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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 11/01, 2009, and ending 10/31/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization HARTFORD GOLF CLUB SCHOLARSHIP FOUNDATION, INC.		D Employer identification number 22-2966886
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 134 NORWOOD ROAD	City or town, state or country, and ZIP + 4 WEST HARTFORD, CT 06117	E Telephone number (860) 233-5432

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c) (03) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 63,457.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

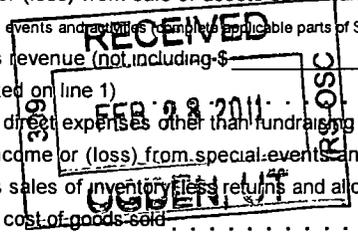
		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	51,305.				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3					
4	Investment income	4	3,059.				
5 a	Gross amount from sale of assets other than inventory	5a	8,099.				
5 b	Less cost or other basis and sales expenses	5b	8,099.				
5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.				
6	Special events and activities (including applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>						
6 a	Gross revenue (not including \$ reported on line 1) of contributions	6a					
6 b	Less direct expenses other than fundraising expenses	6b					
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
7 a	Gross sales of inventory, less returns and allowances	7a					
7 b	Less cost of goods sold	7b					
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ATCH 2)	8	994.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	55,358.				
10	Grants and similar amounts paid (attach schedule ATCH 3)	10	45,000.				
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12	0.				
13	Professional fees and other payments to independent contractors	13	1,800.				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe ATCH 4)	16	896.				
17	Total expenses. Add lines 10 through 16	17	47,696.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,662.				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	114,054.				
20	Other changes in net assets or fund balances (attach explanation ATCH 5)	20	9,004.				
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	130,720.				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	116,164.	133,390.
23	Land and buildings		
24	Other assets (describe ATCH 6)	10.	0.
25	Total assets	116,174.	133,390.
26	Total liabilities (describe ATCH 7)	2,120.	2,670.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,054.	130,720.

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Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	CONNECTICUT	
42a	The organization's books are in care of	THE HARTFORD GOLF CLUB Telephone no 860-223-5229	
	Located at	134 NORWOOD ROAD, WEST HARTFORD, CT ZIP + 4 06117	
42b	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)?	Yes	No
	If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
		43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization a section 527 organization? Yes No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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.

Sign Here
 Signature of officer: *Stephen J. Repka* Date: *2/11/11*
 Type or print name and title: *Stephen J. Repka, Treasurer*

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: *JAN 20 2011* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: *CONDON O'MEARA MCGINTY & DONNELLY L* EIN: *13-3628255*
ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405 Phone no: *212-661-7777*

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	62,953.	47,917.	32,060	18,198	51,305	212,433
2 Tax revenues levied for the organization'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	62,953.	47,917.	32,060	18,198.	51,305	212,433
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)						18,185
6 Public support. Subtract line 5 from line 4						194,248.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	62,953	47,917	32,060.	18,198.	51,305	212,433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,746	10,586	4,605	3,516.	3,059.	26,512
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1.	0.	500	324	0	994	1,818.
11 Total support. Add lines 7 through 10						240,763.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.68%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82.08%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
b 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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISC. INCOME	0.	500.	324	0	994	1,818.
TOTALS	<u>0.</u>	<u>500.</u>	<u>324</u>	<u>0</u>	<u>994</u>	<u>1,818.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS INCOME

994.

TOTALS

994.

ATTACHMENT 3

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

SCHOLARSHIPS \$5,000. AND UNDER

NO RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
26 INDIVIDUALS

SCHOLARSHIPS

45,000

TOTAL CONTRIBUTIONS PAID

45,000

ATTACHMENT 4

FORM 990EZ, PART I - OTHER EXPENSES

MISCELLANEOUS EXPENSE

896.

TOTAL

896.

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

9,004.

TOTAL

9,004.

ATTACHMENT 6

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CONTRIBUTIONS RECEIVABLE	10.	0.
TOTALS	<u>10.</u>	<u>0.</u>

ATTACHMENT 7

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	2,120.	2,670.
TOTALS	<u>2,120.</u>	<u>2,670.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRIMARY PURPOSE OF THE FOUNDATION IS TO PROVIDE SCHOLARSHIPS TO STUDENTS WHO ATTEND A SECONDARY SCHOOL OR WHO ARE PURSUING AN UNDERGRADUATE DEGREE AT A COLLEGE OR UNIVERSITY, OR WHO ATTEND AN EDUCATIONAL INSTITUTION THAT IS AUTHORIZED OR ACCREDITED TO PROVIDE A PROGRAM THAT IS ACCEPTABLE FOR CREDIT TOWARD A BACHELOR'S DEGREE, OR OFFERS A PROGRAM OF TRAINING TO PREPARE STUDENTS FOR GAINFUL EMPLOYMENT IN A RECOGNIZED OCCUPATION.

HARTFORD GOLF CLUB SCHOLARSHIP

22-2966886

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SPENCER A. SLOAN 134 NORWOOD ROAD WEST HARTFORD, CT 06117	BOARD MEMBER 3.00	0.	0.	0.
KENNETH WIEBER 134 NORWOOD ROAD WEST HARTFORD, CT 06117	BOARD MEMBER 3.00	0.	0.	0.
HANNAH B. STEEL 134 NORWOOD ROAD WEST HARTFORD, CT 06117	SECRETARY 3.00	0.	0.	0.
LUCY CARTLAND 134 NORWOOD ROAD WEST HARTFORD, CT 06117	PRESIDENT 3.00	0.	0.	0.
JAMES B. LYON 134 NORWOOD ROAD WEST HARTFORD, CT 06117	BOARD MEMBER 3.00	0.	0.	0.
STEPHEN REPKA 134 NORWOOD ROAD WEST HARTFORD, CT 06117	TREASURER 3.00	0.	0.	0.
RICHARD S. SMITH, JR. 134 NORWOOD ROAD WEST HARTFORD, CT 06117	BOARD MEMBER 3.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.