25	Total functional expenses. Add lines 1 through 24e	48,789,489.	38,750,877.	8,961,817.	1,076,795
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				_

532010 12-16-15

Pai	T X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u> </u>		1	
	2	Savings and temporary cash investments	<u> </u>	45,541,246.	2	35,951,284
	3	Pledges and grants receivable, net	<u> </u>	122,984.	3	136,35
	4	Accounts receivable, net	Ĺ		4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
9		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
233613	7	Notes and loans receivable, net			7	
(8	Inventories for sale or use	1		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 1,042,324.			
	b	Less: accumulated depreciation	10b 894,290.	307,846.	10c	148,03
	11	Investments - publicly traded securities	L	824,339,980.	11	800,861,18
	12	Investments - other securities. See Part IV, line 1	i1	59,170,795.	12	47,256,51
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	4,729,290.	15	3,966,69	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	934,212,141.	16	888,320,069
	17	Accounts payable and accrued expenses	<u> </u>	3,250.	17	78,389
	18	Grants payable	-	28,951,568.	18	27,071,022
	19	Deferred revenue	1	74,571.	19	66,948
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete I	T-		21	
Liabilities	22	Loans and other payables to current and former				
		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L	 		22	
	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated	· '		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	2 007 165		2 710 70
	00	Schedule D		3,097,165.	25	2,719,786
	26	Total liabilities. Add lines 17 through 25), check here X and	32,126,554.	26	29,936,145
		Organizations that follow SFAS 117 (ASC 958	,,			
	27	complete lines 27 through 29, and lines 33 an Unrestricted net assets	u 34.	31,715,010.	27	28,746,406
	28	Temporarily restricted net assets	-	870,370,577.	28	829,637,518
	29	Permanently restricted net assets	-	070,370,377.	29	025,057,510
	23	Organizations that do not follow SFAS 117 (A	SC 959) shock here		25	
:		and complete lines 30 through 34.	GO 330), Glieck Here			
	30	Capital stock or trust principal, or current funds			30	
3	31	Paid-in or capital surplus, or land, building, or eq	uunment fund		31	
	32	Retained earnings, endowment, accumulated in			32	
	33	Total net assets or fund balances		902,085,587.	33	858,383,924
	34	Total liabilities and net assets/fund balances	· · · · · -	934,212,141.	34	888,320,069
		resal inspiritor and flot assets/fully balances		,,		Form 990 (201

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2015)

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Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 🔟 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🔟 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Jype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	ınclude any "unusual grants.")	14,323,680.	6,666,447.	7,337,386.	7,103,576.	7,804,986.	43,236,075.
2	Tax revenues levied for the organ-						
	ızatıon'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						
4	Total. Add lines 1 through 3	14,323,680.	6,666,447.	7,337,386.	7,103,576.	7,804,986.	43,236,075.
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)						
6	Public support. Subtract line 5 from line 4						43,236,075.
Sec	ction B. Total Support			-		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	14,323,680.	6,666,447.	7,337,386.	7,103,576.	7,804,986.	43,236,075.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	14,187,271.	13,310,512.	16,037,216.	14,627,599.	13,784,011.	71,946,609.
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 ın Part VI)						
11	Total support. Add lines 7 through 10						115,182,684.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	3,799,165.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	- -
	organization, check this box and stop						<u> </u>
	ction C. Computation of Publi						
	Public support percentage for 2015 (li		•	olumn (f))		14	37.54 %
	Public support percentage from 2014			-		15	38.50 %
16a	33 1/3% support test - 2015. If the o	•		•	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						\mathbf{x}
b	33 1/3% support test - 2014. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali		-				نــا ◀
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t VI how the organi	zation
_	meets the "facts-and-circumstances"	-	· ·		-	_ •	▶∟
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	<u>ı, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-EZ) 2015

532022



Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed b	elow, please com	olete Part II.)		<u></u>		
Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")		_]			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			1			
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
h 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) Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	(4) 20 ; .	(2) 23 12	(5) 25 15	1 (2) 23 1	(0/20.0	(1) 1014
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						
11 Net income from unrelated business activities not included in 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.)	<u> </u>	l	l <u> </u>	<u> </u>	l	
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	 				`	
Section C. Computation of Publ					T	
15 Public support percentage for 2015 (• • • • • • • • • • • • • • • • • • • •	•	column (f))	•	15	
16 Public support percentage from 2014					16	%
Section D. Computation of Inve	stment Incom	e Percentage			· -	
17 Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a		-		· · · · · · ·		. ▶□
b 33 1/3% support tests - 2014. If the	=					and
line 18 is not more than 33 1/3%, che			<u>=</u>			> -
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

532023 09-23-15

Part IV Su

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

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532024 09-23-15

	edule A (Form 990 or 990-EZ) 2015 HARTFORD FOUNDATION FOR PUBLIC GIVING	06-0699252	Pa	age 5
Pai	rt IV Supporting Organizations (continued)		1	
			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 in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	
_	Colling described to the control of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		<u> </u>
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,			ı
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion c. Type it Supporting Organizations		V	L N I -
-4	More a majority of the exception of discrete or the other discrete the tay year along a majority of the discrete		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s) tion D. All Type III Supporting Organizations	1	L .	
<u> </u>	tion b. Air Type in Supporting Organizations		V	N.
4	Did the executation are inde to each of the executation are many those by the last day of the lifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	_		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		\vdash
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 in (2), 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			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3	L	_
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tauctions):		
1		uucuons).		
a	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 The organization supported a governmental entity Describe in Part VI how you supported a government entity.	rt. /coo instructions	.1	
C		ty (see instructions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			į
	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			ĺ
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) 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.

Parent of Supported Organizations. Answer (a) and (b) below.

a 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? Provide details in *Part VI*.

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.

Sche	dule A (Form 990 or 990-EZ) 2015 HARTFORD FOUNDATION FOR PUBLIC GIV	ING		06-0699252	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970. See ir	nstructions. All	
	other Type III non-functionally integrated supporting organizations must co	omplete :	Sections A through E.		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
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) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year).				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	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 1-1/2% 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 .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 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	lly-ıntegra	ated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	ion D -	Distributions		, , , ,	Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	nizations, in excess of income from activity			
3	Admii	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI) See instructions.			
7		annual distributions. Add lines 1 through 6	(
8		outions to attentive supported organizations to which the	ne organization is responsive	<u> </u>	
_		de details in Part VI) See instructions.	io organization to respondit	•	
9		outable amount for 2015 from Section C, line 6			·
10		B amount divided by Line 9 amount			
		a mount divided by Eine o amount	(1)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	LACESS DISTINUTIONS	Pre-2015	Amount for 2015
1	Dietril	butable amount for 2015 from Section C, line 6	 		
2		rdistributions, if any, for years prior to 2015	· · · · · · · · · · · · · · · · · · ·		<u> </u>
_		onable cause required-see instructions)			
3					
	Exces	ss distributions carryover, if any, to 2015			
a					
<u>b</u>					
<u> </u>		0010			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years	-		
<u>h</u>		ed to 2015 distributable amount			
<u> </u>		over from 2010 not applied (see instructions)			
j		under. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
	line 7.				
-		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		under Subtract lines 4a and 4b from 4.	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	
5		ining underdistributions for years prior to 2015, if			
		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6	Rema	ining underdistributions for 2015 Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
	ınstru	ctions)			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4	с.	<u></u>		
8	Break	down of line 7.			
а					
b					
С	Exces	s from 2013			
d	Exces	ss from 2014			
е	Exces	s from 2015		-	

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 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, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II, SECTION A, LINE						
2015 - \$9,658,942						
2014 - \$12,629,910						
2013 - \$2,972,891						
2012 - \$12,154,582						
2011 - \$3,773,686						

SCHEDULE C

(Form 990 or 990-EZ)

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organiza	tions Complete Part III.			
Nan	ne of organization	• • • • • • • • • • • • • • • • • • • •		Em	ployer identification number
		OUNDATION FOR PUBLIC GIVI			06-0699252
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c) or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politica	al campaign activities	s in Part IV.	\$
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax			>	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c), except section 50	1(c)(3).
	Enter the amount directly expende		•		\$
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for s	section 527	
_	exempt function activities				\$
3	Total exempt function expenditures	s Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,	•
	line 17b	4400 POI for the annual C		•	\$
	Did the filing organization file Form		N of all acation 507 in		Yes No
5	Enter the names, addresses and er made payments. For each organization				
	contributions received that were pr				
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter 0	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 or 990-EZ) 2015

		DENIMIAN DAD DIENTIA		05.056	2252
1	ganization is	s exempt under section	on 501(c)(3) and fil	06-069 ed Form 5768 (e	
section 501(h)).			D-+04 - 1 (1) - 1		
		an affiliated group (and list	in Part IV each affiliated	group member's nam	e, address, EIN,
. — ' '		ox A and "limited control" p	rovisions apply		
B Check P If the Iming Organiz	ation checked b	ox A and inflited control p	TOVISIONS apply	(a) Filing	(b) Affiliated group
	nits on Lobbying nditures" means	g Expenditures s amounts paid or incurred	1.)	organization's totals	totals
1a Total lobbying expenditures to in:	fluence public or	oinion (grass roots lobbying)		_	
b Total lobbying expenditures to in:	fluence a legislat	ive body (direct lobbying)		16,067.	
c Total lobbying expenditures (add				16,067.	
d Other exempt purpose expenditu	ires			48,773,422.	
 Total exempt purpose expenditur 	•	•		48,789,489.	
f Lobbying nontaxable amount. En				1,000,000.	
If the amount on line 1e, column (a)		he lobbying nontaxable ar			
Not over \$500,000		0% of the amount on line 1			
Over \$500,000 but not over \$1,00		100,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,		175,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17		225,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	1 \$	1,000,000.			
g Grassroots nontaxable amount (e	enter 25% of line	1f)		250,000.	
h Subtract line 1g from line 1a. If ze	ero or less, enter	-0-		0.	
i Subtract line 1f from line 1c. If ze	ro or less, enter -	0-	[0.	
j If there is an amount other than z	ero on either line	1h or line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	s year?				Yes No
(Some organizations	that made a sec	ear Averaging Period Unde ction 501(h) election do no separate instructions for	t have to complete all o	of the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			3,242.	16,067.	19,309.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 HARTFORD FOUNDATION FOR PUBLIC GIVING 06-0699252 | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?	Yes	i .		o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	1	No	Amo	ount
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?	<u> </u>			
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				
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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
501(c)(6).	, ,	• • •		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No," OI	<u> </u>	t III-A, liı	ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c 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 ex 	0000	3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?	political	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	t I Organizations Maintaining Donor Advised		or Accou	Ints Complete of the
Га			OI ACCOL	arts.Complete ii the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Eur	ds and other accounts
	Takal asymphotical and afficient	145	(10) 1 (1)	as and other accounts
1	Total number at end of year	4,239,852.		
2	Aggregate value of contributions to (during year)			-
3	Aggregate value of grants from (during year)	7,356,852. 156,770,715.		
4	Aggregate value at end of year		., .	
5	Did the organization inform all donors and donor advisors in w	_	d funds	D
_	are the organization's property, subject to the organization's	_		X Yes No
6	Did the organization inform all grantees, donors, and donor ac	-	-	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose c	onferring	——————————————————————————————————————
Pai	impermissible private benefit?			X Yes No
			art IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed			
	Protection of natural habitat	Preservation of a certifi	ed historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	2c		
d	Number of conservation easements included in (c) acquired a	e		
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organızatıor	n during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, is	nandling of violations, and enforcing conse	ervation eas	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservati	on easemei	nts during the year
_	\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	ı)(4)(B)(ı)	
_	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	ne organiza	tion's accounting for
Da	conservation easements	Art Historical Transures or Oth	hau Cimil	or Assats
Pai	t III Organizations Maintaining Collections of		ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (ASC	,,		•
	historical treasures, or other similar assets held for public exh		ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (ASC	•		•
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publ	ic service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🟲	\$
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea		gain, provid	e
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.	_	_
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		•	\$

532051 11-02-15

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

Schedule D (Form 990) 2015

				(
Sche	dule D (Form 990) 2015 HARTFORD FO	UNDATION FOR PUBLIC	GIVING			06-069	9252	Page 2
	t III Organizations Maintaining C	ollections of Art, H	istorical Tr	easures,	or Other	Similar Ass	ets(contir	nued)
3	Using the organization's acquisition, accessi	on, and other records, che	eck any of the	following that	at are a sigi	nificant use of it	s collectio	n items
	(check all that apply).							
а	Public exhibition	d	Loan or excl	nange progr	ams			
b	Scholarly research	е 🗀	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	they further th	ne organizat	ion's exem	pt purpose in P	art XIII	
5	During the year, did the organization solicit o	r receive donations of art,	historical treas	sures, or oth	er sımılar a	issets		
	to be sold to raise funds rather than to be ma					Ĩ	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Complete if t	he organizatio	n answered	"Yes" on F	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Par		_					
1a	Is the organization an agent, trustee, custodi	an or other intermediary f	or contribution	s or other as	ssets not in	ncluded		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	g table.					
							Amoun	:
С	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, fo	or escrow or cu	istodial acco	ount liability	y?	Yes	No.
b	If "Yes," explain the arrangement in Part XIII				-			
Par)		
		(a) Current year (b)	Prior year	(c) Two yea	rs back (d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	898,578,641. 89	92,696,323.	781,86	8,204.	696,115,161	732	,207,598.
b	Contributions	17,463,928.	19,733,486.	10,31	0,277.	18,821,029	18	,097,366.
С	Net investment earnings, gains, and losses	<17,191,955.	31,375,752.	138,43	9,012.	101,407,871	. <15	579,816.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	43,804,951.	15,226,920.	37,92	1,170.	34,475,857	38	609,987.
f	Administrative expenses							
g	End of year balance	855,045,663. 85	98,578,641.	892,69	6,323.	781,868,204	696	,115,161.
2	Provide the estimated percentage of the curr	ent year end balance (line	1g, column (a)) held as.				
а	Board designated or quasi-endowment	2.97 %		"				
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	97.03 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organization t	hat are held a	nd administe	ered for the	organization		
	by.	-				· ·	[Yes No
	(i) unrelated organizations						3a(i)	х
	(ii) related organizations						3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required or	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					<u></u>	
Par	t VI Land, Buildings, and Equipm							-
	Complete if the organization answered	d "Yes" on Form 990, Part	IV, line 11a S	ee Form 990	D, Part X, III	ne 10.		
	Description of property	(a) Cost or other	(b) Cost			umulated	(d) Boo	k value
	, , , , ,	basis (investment)	basis (-		eciation	,-,	-
1a	Land					<u> </u>		
	Buildings							
	Leasehold improvements		1	347,418.		255,540.		91,878.
	Equipment			256,102.		229,480.		26,622.
	-							

Schedule D (Form 990) 2015

29,534.

148,034.

409,270.

532052 09-21-15

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

438,804.

				1	
FOUNDATION	FOR	PUBLIC	GIVING	·	`

(b) Book value 8,479,6	Ine 11b. See Form 990 (c) Method of		d-of-year market value
8,479,6			
	76 END-OF-YEAR	MARKET VALUE	<u> </u>
30 110 0		MARKET VALUE	
			
			<u> </u>
47,256,5	19.		
	- 16		
on Form 990. Part IV.	line 11c. See Form 990	Part X. line 13.	
(b) Book value			d-of-year market value
<u></u>			· · · · · · · · · · · · · · · · · · ·
			······

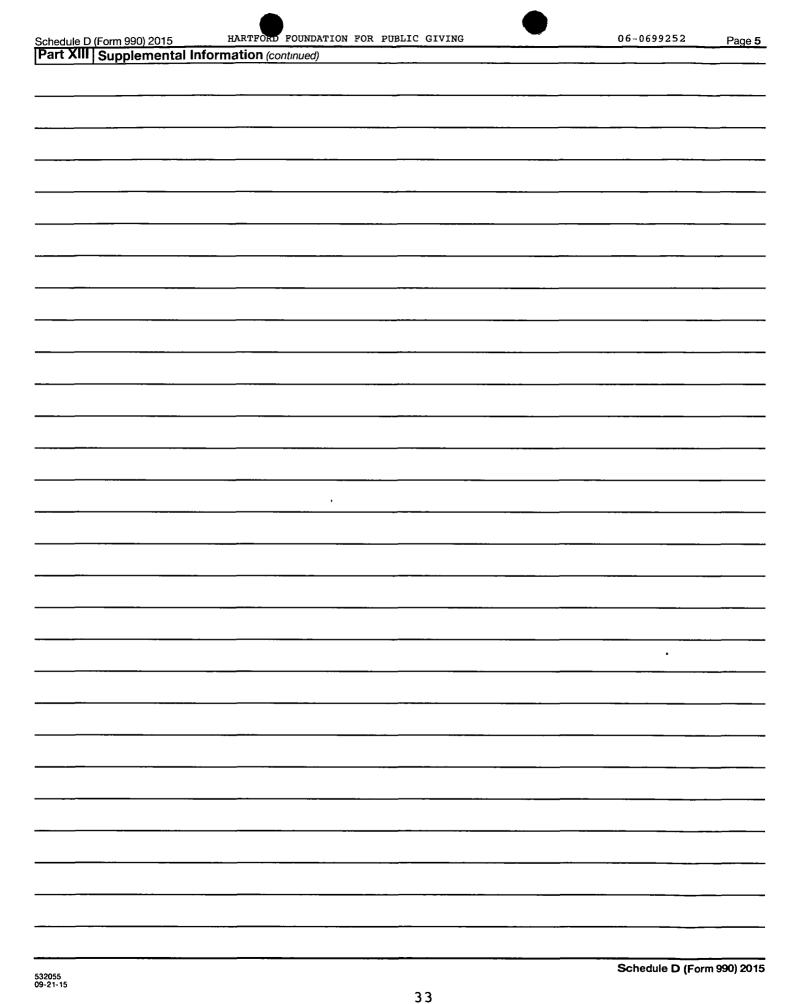
	<u> </u>		
on Form 990, Part IV, Description	line 11d See Form 990	, Part X, line 15	(b) Book value
			1
15)			
on Form 990, Part IV,		m 990, Part X, line 25	5
	(b) Book value	4	
		4	
	 	4	
	2,493,022	:	
		1	
		1	
		1	
]	
]	
]	
25.)	2,719,786		
the text of the footno	te to the organization's	financial statements	that reports the
	on Form 990, Part IV, (b) Book value on Form 990, Part IV, Description on Form 990, Part IV, on Form 990, Part IV, the text of the footnome in the footno	(b) Book value (c) Method of value (c) Method	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation. Cost or ended to the second of the se

HARTFORD FOUNDATION FOR PUBLIC GIVING Schedule D (Form 990) 2015 Page 4 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 40 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4: SINCE 1925, DONORS (INDIVIDUALS, FAMILIES AND ORGANIZATIONS) HAVE CREATED 1,120 FUNDS AT THE HARTFORD FOUNDATION FOR PUBLIC GIVING. SOURCE OF THE FUNDING FOR THE FOUNDATION'S GRANTS AND OTHER PROGRAMS; WHICH ARE MORE FULLY DESCRIBED IN THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, PART III, LINE 4A. THE FOUNDATION'S CURRENT SPENDING POLICY PROVIDES FOR ANNUAL SPENDING OF FUNDS AT 5 PERCENT OF THE PREVIOUS

09-21-

20 QUARTERS' AVERAGE MARKET VALUES, SUBJECT TO A FLOOR OF 4.25% OF CURRENT

ASSETS, AND A CEILING OF 5.75% OF CURRENT ASSETS.



SCHEDULE F (Form 990)

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.

OMB No 1545-0047 **2015**Open to Public Inspection

Department of the Treasury Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service 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 Part I Form 990, Part IV, line 14b 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) émployees, expenditures offices (by type) (e.g., fundraising, program is a program service. agents, and for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region ın region in region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS n INVESTMENTS 6,033,105. 6,033,105. 0 3 a Sub-total **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2015

6,033,105.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								-
								:
						:		
	he grantee or counse	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter	foreign country	, recognized as tax-e	xempt by		1

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 non-cash assistance recipients cash grant cash disbursement non-cash assistance

Instructions for Form 5713, do not file with Form 990)

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X Yes No. 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 Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No. Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No. (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 Yes X No. Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

Yes X No

SCHEDULE I (Form 990)

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.

2015

Open to Public Inspection

Schedule I (Form 990) (2015)

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 06-0699252 HARTFORD FOUNDATION FOR PUBLIC GIVING Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (e) Amount of (a) Description of (b) EIN (d) Amount of (h) Purpose of grant valuation (book, or government if applicable cash grant non-cash assistance or assistance non-cash FMV, appraisal, assistance other) SEE ATTACHED LIST 0. 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015) HARTFORD FOUNDATION FOR PUBLIC GIVING							Page 2
Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	s. Complete if the	e organization answ	rered "Yes" on Form 9	990, 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 non-ca	ash assistance
Part IV	Supplemental Information. Provide the information rec	<u>l</u> ขุนired in Part I, lir	l ne 2, Part III, colum	l n (b), and any other a	dditional information.		
PART I,	LINE 2:						
RANT P	YMENTS ARE MADE AFTER REVIEW AND APPROVAL (OF BOTH EXPEN	DITURE AND				
ROGRESS	S SUBMITTED BY AN AGENCY FOR A FUNDED PROJECT	OT.					
							·
				· · · · · · ·			
							

40

Schedule I (Form 990) (2015)

532102 10-28-15

HARTFORD FOUNDATION FOR PUBLIC GIVING

06-0699252

Schedule I (Form 990) (2015)

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number

06-0699252

Pa	art I Questions Regarding Compensation			
_			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.		i	
	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 (e.g., maid, chauffeur, chef)			
			ŀ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			[
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	1		Ì
	Independent compensation consultant X Compensation survey or study	İ		
	Form 990 of other organizations Approval by the board or compensation committee		l	
				l
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.			١.
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.			
	·			ŀ
	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	1		
а	The organization?	5a		Х
b	Any related organization?	5b		х
	If "Yes" to 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.			1
а	The organization?	6a		Х
b	Any related organization?	6b		х
	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 non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	[[
	ınıtial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9	Li	l

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

Schedule J (Form 990) 2015

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 are not 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-2 and/or 1099-MI	SC compensation	(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	Deficition	(15)(1)(10)	reported as deferred on prior Form 990		
(1) LINDA J. KELLY	(i)	293,137.	0.	9,406.	61,500.	9,829.	373,872.	0.		
	(ii)	0.	0.	0,	0.	0.	0.	0.		
	(i)	195,227.	0.	5,418.	19,925.	13,378.	233,948.	0.		
	(ii)	0.	0.	0.	0.	0.	0.			
(3) JUDITH ROZIE-BATTLE	(i)	188,500.	0.	2,564.	18,850.	1,227.	211,141.	0.		
VP FOR COMMUNITY INVESTMENTS	(ii)	Ö.	0.	0.	0.	0.	0.	0.		
(4) DEBORAH ROTHSTEIN	(i)	148,569.	0.	1,238.	15,150.	9,658.	174,615.	0.		
VP FOR DEVELOPMENT AND DONOR ENGAGEM	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) SHARON O'MEARA	(i)	143,570.	0.	3,952.	14,995.	9,359.	171,876.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) NANCY BENBEN	(i)	163,038.	0.	1,471.	16,318.	1,119.	181,946.	0.		
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) SARA A. SNEED	(i)	152,234.	0.	1,397.	15,537.	10,266.	179,434.	0.		
DIRECTOR, EDUCATION INVEST	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) RICHARD A. SUSSMAN	(i)	144,185.	0.	1,967.	14,418.	1,008.	161,578.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
-	(i)									
	(ii)									
	(i)									
	(11)									
	(i)									
ı	(ii)									
	(i)									
•	i'n									
	<u>'''</u>									
	(i) (ii)			.				·		
	~~									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)						i			

SCHEDULE M (Form 990)

Internal Revenue Service

Department of the Treasury

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number 06-0699252

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		арріісавіе		Form 990, Part VIII, line 1g	Honeash contribe	illon an	iourit:	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	х	24	1,476,810.	MARKET QUOTES			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or		-					
••	trust interests	ļ	1					
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	 			<u> </u>	_		
23 24	Archeological artifacts	 		<u> </u>				
25 25	_							
26 26	Other ()	· · · · · · · · · · · · · · · · · · ·						
20 27	Other ()		<u> </u>					
28	Other (ļ						
29	Number of Forms 8283 received by the orga	nization durin	a the tay year for	contributions				
23	for which the organization completed Form 8							
	for which the organization completed Form c	1200, Fart IV, I	Donee Acknowled	gement 25			Yes	No
മറം	During the year, did the organization receive	by contribution	on any proporty ro	norted in Port I lines 1 throu	ah 28 that it	$r \rightarrow t$	163	140
J.	must hold for at least three years from the da					1 1		ı
	•		ai Continbation, and	a which is not required to be	used for	30a	<u> </u>	х
h	exempt purposes for the entire holding period of If "Yes," describe the arrangement in Part II.					~~+	\dashv	
	-		aguiros tha roussu	of any non standard contrib	utions?	24	x	
31	Does the organization have a gift acceptance					31		
JZd	Does the organization hire or use third partie contributions?	s or related Of	garnzations to sor	icit, process, or sell noncash		222		х
L.	o If "Yes," describe in Part II		• • • • • • • • • • • • • • • • • • • •	•		32a	\dashv	
33	If the organization did not report an amount	in column (a) 4	ior a time of areas	atu far which achiana (a) is sh	acked			
	describe in Part II.	ii coiuitiii (C) 1	or a type or prope	rty for which column (a) is cr	CUNCU,			!

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service 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 990-EZ.

IT IS DEDICATED TO PUTTING

Open to F

06-0699252

Employer identification number

2015

OMB No 1545-0047

Open to Public Inspection

Name of the organization

HARTFORD FOUNDATION FOR PUBLIC GIVING

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE 29 COMMUNITIES IN THE HARTFORD REGION.

PHILANTHROPY INTO ACTION TO CREATE LASTING SOLUTIONS THAT RESULT IN

VIBRANT COMMUNITIES WITHIN THE GREATER HARTFORD REGION. THE THREE

PRIORITIES OF THE FOUNDATION ARE INTER-RELATED: SUCCESS IN ONE AREA

DEPENDS ON AND REINFORCES SUCCESS IN THE OTHERS. WITH A CLEAR FOCUS ON

EQUITY AND OPPORTUNITY. WE PRIORITIZE: VIBRANT COMMUNITIES. LEARNING

(FROM BIRTH THROUGH COLLEGE), AND FAMILY ECONOMIC SECURITY.

COLLABORATING WITH OUR COMMUNITIES. WE WILL ACHIEVE OUR PRIORITIES BY

BUILDING, SUSTAINING, AND SHARING KNOWLEDGE; ENGAGING IN PUBLIC POLICY,

INSPIRING PHILANTHROPY AND STEWARDING RESOURCES; AND INVESTING IN OUR

REGION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELL-BEING OF OUR REGION, ACHIEVED AND SUSTAINED BY SHARED COMMITMENT

AND PARTNERSHIP AMONG THE FOUNDATION, DONORS, THE NONPROFIT, PRIVATE

AND PUBLIC SECTORS, FAITH LEADERS, AND RESIDENTS IN OUR REGION. TO

ACCOMPLISH THIS WORK, THE FOUNDATION PARTICIPATES ACTIVELY IN SHAPING

THE WELL-BEING OF THE CAPITOL REGION BY:

-RAISING RESOURCES TO HELP THE COMMUNITY

-ADMINISTERING AND MANAGING FINANCIAL RESOURCES ENTRUSTED TO THE

FOUNDATION

-DISTRIBUTING RESOURCES AND SHARING KNOWLEDGE TO CHARITABLE

ORGANIZATIONS AND OTHER PARTNERS SERVING THE COMMUNITY

-DEVELOPING AND MAINTAINING PROCESS WHICH ENABLE THE FOUNDATION TO

-IDENTIFY THE PRESSING NEEDS OF THE COMMUNITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
690.02.15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING	Employer identification number 06-0699252
-INITIATE ACTIVITIES AND APPROPRIATE FINANCIAL SUPPORT	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUTCOMES, AND EVALUATING TO GAUGE IMPACT. IN ITS INITIATIVES, THE	
HARTFORD FOUNDATION HAS COMMITTED SUBSTANTIAL GRANTMAKING AND STAFF	
RESOURCES TO AN ISSUE AND, IN THE CASE OF LONGER-STANDING PROJECTS, TO	
DISCERN THE ROOT CAUSES OF CHALLENGING SOCIAL PROBLEMS. FOUNDATION	
INITIATIVES HAVE INCLUDED IMPROVING THE SCHOOL READINESS OF HARTFORD	
CHILDREN, STRENGTHENING THE ORGANIZATIONAL EFFECTIVENESS OF KEY	
MULTI-SERVICE AGENCIES, AND EXPANDING PROGRAMMING AT SENIOR CENTERS AND	
LIBRARIES. IN 2015, THE FOUNDATION CONTINUED ITS INVESTMENT IN	
EDUCATION BEYOND HARTFORD TO DEEPEN PARTNERSHIPS AMONG SCHOOL DISTRICT	
LEADERS, FAMILIES AND COMMUNITY PROVIDERS FROM THE STATE-DESIGNED	
LOWEST PERFORMING DISTICTS IN THE REGION (ALLIANCE DISTRICTS) TO	
SUPPORT EDUCATION EQUITY AND SUCCESS. THE FOUNDATION'S NONPROFIT	
SUPPORT PROGRAM COUPLES EDUCATIONAL PROGRAMMING WITH ASSESSMENTS AND	
GRANTS IN THE AREAS OF PLANNING, FINANCIAL MANAGEMENT, TECHNOLOGY,	
EVALUATION, BOARD GOVERNANCE, EXECUTIVE TRANSITION, MARKETING, AND FUND	
DEVELOPMENT, THE HARTFORD FOUNDATION ALSO AWARDS SCHOLARSHIPS TO HELP	
HIGH SCHOOL STUDENTS FROM THE GREATER HARTFORD AREA AFFORD THE COST OF	
A COLLEGE EDUCATION. DURING 2015, THE FOUNDATION AWARDED OVER \$1.3	
MILLION IN SCHOLARSHIPS TO MORE THAN 600 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 OVER \$17 MILLION AND CREATED 29 NEW FUNDS AT THE FOUNDATION	
DURING 2015, TODAY THERE ARE 1,120 FUNDS AT THE FOUNDATION.	Schedule () (Form 990 or 990-F7) (2015

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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 11:

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:

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING	Employer identification number
INFORMATION GATHERING	00 0037252
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	
- DIRECTORS REVIEW COMPENSATION DATA THAT INCLUDES COMPARABLE COMPENSATION	
DATA COMPILED BY THE COUNCIL ON FOUNDATIONS AND COMPENSATION INFORMATION	
FROM SIMILARLY SITUATED COMMUNITY FOUNDATIONS FOR FUNCTIONALLY COMPARABLE	
POSITIONS.	
- 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	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization HARTFORD FOUNDATION FOR PUBLIC GIVING	Employer identification number 06-0699252
ADJUSTMENT FOR THE CEO.	
- A SIMILAR PROCESS OCCURS FOR THE CEO'S REVIEW OF THE OTHER SENIOR	
MANAGEMENT OFFICIALS.	
- THIS PROCESS IS UNDERTAKEN ANNUALLY, INCLUDING 2015.	
FORM 990, PART VI, SECTION C, LINE 19:	
CORPORATE GOVERNANCE DOCUMENTS ARE PART OF THE PUBLIC FILES OF THE CT	
SECRETARY OF STATE, AUDITED FINANCIAL STATEMENTS AND QUARTERLY INVESTMENT	
PERFORMANCE DATA ARE AVAILABLE ON OUR WEBSITE, AND THE OTHERS ARE AVAILABLE	· · · · · · · · · · · · · · · · · · ·
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE/SPLIT-INTEREST -694,986.	

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

HARTFORD FOUNDATION FOR PUBLIC GIVING

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

06-0699252

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	1			controlling entity	g
							4
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations Complete If the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one o	or more related tax-exe	empt	
(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) Direct controlling entity	cont	g) 512(b)(13) trolled tlty?
Name, address, and EIN of related organization		Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	rolled
Name, address, and EIN of related organization HFPG SPECIAL ASSETS, INC 30-0303718 10 COLUMBUS BLVD., 8TH FLOOR		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	cont	trolled
Name, address, and EIN of related organization HFPG SPECIAL ASSETS, INC 30-0303718 10 COLUMBUS BLVD., 8TH FLOOR	Primary activity	Legal domicile (state or	Exempt Code	Public charity status (if section 501(c)(3))	Direct controlling	cont	trolled
Name, address, and EIN of related organization HFPG SPECIAL ASSETS, INC 30-0303718 10 COLUMBUS BLVD., 8TH FLOOR	Primary activity TO ASSIST THE FOUNDATION	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling	cont	trolled tity?
Name, address, and EIN	Primary activity TO ASSIST THE FOUNDATION	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling	cont	trolled tity?

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partn	el or Percentage Jing ownership or?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
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Part IV 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	(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	Sec 512(l conti ent	i) ction b)(13) rolled sity?
		country)		or truety		400010		Yes	No
	SPLIT INTEREST								
POOLED INCOME FUND	AGREEMENTS	CT		TRUST					х
	SPLIT INTEREST								
CHARITABLE REMAINDER TRUST (13)	AGREEMENTS	CT		TRUST					х

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

b Gift, grant, or capital contribution to related organization(s)

No

x

X

Yes

1a

1b

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?

c Gift, grant, or capital contribution from related organization(s)				1c	Х
d Loans or loan guarantees to or for related organization(s)				1d	X
e Loans or loan guarantees by related organization(s)				1e	X
f Dividends from related organization(s)				1f	x
g Sale of assets to related organization(s)			•	1g	Х
h Purchase of assets from related organization(s)				1h	х
i Exchange of assets with related organization(s)				1i	Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k	x
Performance of services or membership or fundraising solicitations for related organization for related organization.	anization(s)			11	x
m Performance of services or membership or fundraising solicitations by related organic	• •			1m	x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	х
Sharing of paid employees with related organization(s)				10	х
Reimbursement paid to related organization(s) for expenses				1 _p	x
Reimbursement paid by related organization(s) for expenses				1g	х
,					
r Other transfer of cash or property to related organization(s)				1r	х
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 complete th	nis line, including covered rela	ationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved	
(1)					
(2)		•			
(3)					
(4)					
(5)					
(6)					
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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)	(d) Predominant income	(€	all s sec c)(3) s?	(f) Share of total income	(g) Share of end-of-year assets	Dispirition allocal	n) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General mana parti Yes	oral or F aging ner?	(k) Percentage ownership
	-												