(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

| Part I | Reporting | Issuer | | | | | |
|-------------------------------|--|--|---|--|---|---|--|
| 1 issuer's name | | | | | 2 Issuer's employer identi | 2 Issuer's employer identification number (EIN) | |
| The Hartfo | ord Small Comp | any Fund | | | 06-14553 | ₹41 | |
| | | ditional information | 4 Telephone | No. of contact | 5 Email address of contact | <u> </u> | |
| Denise D. | Laubar | | | 610-386-6740 | denise.lauber@hartfordfund | is com | |
| | | P.O. box if mail is not | delivered to st | reet address) of contact | 7 City, town, or post office, stat | · | |
| | | | | | | | |
| 690 Lee Re | | | 0 Člassi | fination and depositation | Wayne, PA 19087 | | |
| o Date 0 | action | | 5 Classi | fication and description | | | |
| Septembe | r 13, 2024 | | 1 for 2 Re | verse Share Split Class | C Shares | | |
| 10 CUSIF | number | 11 Serial number(| s) | 12 Ticker symbol | 13 Account number(s) | | |
| | | | | HOMOV | | | |
| Part II | 6645646 Organizati | NA Onal Action Atta | | HSMCX statements if needed. | NA See back of form for additional que | estions. | |
| | | | | | date against which shareholders' owner | | |
| | | | | | Il Company Fund ("HSMCX") effected | | |
| | | | | | y two (2) or fractions thereof issued a | | |
| Class C S | hares of HSMC) | Cautomatically conv | erted into one | e (1) Class C Share or a | fraction thereof. | | |
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| shar immediate C Shares | e or as a percent ely prior to the s at different time | tage of old basis ► <u>s</u> share split among th | hareholders a e shares, incl es are urged | re required to allocate to uding fractional shares. to consult their own tax | curity in the hands of a U.S. taxpayer as heir aggregate tax basis in the existing Shareholders that have acquired difful advisors regarding the allocation of | ng shares held ferent blocks of Class | |
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| valu | ation dates ► <u>Se</u> | ee answer to Line 15 | The basis of | | culation, such as the market values of s investment (including any fractional | | |
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| F== D== | avant Badesat | - Ant Notice th | n eennunts Ir- | tructions | Cat. No. 37752P | Form 8937 (12-2017 | |
| rur rabei | MUTA REGUCTION | n Act Notice, see the | s acpaiale ii)3 | N HOLIVIIO, | QUI. INC. OF FOLI | · · · · · · · · · · · · · · · · · · · | |

| Part | <u> </u> | Jrganizational Action (continu | <i>ea)</i> | | | | | |
|----------------------|--------------|---|--|-------------------------------------|--|--|--|--|
| 17 Lis 1001 an | | applicable Internal Revenue Code sec | ction(s) and subsection(s) upon whi | ch the tax treatment is based i | IRC Sections 354, 358, 368, | | | |
| 1001 411 | <u>u 101</u> | 2 | | ···- | - | | | |
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| 18 C | an any | resulting loss be recognized? The | e reverse share split is intended | to be treated as a recapitaliz | ation for U.S. federal income tax | | | |
| purpose | es. Th | erefore, a shareholder will not reco | gnize gain or loss for U.S. federa | l income tax purposes as a r | esult of the reverse share split. | | | |
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| 19 Pr | rovide | any other information necessary to im | plement the adjustment, such as t | he reportable tax year ▶ The i | eportable tax year is 2024. | | | |
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| | Linda | r penalties of perjury, I declare that I have | examined this return, including accom- | nanying schedules and statement | s, and to the best of my knowledge and | | | |
| | belief | f, it is true, correct, and complete. Declaration | on of preparer (other than officer) is bas | ed on all information of which prep | parer has any knowledge. | | | |
| Sign | | J | _ 1 | _ | A i | | | |
| Here | Signa | ature DAW Delate | MIL. | Date ► | アをむて | | | |
| | | | | | | | | |
| | Print | your name ► Denise D. Lauber | Preparer's signature | Title ► Assistar Date | t Treasurer PTIN | | | |
| Paid | | Print/Type preparer's name | 1 Topas of digrated 0 | | Check if FIIN self-employed | | | |
| Preparer Use Only | | Firm's name | | 1 | Firm's EIN ▶ | | | |
| | | Firm's name Firm's address | | | Phone no. | | | |
| Sand Er | orm 80 | 37 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Odden, UT 84201-0054 | | | | | | |