## 2018 0 4 2 6 5 9 5 4 4 AUG 06 2018

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

| 7         | A F                   | or the 2             | 010 calendar year, or tax year beginning JUI   | <u>1 2010</u> and   | ending J                               | UN 30 2011                            | <del></del>                 |
|-----------|-----------------------|----------------------|--|---|--|---------------------------------------|-----------------------------|
| 934       |                       | heck if<br>oplicable | C Name of organization   |   |  | D Employer identific                  | cation number X             |
|           | $\mathbb{R}$          | Address<br>change    | HARTFORD SEMINARY  |   |  |                                       |                             |
| ريا<br>:  | 38                    | Name<br>change       | Doing Business As  |   |  | 06-0647                               | 7016                        |
| 36        |                       | Initial<br>return    | Number and street (or P.O. box if mail is not delive   | ered to street address)   | Room/suite                             | E Telephone number                    | •                           |
| 4         | 二品                    | Termin-<br>ated      | 77 SHERMAN STREET  | _   |  | 860-509                               | 9-9500                      |
| 2         |                       | Amended return       | City or town, state or country, and ZIP + 4  |   |  | G Gross receipts \$                   | 3,658,623.                  |
|           |                       | Applica-             | HARTFORD CT 06105  |   |  | H(a) Is this a group re               | turn                        |
| 些         | =                     | pending              | F Name and address of principal officer.MICHAE   | EL P. SANDNER   |  | for affiliates?                       | Yes 🗓 No                    |
| ຜົ        |                       |                      | SAME AS C ABOVE  |   |  | H(b) Are all affiliates incl          | luded? Yes No               |
| 2         | <u>⊘, ⊺</u>           | ax-exen              | pt status x 501(c)(3) 501(c)( ) <  | (insert no.) 4947(a)(1)   | or 527                                 | If "No," attach a                     | list. (see instructions)    |
| m'        | J —                   |                      | ► WWW.HARTSEM.EDU  |   |  | H(c) Group exemption                  | number 🕨                    |
| STATUTE   | Pa Pa                 |                      | ganization: x Corporation Trust Ass  | ociation Other  | L Year                                 | of formation: 1833 M                  | State of legal domicile: CT |
| ¥         | -                     | 1 B                  | riefly describe the organization's mission or most s   | significant activities: HARTFO  | RD SEMINA                              | RY PREPARES                           |                             |
| S         | Governance            | S7                   | CUDENTS TO UNDERSAND AND LIVE IN TODAY   | 'S MULTI-FAITH WORLD.   | THE                                    |                                       |                             |
| 2         | r                     |                      |  |   | sed of more                            | than 25% of its net as                | sets                        |
| Z         | ove                   | 3 N                  | neck this box   if the organization discont in the governing body (I   | Part VI, line 1a)   | RECE                                   | IVEU 3                                | 29                          |
|           |                       |                      | umber of independent voting members of the gove  |   |  | 8                                     | 26                          |
|           | es &                  | 5 To                 | otal number of individuals employed in calendar ye   | ear 2010 (Part V, line 2a)  | JUL $oldsymbol{2}$                     | 6 2019 5                              | 97                          |
|           | Ž.                    |                      | otal number of volunteers (estimate if necessary)  | \text{\tin}\ext{\texi{\text{\texi{\text{\texi{\text{\tin}\\\ \tinth}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex | 002 -                                  | <u>&amp;</u>                          | 35                          |
|           | Activities &          | 7 a To               | tal unrelated business revenue from Part VIII, colu  | ımn (C), line 12  | CCDE                                   | N, UT 7a                              | 0.                          |
|           |                       | b No                 | et unrelated business taxable income from Form 9   | 90-t; Fine 34   | UGUL                                   | -14, O1 7b                            | 0.                          |
|           |                       |                      | RE   | CEIVED  |  | Prior Year                            | Current Year                |
|           | e                     | 8 C                  | ontributions and grants (Part VIII, line 1h)   | C 0 C 2010  | <u> </u>                               | 757,960.                              | 693,249.                    |
|           | en                    | l                    | ogram screto revende (r dit vin, into 29)  | G <b>06</b> 2019  | <u> </u>                               | 1,833,463.                            | 1,898,239.                  |
|           | Revenue               | <b>10</b> In         | vestment income (Part VIII, column (A), lines 3, 4, ther revenue (Part VIII, column (A), lines 5, 6d, 8c,  | and 7d)<br>PPΔNCH   |  | 901,257.                              | 837,790.                    |
|           | _                     |                      | The state of the s | II 3   1   P   KI   | ļ                                      | 101 651.                              | 172,480,                    |
|           |                       |                      | otal revenue - add lines 8 through 11 (must equal F  |   | <u> </u>                               | 3,594,331.                            | 3,601,758.                  |
|           |                       | ŀ                    | rants and similar amounts paid (Part IX, column (A   | •   | <u> </u>                               | 225,128.                              | 279,234.                    |
|           |                       | 1                    | enefits paid to or for members (Part IX, column (A)  | •   | -                                      | 0.                                    | 0.                          |
|           | 2 2 2019<br>Expenses: | l .                  | alaries, other compensation, employee benefits (P  |   |  | 2,767,077,                            | 2,850,854.                  |
|           | <b>2</b>              |                      | ofessional fundraising fees (Part IX, column (A), lin  | · •   |  | 0.                                    | 0.                          |
| 1         | evi <u>X</u>          |                      | otal fundraising expenses (Part IX, column (D), line   |   | 763.                                   |                                       |                             |
|           |                       | 1                    | ther expenses (Part IX, column (A), lines 11a-11d,   | •   |  | 1,782,642.                            | 1,717,601.                  |
|           | 9                     | 1                    | otal expenses Add lines 13-17 (must equal Part IX  |   |  | 4,774,847.                            | 4 847 689.                  |
| ,         | Salances              | וש הו                | evenue less expenses. Subtract line 18 from line 1   | 2   | P.o.                                   | <1, 180, 516. ginning of Current Year | <1,245,931.><br>End of Year |
| 1         | <b>८</b> ३३           | <b>20</b> To         | otal assets (Part X, line 16)  |   | 00                                     | 37,060,795.                           | 42,573,725.                 |
|           | T & B                 |                      | otal liabilities (Part X, line 26)   |   |  | 468 202                               | 453 340                     |
| :         |                       |                      | et assets or fund balances Subtract line 21 from I   | ine 20  |  | 36,592,593,                           | 42 120 385                  |
| 5         |                       |                      | Signature Block  |   | ······································ | 00,002,000,1                          |                             |
| č         | <b>O</b> Und          | er penalti           | es of perjury, I declare that I have examined this return, i   | ncluding accompanying schedule  | es and statem                          | ents, and to the best of my           | knowledge and belief, it is |
| `         |                       |                      | and complete. Declaration of preparer (other than officer  |   |  |                                       | 0110                        |
|           |                       |                      |  |   |  | 117                                   | 07/9                        |
| 0         | Sig                   | ,  J                 | Signature by officer   |   |  | Date /                                | 70,                         |
| Õ         | Her                   |                      | MICHAEL P. SANDNER CHIEF BUSINESS  | OFFICER   |  |                                       |                             |
| =         | :                     |                      | Type or print name and title   |   |  |                                       |                             |
| 4         |                       | F                    | rint/Type preparer's name  | Preparer's signature  |  | Date Check                            | PTIN                        |
|           | Paid                  | L                    | LORI M. BUDNICK L  | ORI M. BUDNICK  | 0.                                     | 7/16/19 self-employer                 | d                           |
|           | Prep                  | arer F               | irm's name <u>Blum</u> Shapiro & Company   | P.C., CPA'S   |  | Firm's EIN                            |                             |
| 3         | Use                   | Only F               | ırm's address 29 S. MAIN STREET, P.O. B  | OX 272000   |  |                                       | _                           |
| $\supset$ | ·                     |                      | WEST HARTFORD CT 06127   |   |  | Phone no. 86                          | 0-561-4000                  |
| 15        | May                   | the IRS              | discuss this return with the preparer shown above  | re? (see instructions)  |  |                                       | x Yes No                    |
| $\equiv$  | 0320                  | 01 02-22-            | 11 LHA For Paperwork Reduction Act Notice  | e, see the separate instructi   | ons.                                   |                                       | Form <b>990</b> (2010)      |
| 9         | 7                     | SEE                  | SCHEDULE O FOR ORGANIZATION MISSION  | STATEMENT CONTINUATION  | 1                                      | 3                                     | - 643                       |

|           | 990 (2010) HARTFORD SEMINARY   | 06-0647016   | Page 2                                |
|-----------|--|--------------|---------------------------------------|
| Pai       | rt III Statement of Program Service Accomplishments  |              |                                       |
|           | Check if Schedule O contains a response to any question in this Part III   |              | x                                     |
| 1         | Briefly describe the organization's mission:   |              |                                       |
|           | HARTFORD SEMINARY PREPARES STUDENTS TO UNDERSTAND AND LIVE IN TODAY'S  |              |                                       |
|           | MULTI-FAITH WORLD, THE SEMINARY PROVIDES EDUCATIONAL OPPORTUNITIES   |              |                                       |
|           | THAT ENABLE PARTICIPANTS TO UNDERSTAND THEMSELVES AND THEIR FAITH  |              |                                       |
|           | TRADITIONS BETTER AND TO CONTRIBUTE MORE FULLY TO A CULTURE OF   |              |                                       |
| 2         | Did the organization undertake any significant program services during the year which were not listed on                   |              |                                       |
|           | the prior Form 990 or 990·EZ?  |              | Yes X No                              |
|           | If "Yes," describe these new services on Schedule O  |              |                                       |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services?               |              | Yes X No                              |
|           | If "Yes," describe these changes on Schedule O.  |              |                                       |
| 4         | Describe the exempt purpose achievements for each of the organization's three largest program services by exp              | enses        |                                       |
|           | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g         | rants and    |                                       |
|           | allocations to others, the total expenses, and revenue, if any, for each program service reported.                         |              |                                       |
| 4a        | (Code) (Expenses \$2,113,110, including grants of \$279,234, ) (Re   | venue \$     | 1,475,710.)                           |
|           | STUDENT TUITION AND FEES:  | _            |                                       |
|           | HARTFORD SEMINARY'S DEGREE AND CERTIFICATE PROGRAMS SERVE OVER 400   |              |                                       |
|           | PERSONS FROM MANY RELIGIOUS TRADITIONS AND GEOGRAPHIC AREAS IN   |              |                                       |
|           | CONNECTICUT, AS WELL AS NATIONALLY AND INTERNATIONALLY. WE OFFER OVER  |              | -                                     |
|           | 80 COURSES A YEAR, BOTH CREDIT AND NON-CREDIT, IN RELIGION, THEOLOGY   |              |                                       |
|           | AND MINISTERIAL PRACTICE, FOCUSING ON THE THREE ABRAHAMIC RELIGIONS  |              |                                       |
|           | (CHRISTIANITY ISLAM AND JUDAISM). THESE CLASSES GENERALLY MEET WEEKLY  |              | · · · · · · · · · · · · · · · · · · · |
|           | FOR TWO SEMESTERS OF 15 WEEKS OR ON INTENSIVE WEEKEND AND WEEKLONG   |              | <del></del>                           |
|           | MODULES IN JANUARY AND JUNE SESSIONS. BY OFFERING THESE COURSES AND  |              |                                       |
|           | ACADEMIC PROGRAMS, HARTFORD SEMINARY HOPES TO FOSTER INTERFAITH  |              |                                       |
|           | DIALOGUE AND THE DEVELOPMENT OF EFFECTIVE RELIGIOUS LEADERS BOTH HERE  |              |                                       |
| <u></u>   | AND ABROAD. OUR MISSION IS TO "SERVE GOD BY PREPARING LEADERS.  (Code ) (Expenses \$ 491,403, including grants of \$ ) (Re |              | 257 000 \                             |
| 4b        |  | weilide &    | 357,080,                              |
|           | RESEARCH AND GRANTS:   |              |                                       |
|           | THE SEMINARY'S HARTFORD INSTITUTE FOR RELIGION RESEARCH PRODUCES   |              |                                       |
|           | RESEARCH AND RESOURCES THAT SUPPORT LEADERSHIP AND CONGREGATIONAL  |              |                                       |
|           | DEVELOPMENT AS PRACTICAL THEOLOGICAL ACTIVITY. OUR RESEARCH USES THE   |              | ········                              |
|           | PERSPECTIVES AND METHODS OF THE SOCIAL SCIENCES TO STUDY RELIGIOUS   |              |                                       |
|           | LEADERSHIP AND RELIGIOUS ORGANIZATIONS AND THEIR SOCIAL / CULTURAL   |              |                                       |
|           | CONTEXT. OUR RESOURCES ARE PUBLISHED BOTH TRADITIONALLY AND ONLINE.  |              |                                       |
|           | OUR WORK IS EXTERNALLY FUNDED BY TYPICALLY MULTIYEAR GRANTS. WE  |              |                                       |
|           | CURRENTLY HAVE FIVE MAJOR PROJECTS. ANTICIPATED PUBLICATIONS DURING  |              |                                       |
|           | THE 2011/2012 ACADEMIC YEAR INCLUDE AMERICAN CONGREGATIONS 2011, MEGA  |              |                                       |
|           | CHURCHES 2010 HOLY TOLL A DECADE OF CHANGE REACH OUT TRENDS IN USE   |              |                                       |
| 4c        | (Code) (Expenses \$98_075_ including grants of \$) (Re   | venue \$     | 76 567 <u>.</u> )                     |
|           | SCHOLARLY JOURNALS:  |              | ·                                     |
|           | THE MUSLIM WORLD IS AN ACADEMIC PUBLICATION ON THE STUDY OF ISLAM AND  |              |                                       |
|           | CHRISTIAN-MUSLIM RELATIONS THAT COMES OUT FOUR TIMES PER YEAR. IT IS   |              |                                       |
|           | OWNED AND EDITED BY HARTFORD SEMINARY AND PUBLISHED BY WILEY   |              |                                       |
|           | BLACKWELL. THE ANNUAL MUSLIM WORLD REPORT IS ISSUED IN THE FEBRUARY  |              |                                       |
|           | FOLLOWING THE CONCLUSION OF THE YEAR BEING REPORTED. THUS THE  | <del>.</del> |                                       |
|           | STATISTICS I WILL CITE HEREIN HAVE BEEN TAKEN FROM THE 2010 ANNUAL   |              |                                       |
|           | REPORT. THE NUMBER OF LIBRARIES WITH ACCESS TO THE MUSLIM WORLD  |              |                                       |
|           | INCREASED SIGNIFICANTLY DURING 2010, OVER 2,600 INSTITUTIONS WORLDWIDE   |              |                                       |
|           | HAVE OFFERED PAID ACCESS TO THE LATEST ARTICLES IN 2010 VIA TRADITIONAL  |              |                                       |
|           | SUBSCRIPTIONS AND CONSORTIA LICENSING ARRANGEMENTS. A FURTHER 407  | <del> </del> |                                       |
|           | INSTITUTIONS HAD ACCESS THROUGH PHILANTHROPIC PROGRAMS OFFERED TO  |              |                                       |
| 4d        | Other program services (Describe in Schedule O)  |              |                                       |
|           | (Expenses \$ 898,856, including grants of \$ ) (Revenue \$ 16,7  | 710.)        |                                       |
| <u>4e</u> | Total program service expenses ► 3,601,444,  |              |                                       |
|           |  |              | Form <b>990</b> (2010)                |

032002 12-21-10

### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide crodit counsoling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 If "Yes," complete Schedule D, Part V X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Х 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a

Form 990 (2010)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

|     |   |               | Yes   | No       |
|-----|---|---------------|-------|----------|
|     | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the  |               |       |          |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21            |       | Х        |
|     | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,  |               |       |          |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22            | Х     |          |
|     | 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     |          |
|     | 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  | 04-           |       |          |
|     | Schedule K. If "No", go to line 25  | 24a           |       | Х        |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24b           |       |          |
| С   |   | 240           |       |          |
|     | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24c<br>24d    |       |          |
|     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  | 240           |       |          |
| 258 | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a           |       | х        |
|     | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  | 234_          |       |          |
|     | 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  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |               |       |          |
|     | person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete  |               |       | ı        |
|     | Schedule L, Part III  | 27            |       | х        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |               |       |          |
|     | 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        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b           |       | x        |
| С   | 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           |       | X        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29            | x     |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |               |       |          |
|     | contributions? If "Yes," complete Schedule M  | 30            |       | х        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  | •             |       |          |
|     | If "Yes," complete Schedule N, Part I   | 31            |       | х        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |               |       |          |
|     | Schedule N, Part II   | 32            |       | Х        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |               |       |          |
|     | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33            |       | Х        |
| 34  | Was the organization related to any tax-exempt or taxable entity?   | 34            |       |          |
| 35  | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35            | х     | х        |
|     | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of   | 33            | -     | <u> </u> |
| a   | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |               |       |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | }             |       |          |
| 55  | If "Yes," complete Schedule R, Part V, line 2   | 36            |       | х        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | <del>""</del> |       |          |
|     | 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 11 and 19?   |               |       |          |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38            | х     |          |
|     |   |               | 990 ( | 2010)    |

|          | n 990 (2010) HARTFORD SEMINARY  | 06-0647016           | P  | age 5           |
|----------|---|----------------------|--|-----------------|
| Par      | rt V Statements Regarding Other IRS Filings and Tax Compliance  |                      |  |                 |
|          | Check if Schedule O contains a response to any question in this Part V  |                      |  | <u> </u>        |
|          | •   |                      | Yes  | No              |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 69                   |  |                 |
| b        | •   | 0                    |  |                 |
| C        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g   | jaming               |  |                 |
|          | (gambling) winnings to prize winners?   | <u>1c</u>            | x  | <u> </u>        |
| 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   | 97                   | - <del></del> -                                  |                 |
| b        | · · · · · · · · · · · · · · · · · · ·   | 2b                   | х  |                 |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |                      |  |                 |
| За       |   |                      |  | Х               |
|          | If "Yes," has it filed a Form 990-T for this year? If "No," 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 o   |                      |  |                 |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | _4a_                 | ├  | Х               |
| b        | If "Yes," enter the name of the foreign country   |                      |  |                 |
|          | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |                      |  |                 |
| 5a       |   | 5a                   |  | Х               |
| b        |   | 5b                   | -  | X               |
|          | ·   | 5c                   | <del>                                     </del> | -               |
| ба       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and the organization and the organization and the organization are normally greater than \$100,000, and did the organization and the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and did the organization are normally greater than \$100,000, and the organization are not also also also also also also also also   | l l                  |  |                 |
|          | any contributions that were not tax deductible?   | 6a                   |  | х               |
| D        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gift   | l l                  |  |                 |
| ~        | were not tax deductible?  | 6b                   | <del>                                     </del> |                 |
| 7        | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provides.   | led to the payor? 7a |  |                 |
| a        | MM4 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 7b                   |  | X               |
| b        |   |                      | <del> </del>                                     | $\vdash$        |
| С        | to file Form 8282?  | 7c                   |  | x               |
| d        |   |                      |  | <del>  ^-</del> |
| e        |   | 7e                   |  |                 |
| f        |   | 7f                   | <del>                                     </del> | x               |
| g        | 100 - | • —                  | <del> </del>                                     | <u> </u>        |
| h        |   |                      |  |                 |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the suppo  |                      | 1  |                 |
| •        | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time du   |                      | 1-   |                 |
| 9        | Sponsoring organizations maintaining donor advised funds.   |                      |  |                 |
| а        | 5.00  | 9a                   |  |                 |
| b        |   | 9b                   |  |                 |
| 10       | Section 501(c)(7) organizations. Enter:   |                      |  |                 |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |                      |  |                 |
| b        |   |                      | 1  |                 |
| 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 )   |                      |  |                 |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a                  | ١  | ļ               |
| b        | of "Yes," enter the amount of tax-exempt interest received or accrued during the year   |                      | ""   |                 |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  | <u> </u>             | ↓  | ļ               |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a                  | <u> </u>   | <u> </u>        |
|          | Note. See the instructions for additional information the organization must report on Schedule O  |                      |  |                 |
| b        | 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  |                      | ↓  |                 |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a                  | ļ  | х               |
| <u>b</u> | o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b                  |  |                 |

Form **990** (2010)

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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 to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 х Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. \_\_ Another's website x Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LILYNE M, HOLLINGWORTH - 860-509-9500 77 SHERMAN STREET HARTFORD CT 06105-2260

032006 12-21-10 Form 990 (2010)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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

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

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

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)<br>Average   | (C)<br>Position         |                       |          |              |                              |              | (D)<br>Reportable  | <b>(E)</b><br>Reportable   | (F)<br>Estimated   |
|-------------------------|--|-------------------------|-----------------------|----------|--------------|------------------------------|--------------|--|--|--|
|                         | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | ual trustee or director | nectitutional trustee | all      | Key employee | Highest compensated employee |              | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| REV. DR RALPH E AHLBERG |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | X                       | ┼                     | <u> </u> | -            | ┢                            | <u> </u>     | 0.   | 0.   | 0.   |
| UMAR MOGHUL             |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | х                       | ┢                     |          | -            | ├                            | <del> </del> | 0.   | 0.   | 0.   |
| MR. FAKHRI AL-BARZINJI  |  |                         |                       |          |              |                              | ]            |  |  |  |
| TRUSTEE                 | 1.00   | х                       | -                     |          | _            |                              | ┞            | 0.   | 0.   | 0.   |
| PROF FATMA WAHDAN A     |  |                         |                       |          |              |                              | İ            |  |  |  |
| TRUSTEE                 | 1.00   | Х                       | ┼                     |          |              | ⊢                            | <u> </u>     | 0,   | 0.   | 0.   |
| COURTNEY BOURNS         |  |                         | 1                     |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | X                       | ـ                     | <u> </u> | -            | ļ                            |              | 0.   | 0.   | 0.   |
| RABI HERBERT BROCKMAN   |  |                         |                       |          |              |                              | ŀ            |  |  |  |
| TRUSTEE                 | 1.00   | Х                       | -                     | -        | -            | -                            | <u> </u>     | 0.   | 0.   | 0.   |
| MARTIN BUDD             |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 2.00   | X                       | -                     |          | ┝            | -                            | $\vdash$     |  | 0.   | 0.   |
| AMY HINES               |  |                         |                       |          | ļ            |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | Х                       | -                     |          | ├            | ╀                            | ऻ            | 0.   | 0.   | 0.   |
| ALLISION CHISOLM        |  |                         |                       |          |              | ļ                            |              |  |  |  |
| TRUSTEE                 | 2.00   | X                       | -                     |          | <u> </u>     | <u> </u>                     | <del> </del> | 0.   | 0,   | 0.   |
| WILLIAM CRONIN, JR      | 1  |                         | 1                     |          |              |                              |              |  |  |  |
| TRUSTEE                 | 4.00   | X                       | -                     |          | ├            | <del> </del> —               | -            | 0.   | 0.   | 0.   |
| WENDY GRAMMAS           |  |                         | Ì                     |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1,00   | X                       | <u> </u>              | -        | -            | ╁                            | <u> </u>     | 0.   | 0.   | 0.   |
| SAMUEL HAMILTON         |  | ŀ                       |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | X.                      |                       | -        | <u> </u>     | ╁                            | -            | 0.   | 0.   | 0.   |
| EDWARD HORSTMANN        | 1  |                         | 1                     |          |              |                              |              |  |  |  |
| TRUSTEE                 | 2.00   | X.                      | -                     | -        | ļ            | -                            | _            | 0.   | 0.   | 0.   |
| STANLEY KEMMERER        |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 2.00   | X                       | ₩                     |          | <u> </u>     | ╄                            | ₩            | 0.   | 0.   | 0.   |
| BENJAMIN D. KILE        |  |                         |                       |          |              |                              |              |  | 1  |  |
| TRUSTEE                 | 1,00   | X                       | ╄                     | _        |              | -                            | <u> </u>     | 0.   | 0.   | 0.   |
| ELIOT WILLIAMS          |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 1.00   | X                       | -                     | ļ        |              | ļ.,                          |              | 0.   | 0.   | 0.   |
| DR. M REZA MANSOOR      |  |                         |                       |          |              |                              |              |  |  |  |
| TRUSTEE                 | 2.00   | х                       |                       |          | <u> </u>     | 1                            | 1            | 0.   | 0.   | 0.   |
| 032007 12-21-10         |  |                         |                       |          |              |                              |              |  |  | Form <b>990</b> (2010)   |

| Part VII   Section A. Officers, Directors, Tru                                     | (B)                    | npi                            | oyee                  |         | <u>na i</u><br>C) | High                         | est      | (D)   | ees (continuea) (E)                     | Т        |         | (F)            |                 |
|--|------------------------|--------------------------------|-----------------------|---------|-------------------|------------------------------|----------|---|---|----------|---------|----------------|-----------------|
| (A) Name and title   | Average                |                                |                       | Pos     | -                 | 1                            |          | Reportable                                    | Reportable                              |          | Fs      | יי)<br>tımat   | ted             |
| Name and the   | hours per              | (c                             | heck                  | c all 1 | that              | арр                          | ly)      | compensation                                  | compensation                            |          |         | ouni           |                 |
|  | week                   | 5                              | [                     |         |                   |                              |          | from  | from related                            | ł        |         | othe           |                 |
|  | (describe<br>hours for | direct                         |                       |         |                   | Ļ                            |          | the   | organizations                           | 、l       |         | •              | ation           |
|  | related                | tee or                         | stee                  |         |                   | ansate                       | ł        | organization<br>(W-2/1099-MISC)               | (W-2/1099-MISC                          | '        |         | om tl<br>anıza |                 |
|  | organizations          | al fros                        | nal tri               |         | oyee              | o a                          |          | (** 2, 1000 ********************************* |   |          | -       | d rela         |                 |
|  | ın Schedule<br>O)      | Individual frustee or director | Institutional trustee | Officer | Кеу етріоуее      | Highest compensated employee | Former   |   |   |          | orga    | ınızat         | tions           |
| DR VANDA MCMURTRY  | ,                      |                                |                       | _       |                   | _                            |          |   |   |          |         |                |                 |
| TRUSTEE  | 2.00                   | х                              | _                     | ļ       |                   | <u> </u>                     | <u> </u> | 0.  |   | ٥.       |         |                | 0.              |
| GERTRUDE PRIOR   |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
| TRUSTEE  | 2.00                   | X                              | <del> </del>          | ├—      |                   | ┢                            | -        | 0.  |   | 0.       |         |                | 0.              |
| HANS UCKO  | 2.00                   |                                |                       |         |                   |                              |          |   |   | ۱        |         |                | ^               |
| TRUSTEE  | _2.00                  | X                              | +-                    | -       | -                 |                              |          | 0.  |   | 0.       |         |                | 0,              |
| AMY ROBINSON<br>TRUSTEE  | 2.00                   | ,                              |                       |         |                   |                              | ŀ        | 0.  |   | 0.       |         |                | 0.              |
| DAVID YODER  | 2.00                   | ╚                              |                       |         |                   |                              |          | ļ   |   | *        |         |                | <u> </u>        |
| TRUSTEE  | 2.00                   | x                              |                       |         |                   |                              |          | 0.  |   | 0.       |         |                | Ο.              |
| FRANK RESNICK  | •                      |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
| TRUSTEE  | 1.00                   | x                              |                       |         |                   |                              |          | 0.  |   | ٥.       |         |                | 0.              |
| NANCY ROBERTS  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
| TRUSTEE  | 1.00                   | х                              | <u> </u>              |         | <u> </u>          | <u> </u>                     |          | 0.  |   | 0.       |         |                | 0.              |
| ALWI SHIHAB  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
| TRUSTEE  | 1.00                   | х                              | <u> </u>              | ļ       | ļ                 | _                            |          | 0.  |   | ٥.       |         |                | 0.              |
| CHARLES TURNER   |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
| TRUSTEE  | 1.00                   | X                              |                       |         |                   | Ļ                            | l        | 0.  |   | 0.       |         |                | 0.              |
| 1b Sub-total   |                        |                                |                       |         |                   |                              |          | 0.  |   | 0.       |         | -              | 0.              |
| c Total from continuation sheets to Part VI  | I, Section A           |                                |                       |         |                   |                              |          | 167,333.<br>167,333.                          |   | 0.       |         |                | <u>0.</u><br>0. |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but n      | ot limited to th       | 1056                           | lista                 | ed al   | hov               | e) wi                        | 10 re    |   | 000 in reportable                       | <u> </u> | -       |                | ٠.              |
| compensation from the organization   | 01 11111100 10 11      |                                |                       | J       |                   | ٠,                           |          |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |         |                | 1               |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         | Yes            | No              |
| 3 Did the organization list any former officer,                                    | director or tru        | stee                           | e, ke                 | y em    | olqr              | yee,                         | or h     | nighest compensated er                        | nployee on                              |          | _       | *              |                 |
| line 1a? If "Yes," complete Schedule J for s                                       | uch individual         |                                |                       |         |                   |                              |          |   |   | Ļ        | 3       |                | х               |
| 4 For any individual listed on line 1a, is the su                                  | •                      |                                |                       |         |                   |                              |          | •   | the organization                        |          | -       |                | ئے ۔ ا          |
| and related organizations greater than \$15  |                        |                                |                       |         |                   |                              |          |   |   | -        | 4       | Х              | -               |
| 5 Did any person listed on line 1a receive or a                                    |                        |                                |                       |         |                   |                              | elat     | ed organization or indiv                      | idual for services                      |          |         | <b>-</b> .     | - :             |
| rendered to the organization? If "Yes," com  | plete Schedui          | e J                            | for s                 | uch     | pers              | son                          |          |   |   |          | 5       |                | <u> </u>        |
| Section B. Independent Contractors  1 Complete this table for your five highest co |                        | <b>-</b>                       |                       |         |                   |                              |          | hat received more than                        | \$100,000 of comp                       |          | ation f |                |                 |
|  | mpensated in           | uep                            | enae                  | ent C   | Ont               | iacio                        | 31 S I   | mat received more than                        | \$100,000 or compe                      | 31150    | ation i | ioiii          |                 |
| the organization NONE  (A)   |                        |                                |                       |         |                   |                              |          | (B)   |   |          | (C      | ;)             |                 |
| Name and business  | address                |                                |                       |         |                   |                              |          | Description of s                              | services                                | C        | ompei   | nsatı          | on              |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              | _        |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              |          |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              |          |   | 1                                       |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              | $\dashv$ |   |   |          |         |                |                 |
|  |                        |                                |                       |         |                   |                              | İ        |   |   |          |         |                |                 |
| 2 Total number of independent contractors (i                                       | ncluding but r         | not l                          | ımıte                 | d to    | the               | se li                        | sted     | d above) who received n                       | nore than                               |          |         |                |                 |
| \$100,000 in compensation from the organi  |                        | 11                             | .,                    | 0       |                   | 0                            |          |   |   |          |         |                | 1               |
| SEE PART VII SECTION A CONTIN  |                        | тe                             |                       |         |                   |                              |          |   |   |          | Form 5  | 990            | (2010)          |

| Form 990 (2010) HARTFORD SEMI                | LNARY                   |                                |                       |                  |                     |                              |          |  | 06-064701  | <u> </u>   |
|--|-------------------------|--------------------------------|-----------------------|------------------|---------------------|------------------------------|----------|--|--|--|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı          | mple                           | yee                   | s, a             | nd ł                | ligh                         | est      | Compensated Employ                             | ees (continued)                                  |  |
| (A)<br>Name and title                        | (B)<br>Average<br>hours |                                |                       | <b>))</b><br>Pos | C)<br>ition<br>that | 1                            |          | ( <b>D)</b> Reportable compensation            | <b>(E)</b> Reportable compensation               | <b>(F)</b> Estimated amount of                                     |
|  | per<br>week             | Individual trustee or director | Institutional trustee | Officer          | Key employee        | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| SCOTT THUMMA                                 |                         |                                |                       |                  |                     |                              |          |  |  |  |
| TRUSTEE                                      | 1.00                    | х                              |                       |                  |                     |                              |          | 0.   | 0.   | 0  |
| JAMES NIEMAN                                 |                         |                                |                       |                  |                     |                              |          |  |  |  |
| TRUSTEE                                      | 2.00                    | х                              |                       |                  |                     |                              | ļ        | 0.   | 0.   |  |
| HEIDI HADSELL                                |                         |                                |                       |                  |                     |                              |          |  |  |  |
| PRESIDENT                                    | 40.00                   | -                              |                       | x                |                     |                              |          | 167,333.                                       | 0.   | 0  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
|  |                         | -                              |                       |                  | ١,                  |                              |          |  |  |  |
|  |                         | -                              |                       |                  |                     |                              |          |  |  |  |
|  |                         | -                              |                       |                  |                     |                              |          |  |  | <u> </u>   |
|  |                         |                                |                       |                  | _                   |                              |          |  |  | _  |
|  |                         |                                |                       |                  |                     |                              |          |  |  |  |
| Total to Part VII, Section A, line 1c        |                         | 1                              |                       | L                | <u> </u>            |                              | <u> </u> | 167, 333,                                      |  |  |

| 'ar            | t VIII   | Statement of Revenue   |               |  |  | 4  | L   |
|----------------|----------|--|---------------|--|--|--|---|
|                |          |  |               | (A)<br>Total revenue   | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue  | Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514   |
| 얉              | 1 a      | Federated campaigns 1a   | *             |  | The state of the s |  |   |
| 3              | b        | Membership dues 1b   |               |  |  |  | 17, 50° - 50° 43, 17, 17, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18  |
| ٳڲۣٙ           | С        | Fundraising events   |               |  |  |  |   |
| ä              | ď        | Related organizations 1d   |               |  |  |  |   |
| Ē              | ۰é       | Government grants (contributions) 1e /   |               |  |  |  |   |
| 2              |          | All other contributions, gifts, grants, and  |               |  |  | Mariji (   |   |
| 흳              | ·        | similar amounts not included above 1f.   | 693 249.      |  |  |  |   |
| 0              | α        | Noncash contributions included in lines 1a-1f \$   | 98 519.       |  |  |  |   |
| and other si   |          | Total. Add lines 1a-1f   | <b>.</b>      | 693 249  |  |  |   |
| 1              |          | , orange and a second a second and a second  | Business Code |  | aliki ya bahir.  |  | - Perlinear   |
|                | ;<br>2 a | PROGRAMS & COURSES   | 611600        | 1,475,710.   | 1,475,710.   | <u> </u>   | ر المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المستقد<br>المستقدد المستقديد المستقدد ا |
| -              |          | ,  | 611600        | 357 080.   | 357.080.   |  |   |
| ĭ              |          | RESEARCH & GRANTS  |               | 65,449.  | 65 449.  |  | - Lu,   |
| Ve             | ں ۔      | MACDONALD CENTER   | 611600        | . 05,445.  | 05,445.  |  |   |
| 8              | a        |  | -             |  | , •  |  |   |
| Revel          | e        | All about the second of the se | _             | •  | ,  | ,  | <del> </del>  |
| ŀ              |          | All other program service revenue  | , '>          | 1 000 030  | The state of the s | <br>  జత్తహెక్క, మక్కు చక్కి   | Tight the things.   |
| +              |          | Total. Add lines 2a-2f   |               | 1,898,239,   | The state of the s | A CATH DESCRIPTION   | Sparre Charle (C)   |
|                | 3,       | Investment income (including dividends, intere   | st, and       |  |  | ,  |   |
|                |          | other similar amounts)   |               | 837,790,   | ,  | ,  | 837,790   |
| 1              | 4        | Income from investment of tax-exempt bond p  | roceeds       | · · · · · ·  | , ,  |  |   |
|                | 5        | Royalties '  | <u> </u>      | **,<br>**,   | The street was a second with   | The sections   | f-, 1   |
|                | , 11     | '(ı) Real  | (ii) Personal |  | ja filonus francus jugarent<br>Profesioalar etastetariak   |  |   |
|                | 6 a      | Gross Rents 201 014.   | :             |  |  |  |   |
| 1              | b        | Less: rental expenses 54 771.  | ` 1           |  |  |  | *,  |
|                | С        | Rental income or (loss) 146 243.   |               | and the second principle of the second party and a second principle of the second party and the second party as  |  | The second secon | many a regarder som men men men men men men men men men me  |
|                | d        | Net rental income or (loss)  | <b></b>       | 146,243,   |  | , , , , , ,  | 146 243   |
|                | 7 a      | Gross amount from sales of (i) Securities  | (II) Other    |  |  |  |   |
|                |          | assets other than inventory  |               |  |  |  |   |
| -              | b        | Less: cost or other basis  | ,             |  | The second secon |  |   |
|                |          | and sales expenses   |               | [ 마음 : [ 마음 - 15 ] [ 마음 : 15 ] - 15 |  |  |   |
| •              | С        | Gain or (loss)   |               | را الله الله الله الله الله الله الله ال   | STEER OF HIS STEER SEE STEER   |  |   |
|                | , q      | Net gain or (loss)   | ٠ -           | , ,  |  | •  | • ,   |
| ,              | 8 a      | Gross income from fundraising events (not  | +             | RED BEART  |  |  |   |
|                |          | including \$ of  |               |  |  |  |   |
| 2              |          | contributions reported on line 1c). See  |               |  |  |  |   |
| oniei neveilue |          | Part IV, line 18   |               |  |  |  |   |
|                |          | Less direct expenses . b   |               |  |  |  |   |
| <b>&gt;</b>    |          | Net income or (loss) from fundraising events   | ,             | ING ME CHICK IN DEC. STRUCTURE   |  | - rans multiple and parameter  | ME / E 'M M . M 190 1900  |
| ١.             |          | Gross income from gaming activities See  |               | BAT CHENTS.  |  | ST: 43-11,4,4-27   |   |
| 1              | Ja       | Part IV, line 19   | , '           |  |  |  |   |
|                | , co     | Less: direct expenses b  |               |  |  |  | Service (Service )  |
|                |          | Net income or (loss) from gaming activities  |               | i hada sa sa a a a a a a a a a a a a a a a   | Tarik Bilan Karas Cilibaria Tari   | Same of the Statement of the   | มีใชล์ชั่นนี้ ค.มพืช เโดยเก็ดนัย.   |
| - -            |          | Gross sales of inventory, less returns   |               |  |  |  | Tally Fary Fred   |
| 1              | iv a     | and allowances a   | 500           |  |  | aran en Taran de la la la la la la la la la la la la la  |   |
| 1              | L        |  | 503.          |  |  |  |   |
|                |          | Less: cost of goods sold b   | 2,094.        |  |  |  | المتناسطة المتعلقة  |
| +              | с        | Net income or (loss) from sales of inventory   | D             | <1,591.<br>FaiRitat - faita  | <1.591.  | <b>&gt;</b><br>☑,₩∰₩₩₽₽₽   |   |
| -              |          | Miscellaneous Revenue  | Business Code |  |  | erregions-l  | and a second of the second  |
|                | 11 a     | MISCELLANEOUS  | 611600        | 27,828.  | 27,828.  |  | ,   |
| 1              | b        | <u> </u>   |               | ·  |  |  |   |
|                | C        |  |               | ,  | • • •  | <u></u>  | ļ   |
|                | · d      | All other revenue  | - 4           |  | -  |  | · 1- ***  |
|                |          |  |               |  | 1 : "PET-#-55"   | ಒ <sub>ಪ</sub> ಟ್ರಾಟ್ಯೂ ಇಂಡಿ ಕಿಲ್ಲಿ ಕೆಲ್ಲಿ ಕೆಲ್ಲಿ  | 10-25 ಬಿ.ಕೆ.ಕಾಗಿಗೆ ನಿ   |
|                | ́ е      | Total. Add lines 11a-11d   |               | 27,828.  | A Terefrich definial filmed  |  | 984_033   |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|                 | not include amounts reported on lines 6b,<br>Bb, 9b, and 10b of Part VIII.   | (A) Total expenses  | (B) Program service expenses | (C)<br>Management and<br>general expenses | ( <b>D)</b> Fundraising expenses        |
|-----------------|--|---|------------------------------|---|---|
| 1               | Grants and other assistance to governments and   |   |                              |   |   |
|                 | organizations in the U.S. See Part IV, line 21   |   |                              |   |   |
| 2               | Grants and other assistance to individuals in  |   |                              |   |   |
|                 | the U.S. See Part IV, line 22  | 279,234.  | 279,234.                     |   |   |
| 3               | Grants and other assistance to governments,  |   |                              |   |   |
|                 | organizations, and individuals outside the U.S.  |   | 1                            |   |   |
|                 | See Part IV, lines 15 and 16   |   |                              |   |   |
| 4               | Benefits paid to or for members  |   |                              |   | jernijė, ne utiki                       |
| 5               | Compensation of current officers, directors,   | , c   | ,                            |   |   |
|                 | trustees, and key employees  | 335 517.  | 179,497.                     | 120 655                                   | 35,365                                  |
| 6               | Compensation not included above, to disqualified   |   |                              |   |   |
|                 | persons (as defined under section 4958(f)(1)) and  |   |                              |   |   |
|                 | persons described in section 4958(c)(3)(B)   |   |                              |   |   |
| 7               | Other salaries and wages .   | 2,039,732.  | 1,585,322.                   | 360,272.                                  | 94 138                                  |
| 8               | Pension plan contributions (include section 401(k)   |   | ,                            | ,*  | ٠                                       |
|                 | and section 403(b) employer contributions)   | 190,438.  | 148,013,                     | 33,636.                                   | . 8,789                                 |
| 9               | Other employee benefits  | 129,335.  | 100,522.                     | 22,844.                                   | 5,969                                   |
| 10              | Payroll taxes  | 155 832.  | 121,115.                     | 27 525.                                   | 7,192                                   |
| 11              | Fees for services (non-employees).   |   | •                            |   |   |
| а               | Management   |   |                              |   |   |
| b               | Legal  | 3,696.  | 10                           | 3,696,                                    |   |
| С               | Accounting   | 18 183.   |                              | 18 183.                                   |   |
| d               | Lobbying   |   |                              |   |   |
| е               | Professional fundraising services. See Part IV, line 17  |   |                              |   | 7                                       |
| f               | Investment management fees   | 235,829.  | 117,914,                     | 117,915.                                  | ,                                       |
| g               | Other  | 100,953.  | 50,476,                      | 50,477.                                   | ,                                       |
| 12              | Advertising and promotion  | 45,463.   | 44,703,                      | 760.                                      |   |
| 13              | Office expenses  | 74,372.   | 46 981.                      | 21 865.                                   | 5 526                                   |
| 14              | Information technology   | 37,999.   |                              | 37,999.                                   |   |
| 15              | Royalties  |   |                              |   | ·                                       |
| 16              | Occupancy  | 10 950  | 10,950.                      |   | r                                       |
| 17              | Travel   | 35 963.   | . 19,777.                    | 14,569.                                   | 1,617                                   |
| 18              | Payments of travel or entertainment expenses   |   | , ,                          |   |   |
|                 | for any federal, state, or local public officials  |   | '                            |   |   |
| 19              | Conferences, conventions, and meetings   | 82 775.   | 33.086.                      | 48 235.                                   | 1,454                                   |
| 20              | Interest   |   | •                            |   |   |
| 21              | Payments to affiliates   |   |                              |   | ,                                       |
| 22              | Depreciation, depletion, and amortization  | 220 107.  | 140,868.                     | 63,831.                                   | 15,408                                  |
| 23              | Insurance  | 77,988.   | 2 357.                       | 75,631.                                   | ,                                       |
| 24              | Other expenses. Itemize expenses not covered   |   |                              |   |   |
|                 | above. (List miscellaneous expenses in line 24f. If line   |   |                              |   |   |
|                 | 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule (O.)  | ି ମଧ୍ୟ କରିଥିଲେ (-) ପଣ୍ଡିୟିକ ହିନ୍ଦି ।<br>  ୧୯୦୧   ୧୯୯୫   ୧୯୮୯   ୧୯୮୯ |                              |   |   |
| а               | PROJECT GRANT EXPENSES   | 267 506   | 267 506.                     |   | , -                                     |
| b               | OTHER  | 207,081.  | 162,245.                     | 65,789.                                   | <20,953                                 |
| С               | REPAIRS AND MAINTENANCE  | 93,700.   | 93,700.                      |   |   |
| d               | UTILITIES  | 77,088.   | 77,088.                      | *   |   |
| e               | LIBRARY BOOKS  | 64,988.   | 57,130.                      | 600.                                      | 7,258                                   |
| f               | All other expenses   | 62,960.   | 62,960.                      |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 25              | Total functional expenses. Add lines 1 through 24f   | 4,847,689.  | 3,601,444.                   | 1,084,482.                                | 161,763                                 |
| <u>=-</u><br>26 | Joint costs. Check here ▶ ☐ If following SOP   |   |                              |   |   |
|                 | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | ,   | ,                            |   |   |

032010 12-21-10

| Pai                         | t X  | Balance Sheet  |           |                        |   |      |   |
|-----------------------------|------|--|-----------|------------------------|---|------|---|
|                             | ,    |  |           |                        | (A)<br>Beginning of year                    |      | (B)<br>End of year  |
|                             | 1    | Cash - non-interest-bearing                          |           |                        |   | 1    |   |
|                             | 2    | Savings and temporary cash investments               |           |                        | 1,179,443,                                  | 2    | 1,309,290.  |
|                             | 3    | Pledges and grants receivable, net                   |           | ,                      | 696,664,                                    | 3    | 196 825.  |
|                             | 4    | Accounts receivable, net                             |           |                        | 157,238,                                    | 4    | 197,745.  |
| ,                           | 5    | Receivables from current and former officers, di     | ectors    | s, trustees, key       |   | ,    |   |
| •                           |      | employees, and highest compensated employee          |           | \$4 F                  |   |      |   |
|                             |      | of Schedule L  |           |                        |   | 5    |   |
|                             | 6    | Receivables from other disqualified persons (as      | define    | d under section        |   |      |   |
|                             |      | 4958(f)(1)), persons described in section 4958(c)    |           |                        |   |      |   |
|                             |      | employers and sponsoring organizations of sect       | ion 50    | 1(c)(9) voluntary      |   |      |   |
|                             |      | employees' beneficiary organizations (see instru     | ctions    | )                      |   | 6    | •   |
| Assets                      | 7    | Notes and loans receivable, net                      |           |                        |   | 7    |   |
| Ass                         | 8 '  | Inventories for sale or use                          |           |                        | 30,000,                                     | 8    | 30,000.   |
| •                           | 9    | Prepaid expenses and deferred charges                |           |                        | 77,893.                                     | 9    | 158,931.  |
|                             | 10a  | Land, buildings, and equipment cost or other         |           |                        |   |      |   |
|                             |      | basis Complete Part VI of Schedule D                 | 10a       | 8,794,143,             |   |      |   |
|                             | ь    | Less accumulated depreciation                        | 10b       | 6,633,096.             | 2 202 639                                   | 10c  | 2,161,047.  |
|                             | 11   | Investments - publicly traded securities             |           |                        |   | 11   |   |
| •                           | 12   | Investments - other securities See Part IV, line 1   | 1         |                        | 32,716,918,                                 | 12   | 38,519,887.   |
|                             | 13   | Investments - program-related See Part IV, line      | 11        |                        |   | 13   | •   |
|                             | 14   | Intangible assets                                    |           | 14                     |   |      |   |
|                             | 15   | Other assets. See Part IV, line 11                   |           | ,                      |   | 15   |   |
|                             | 16   | Total assets. Add lines 1 through 15 (must equa      | al line : | 34)                    | 37,060,795,                                 | 16   | 42,573,725.   |
|                             | 17   | Accounts payable and accrued expenses                | 124,591.  | 17                     | 189,448.                                    |      |   |
|                             | 18   | Grants payable                                       |           |                        |   | 18   | •   |
|                             | 19   | Deferred revenue                                     |           |                        | 4 343,611,                                  | 19   | 263,892.  |
|                             | 20   | Tax-exempt bond liabilities                          |           | •                      | ,   | 20   | •   |
| es                          | 21   | Escrow or custodial account liability. Complete I    | Part IV   | of Schedule D          |   | 21   | , ,   |
| Ħ                           | 22   | Payables to current and former officers, director    | s, trus   | tees, key employees,   |   | 47.  |   |
| Liabilities                 |      | highest compensated employees, and disqualifi-       | ed per    | sons. Complete Part II |   | عنتت |   |
| _                           | 1    | of Schedule L  |           |                        |   | 22   |   |
|                             | 23   | Secured mortgages and notes payable to unrela        | ted th    | ird parties            |   | 23   | <u> </u>  |
|                             | 24   | Unsecured notes and loans payable to unrelated       | d third   | parties                | · · · · · · · · · · · · · · · · · · ·       | 24   |   |
|                             | 25   | Other liabilities. Complete Part X of Schedule D     |           |                        |   | 25   |   |
|                             | 26   | Total liabilities. Add lines 17 through 25           |           |                        | 468 202                                     | 26   | 453 340.  |
|                             |      | Organizations that follow SFAS 117, check he         | ere 🕨     | and complete           |   |      |   |
| ses                         | }    | lines 27 through 29, and lines 33 and 34.            |           |                        | Mark Pinks of Landaumer and Landaum militar |      | Marine and |
| auc                         | 27   | Unrestricted net assets                              |           |                        | 4,812,013,                                  | 27   | 6_617,177.  |
| Bal                         | 28   | Temporarily restricted net assets                    |           |                        | 17,076,917.                                 | 28   | 20,117,299.   |
| Pu                          | 29   | Permanently restricted net assets                    |           | . $\square$            | 14,703,663.                                 | 29   | 15,385,909.   |
| Ţ                           |      | Organizations that do not follow SFAS 117, cl        | neck h    | ere 🕨 🔛 and            |   |      |   |
| P                           |      | complete lines 30 through 34.                        | _         |                        |   |      |   |
| Net Assets or Fund Balances | 30 - | Capital stock or trust principal, or current funds   | •         | •                      | 30  |      |   |
| Ass                         | 31   | Paid-in or capital surplus, or land, building, or ed | •         |                        |   | 31   |   |
| et                          | 32   | Retained earnings, endowment, accumulated in         | come,     | or other funds         |   | 32   |   |
| ~                           | 33   | Total net assets or fund balances                    |           |                        | 36,592,593,                                 | 33   | 42 120 385.   |
|                             | 34   | Total liabilities and net assets/fund balances       |           | <u> </u>               | 37_060_795                                  | 34   | 42,573,725.   |

Form **990** (2010)

| Form | 990 (2010) HARTFORD SEMINARY  | 06-0647016 |      | Pag  | ge 12        |
|------|---|------------|------|--|--------------|
| Pa   | rt XI Reconciliation of Net Assets  |            |      |  |              |
|      | Check if Schedule O contains a response to any question in this Part XI   |            |      |  | $\mathbf{x}$ |
|      |   |            |      |  |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 3    | 601  | <u>758</u> . |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 4    | 847  | 689.         |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3          | <1   | 245  | 931.         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4          | 36   | 592  | 593.         |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)  | 5          | . 6  | ,773   | 723.         |
| 6    | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       | 6          | 42   | ,120   | 385.         |
| Pa   | rt XII Financial Statements and Reporting   |            |      |  |              |
|      | Check if Schedule O contains a response to any question in this Part XII  |            |      |  | <u> </u>     |
|      |   |            |      | Yes  | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |      |  |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.         |      |  |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |            | 2a   |  | х            |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |            | 2b   | х  |              |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audıt,   |      |  |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |            | 2c   | х  |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch   | edule O.   |      |  |              |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue   | d on a     |      |  | 1            |
|      | separate basis, consolidated basis, or both   |            |      |  |              |
|      | x Separate basis Consolidated basis Both consolidated and separate basis  |            |      | Part of the Part o |              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii | ngle Audit |      |  |              |
|      | Act and OMB Circular A-133?   |            | _3a_ |  | x            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audit  |      |  |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |            | _3b_ |  |              |
|      |   |            | Form | <b>990</b> (   | 2010)        |

### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

Name of the organization

**Employer identification number** 

|            |        |                          | HARTFORD SI                  |  |  |   |             |   |  | 06-                     | -0647016                |
|------------|--------|--------------------------|------------------------------|--|--|---|-------------|---|--|-------------------------|-------------------------|
| Part       | I      | Reason 1                 | for Public Char              | ity Status (All organiz  | ations mu  | st complet                                | e this part | ) See inst                              | ructions.                                    |                         | . <u> </u>              |
| The org    | janı   | zation is not a          | private foundation           | because it is: (For lines 1  | I through 1                                      | 11, check                                 | only one b  | ox)                                     |  |                         |                         |
| 1 🗆        |        | A church, cor            | nvention of churches         | s, or association of churc   | ches desci                                       | ribed in <b>se</b>                        | ction 170   | (b)(1)(A)(i)                            | •  |                         |                         |
| 2 X        |        | A school des             | cribed in section 17         | 0(b)(1)(A)(ii). (Attach Sc   | hedule E.)                                       |   |             |   |  |                         |                         |
| з [        |        |                          |                              | tal service organization of  |  | n section                                 | 170(b)(1)(  | A)(iii).                                |  |                         |                         |
| 4          | ╗      | A medical res            | search organization of       | operated in conjunction  | with a hos                                       | pital descr                               | ıbed ın se  | ction 170                               | (b)(1)(A)(ii                                 | i). Enter th            | ne hospital's name,     |
|            |        | city, and state          |                              |  |  | •   |             |   |  | •                       | •                       |
| 5          | ī      | -                        |                              | benefit of a college or ur   | niversity ov                                     | wned or or                                | erated by   | a governr                               | mental unr                                   | t describe              | ed in                   |
| · _        | _      | _                        | (b)(1)(A)(iv). (Comple       |  |  |   | ,           | - <b>3</b>                              |  |                         |                         |
| ٦ ۽        | $\neg$ |                          |                              | ent or governmental unit   | t describer                                      | d in cactio                               | n 170/h)/1  | VAVA                                    |  |                         |                         |
| 7          | ╡      |                          | •                            | eives a substantial part   |  |   |             |   | r from the                                   | general n               | ublic described in      |
| , _        |        | •                        | •                            | •  | oi its supp                                      | on nom a                                  | governine   | mai umi u                               | i irom uie                                   | general p               | dulic described in      |
| <b>,</b> _ | $\neg$ | -                        | <b>b)(1)(A)(vi).</b> (Comple | ·  | /Camplata  | Dowt II )                                 |             |   |  |                         |                         |
| 8  -       | ╡      | •                        |                              | ection 170(b)(1)(A)(vi).   |  |   |             | L                                       |  |                         | d                       |
| 9 ∟        |        |                          |                              | eives (1) more than 33 1   |  |   |             |   |  |                         |                         |
|            |        |                          | •                            | nctions - subject to certa   | •  | -   | -           |   |  |                         | =                       |
|            |        |                          |                              | axable income (less sect   | tion 511 ta                                      | x) from bu                                | sinesses a  | cquirea b                               | y tne orga                                   | nization a              | mer June 30, 1975.      |
|            | _      |                          | <b>509(a)(2).</b> (Complete  | •  |  |   |             |   | _  |                         |                         |
| 10  -      | 닉      | -                        |                              | perated exclusively to te  | •  | •   |             |   | •  |                         | _                       |
| 11 _       |        | -                        |                              | perated exclusively for the  |  |   |             |   | -  |                         |                         |
|            |        |                          |                              | itions described in section  |  |   |             | ). See sec                              | tion 509(a                                   | a)( <b>3).</b> Che      | ck the box that         |
|            |        |                          |                              | organization and comple  |  | _   |             |   |  |                         |                         |
| _          | _      | a L Type I               |                              | _l Type II   |  | e III - Func                              | •           | •                                       |  | d                       | Type III - Other        |
| e L        | _}     |                          |                              | t the organization is not  |  |   |             |   |  |                         |                         |
|            |        | foundation m             | anagers and other t          | han one or more publicly   | y supporte                                       | d organiza                                | itions desc | cribed in s                             | ection 509                                   | 9(a)(1) or s            | ection 509(a)(2).       |
| f          |        | If the organiz           | ation received a writ        | ten determination from t   | the IRS tha                                      | at it is a Ty                             | ре I, Туре  | II, or Type                             | e III  |                         | _                       |
|            |        | supporting or            | rganization, check th        | nis box  |  |   |             |   |  |                         |                         |
| g          |        | Since August             | t 17, 2006, has the c        | rganization accepted ar  | ny gift or co                                    | ontribution                               | from any    | of the follo                            | owing pers                                   | sons?                   |                         |
|            |        | (i) A person             | n who directly or ind        | rectly controls, either al   | one or tog                                       | ether with                                | persons o   | lescribed i                             | n (11) and (1                                | ııi) below,             | Yes No                  |
|            |        | the gove                 | eming body of the si         | upported organization?   |  |   | •           |   |  |                         | 11g(i)                  |
|            |        | (ii) A family            | member of a persor           | n described in (i) above?  | •  |   |             |   |  |                         | 11g(ii)                 |
|            |        | (iii) A 35% d            | controlled entity of a       | person described in (i) of   | or (ii) above                                    | ∍?  |             |   |  |                         | 11g(iii)                |
| h          |        | Provide the fo           | ollowing information         | about the supported or   | ganızatıon                                       | (s).                                      |             |   |  |                         |                         |
|            |        |                          |                              |  |  |   |             |   |  |                         |                         |
| • •        |        | of supported<br>nization | (ii) EIN                     | (iii) Type of<br>organization<br>(described on lines 1-9<br>above or IRC section | in col. (i) lis                                  | organization<br>sted in your<br>document? | organizat   | i notify the<br>ion in col.<br>support? | (vi) Is<br>organizatio<br>(i) organiz<br>U.S | on in col.<br>ed in the | (vii) Amount of support |
|            |        |                          |                              | (see instructions))  | Yes  | No  | Yes         | No                                      | Yes  | No                      |                         |
|            |        |                          |                              |  |  |   |             |   |  |                         |                         |
|            |        |                          |                              |  |  |   |             |   |  |                         |                         |
|            |        |                          |                              |  |  |   |             |   |  |                         |                         |
|            |        |                          |                              |  |  |   |             |   |  | ·                       |                         |
|            |        |                          | _                            |  |  |   |             |   |  |                         |                         |
|            |        |                          |                              |  |  | İ   |             |   |  |                         |                         |
|            |        |                          | ,                            |  |  | <del> </del>                              | <b>-</b>    |   | <u> </u>                                     |                         |                         |
|            |        |                          |                              |  |  |   |             |   |  |                         |                         |
|            |        |                          |                              |  | <del>                                     </del> | <del> </del>                              |             |   |  |                         | <del></del>             |
|            |        |                          | '                            |  |  |   |             |   |  | 1                       |                         |
|            |        |                          |                              |  | 1  |   |             |   |  |                         |                         |
| Total      |        | •                        |                              |  |  |   |             |   |  |                         |                         |

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

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 ) |  |   |   |                        |                      |   |             |  |  |
|---|--|---|---|------------------------|----------------------|---|-------------|--|--|
| Sec   | tion A. Public Support   |   | ,   |                        |                      |   |             |  |  |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2006                                | (b) 2007  | (c) 2008               | (d) 2009             | (e) 2010                                | (f) Total   |  |  |
|   | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")               |   |   | •                      |                      |   |             |  |  |
| 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   |   |   |                        |                      |   |             |  |  |
| 5   | The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly                    |   |   |                        |                      |   | ٠.          |  |  |
|   | supported organization) included on line 1 that exceeds 2% of the  |   |   |                        |                      |   | ,           |  |  |
| e   | amount shown on line 11, column (f)  |   |   |                        |                      |   |             |  |  |
|   | Public support. Subtract line 5 from line 4 ction B. Total Support   | •                                       | 1 4 3-3 51 <u>11 11 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u> | 1 = ,                  | prodysmuntaetun (b.  |   | •           |  |  |
|   | ndar year (or fiscal year beginning in)  | (a) 2006                                | (b) 2007  | (c) 2008               | (d) 2009             | (e) 2010                                | (f) Total   |  |  |
|   | Amounts from line 4  | (4) 2000                                | (3) = 3 = 1   |                        | (4)                  | ,                                       |             |  |  |
|   | Gross income from interest,  |   | 3   | •                      |                      | ·                                       |             |  |  |
| _   | dividends, payments received on  |   | ,   |                        |                      |   | •"          |  |  |
|   | securities loans, rents, royalties   |   | ,   |                        |                      |   | ,           |  |  |
|   | and income from similar sources  |   | s   |                        | . 1                  |   | -           |  |  |
| 9   | Net income from unrelated business   |   |   | _                      | ·                    |   | • •         |  |  |
|   | activities, whether or not the   |   |   |                        |                      |   | ,           |  |  |
|   | business is regularly carried on   |   |   |                        |                      |   | •           |  |  |
| 10  | Other income. Do not include gain  | į                                       | ,   |                        |                      | **                                      |             |  |  |
|   | or loss from the sale of capital   | '1                                      |   |                        |                      |   |             |  |  |
|   | assets (Explain in Part IV)  | T-11 ( " = P= P* T-1 *Dq -              | 2" 1 "" 41 1  |                        |                      | who servers .                           |             |  |  |
| 11  | •••  |   |   |                        |                      |   |             |  |  |
|   | Gross receipts from related activities   | •                                       | -   |                        |                      | 12                                      |             |  |  |
| 13  | First five years. If the Form 990 is fo  | _                                       | s first, second, thir                                   | d, fourth, or fifth ta | ax year as a section | n 501(c)(3)                             | _           |  |  |
| Sec   | organization, check this box and stop  | <u>p here</u><br>lic Support Pe         | rcentage  |                        |                      |   |             |  |  |
|   | Public support percentage for 2010 (   |   |   | column (fl)            |                      | 14                                      | . %         |  |  |
|   | Public support percentage from 2009  | • | •   | .Olumin (i))           |                      | 15                                      | . %         |  |  |
|   | 33 1/3% support test - 2010.If the o   |   |   | line 13, and line 1    | 4 is 33 1/3% or m    |   |             |  |  |
| .00   | stop here. The organization qualifies  |   |   |                        | ,                    | , | ▶□          |  |  |
| b   | 33 1/3% support test - 2009.If the c   |   |   |                        | line 15 is 33 1/3%   | or more, check this                     | box         |  |  |
|   | and stop here. The organization qua  |   |   |                        | •                    | •                                       |             |  |  |
| 17a   | 10% -facts-and-circumstances tes   | <b>it - 2010.</b> If the orga           | anızatıon dıd not c                                     | heck a box on line     | 13, 16a, or 16b, a   | nd line 14 is 10% o                     | r more,     |  |  |
|   | and if the organization meets the "facts-and-circumstances"  |   |   |                        |                      | rt IV how the organi                    | zation      |  |  |
| L   | 10% -facts-and-circumstances tes   | -                                       | •   | • • • •                | - ·                  | 7a and line 15 is 10                    | <b>№</b> or |  |  |
| C   | more, and if the organization meets t  |   |   |                        |                      | •                                       |             |  |  |
|   | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |   |   |                        |                      |   |             |  |  |
| 18  | Private foundation. If the organization  | on did not check a                      | box on line 13, 16                                      | a, 16b, 17a, or 17b    | o, check this box a  | ind see instructions                    | ▶□          |  |  |

Schedule A (Form 990 or 990-EZ) 2010

### 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 below, please complete Part II)

| <u>Se</u> | ction A. Public Support  |                    |                       |                        |                      |                     |  |
|-----------|--|--------------------|-----------------------|------------------------|----------------------|---------------------|--|
| ale       | ndar year (or fiscal year beginning in) ►  | (a) 2006           | (b) 2007              | (c) 2008               | (d) 2009             | (e) 2010            | (f) Total  |
| 1         | Gifts, grants, contributions, and  |                    | 1                     | 1                      |                      |                     | 1  |
|           | membership fees received (Do not   |                    |                       |                        |                      |                     |  |
|           | ınclude any "unusual grants.")   |                    |                       | <u> </u>               |                      |                     |  |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                       |                        |                      |                     |  |
| 3         | Gross receipts from activities that  |                    |                       |                        |                      |                     |  |
|           | are not an unrelated trade or bus-<br>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  |                    |                       |                        | <del> </del>         |                     | <del> </del>                                     |
|           | Total. Add lines 1 through 5   |                    |                       | <del> </del>           |                      |                     | <del>                                     </del> |
| 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  |                    |                       |                        |                      |                     |  |
| _         | Public support (Subtract line 7c from line 6)  |                    |                       |                        |                      |                     |  |
|           | ction B. Total Support   |                    |                       | <u>.</u>               |                      |                     | •  |
|           | ndar year (or fiscal year beginning in)  | (a) 2006           | (b) 2007              | (c) 2008               | (d) 2009             | (e) 2010            | (f) Total  |
|           | Amounts from line 6  |                    |                       |                        |                      |                     |  |
| 10a       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  |                    |                       |                        |                      |                     |  |
| b         | Unrelated business taxable income  |                    |                       |                        |                      |                     |  |
|           | (less section 511 taxes) from businesses   |                    | į                     |                        |                      |                     |  |
|           | 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)   |                    |                       |                        |                      |                     | <u> </u>   |
| 14        | First five years. If the Form 990 is for   | the organization'  | 's first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organı | zation,  |
|           | check this box and stop here   |                    |                       |                        |                      |                     | <b></b> ▶□                                       |
| Sec       | ction C. Computation of Publi  | c Support Pe       | ercentage             |                        |                      |                     |  |
| 15        | Public support percentage for 2010 (li   | ne 8, column (f) c | divided by line 13,   | column (f))            |                      | 15                  |  |
| 16        | Public support percentage from 2009  | Schedule A, Part   | t III, line 15        |                        |                      | 16                  |  |
| Sec       | ction D. Computation of Inves  | tment Incom        | ne Percentage         | '                      |                      |                     |  |
| 17        | Investment income percentage for 20  | 10 (line 10c, colu | mn (f) divided by li  | ne 13, column (f))     |                      | 17                  | <u></u> .  |
| 18        | Investment income percentage from 2  | 2009 Schedule A,   | Part III, line 17     |                        |                      | 18                  |  |
| 19a       | 33 1/3% support tests - 2010. If the   | organization did i | not check the box     | on line 14, and line   | e 15 is more than    | 33 1/3%, and line   | 17 is not  |
|           | more than 33 1/3%, check this box ar   |                    |                       |                        |                      |                     | <b>▶</b> □                                       |
| t         | 33 1/3% support tests - 2009. If the   | -                  |                       | •                      |                      |                     | and  |
| -         | line 18 is not more than 33 1/3%, che  | •                  |                       |                        |                      |                     | . —  |
| 20        | Private foundation. If the organization  |                    | •                     | •                      |                      |                     | <b>▶</b>   |
|           | 23 12-21-10  |                    |                       | ,                      |                      | hedule A (Form 99   | 90 or 990-FZ) 20                                 |
|           |  |                    |                       |                        |                      |                     |  |

### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

| Par      | HARTFORD SEMINARY  T I Organizations Maintaining Donor Advise                                | ed Funds o                              | or Other Similar Fun         | ds or A       | ccount           | 06-0647016<br>S. Complete i | f the        |
|----------|--|---|------------------------------|---------------|------------------|-----------------------------|--------------|
| <u> </u> | organization answered "Yes" to Form 990, Part IV, line                                       |   |                              |               |                  | or complete.                |              |
|          | Organization answered Tes to Form 556, Fart 14, int  |   | onor advised funds           | (t            | ) Funds          | and other acc               | ounts        |
|          | Total number at and of year  | \-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\ |                              | <del> </del>  |                  |                             | <del></del>  |
| 1        | Total number at end of year  |   |                              | <u> </u>      |                  | <del>-</del>                |              |
| 2        | Aggregate contributions to (during year)   | -                                       |                              | -             |                  |                             |              |
| 3        | Aggregate yellio at and of year  |   |                              |               |                  | <del>-</del>                |              |
| 4        | Aggregate value at end of year  Did the organization inform all donors and donor advisors in | writing that t                          | he accete held in donor ac   | lused fund    |                  | <u>.</u>                    |              |
| 5        | are the organization's property, subject to the organization's                               |   |                              | 7413CG 1G1K   | 13               | Yes                         | No           |
| _        | Did the organization inform all grantees, donors, and donor a                                |   |                              | he used o     | nlv              | 163                         |              |
| 6        | for charitable purposes and not for the benefit of the donor of                              |   |                              |               |                  |                             |              |
|          | impermissible private benefit?   | JI GUNUI AUVI                           | sor, or for any other purpo  | 3e comen      | "'Ig             | Yes                         | □ No         |
| Par      |  | manization ar                           | swered "Yes" to Form 990     | 0. Part IV. I | ine 7.           | 163                         |              |
| 1        | Purpose(s) of conservation easements held by the organizat                                   | _                                       |                              | <u> </u>      |                  |                             |              |
| •        | Preservation of land for public use (e.g., recreation or e                                   | · ·                                     | Preservation of an           | historically  | v importa        | nt land area                |              |
|          | Protection of natural habitat  | Juduano.,                               | Preservation of a c          |               |                  |                             |              |
|          | Preservation of open space   |   |                              |               |                  |                             |              |
| 2        | Complete lines 2a through 2d if the organization held a quali                                | ified conserva                          | ation contribution in the fo | rm of a co    | nservatio        | n easement o                | n the last   |
| _        | day of the tax year.   |   |                              |               |                  |                             |              |
|          | ady of the tax your.   |   |                              | ſ             | He               | ld at the End of            | the Tax Year |
| а        | Total number of conservation easements   |   |                              | j             | 2a               |                             | -            |
| b        | Total acreage restricted by conservation easements   |   |                              | Ì             | 2b               |                             |              |
| c        | Number of conservation easements on a certified historic str                                 | ructure includ                          | ded in (a)                   | Ì             | 2c               |                             |              |
| d        | Number of conservation easements included in (c) acquired                                    |   | • •                          | ucture        |                  |                             |              |
|          | listed in the National Register  |   |                              |               | 2d               |                             |              |
| 3        | Number of conservation easements modified, transferred, re                                   | eleased, extin                          | guished, or terminated by    | the organ     | zation du        | iring the tax               |              |
|          | year ▶   |   |                              |               |                  |                             |              |
| 4        | Number of states where property subject to conservation ea                                   | asement is loc                          | cated >                      |               |                  |                             |              |
| 5        | Does the organization have a written policy regarding the pe                                 | riodic monito                           | ring, inspection, handling   | of            |                  |                             |              |
|          | violations, and enforcement of the conservation easements                                    | rt holds?                               |                              |               |                  | Yes                         | ☐ No         |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting,                                 | , and enforcin                          | ng conservation easement     | s during th   | ie year 🕨        | ·                           |              |
| 7        | Amount of expenses incurred in monitoring, inspecting, and                                   | enforcing co                            | nservation easements dur     | ing the yea   | ar 🕨 \$ _        |                             |              |
| 8        | Does each conservation easement reported on line 2(d) about                                  | ve satisfy the                          | requirements of section 1    | 170(h)(4)(B   | )(ı)             |                             |              |
|          | and section 170(h)(4)(B)(ii)?  |   |                              |               |                  | Yes                         | ∟ No         |
| 9        | In Part XIV, describe how the organization reports conservat                                 | tion easemen                            | ts in its revenue and expe   | nse staten    | nent, and        | balance shee                | t, and       |
|          | include, if applicable, the text of the footnote to the organiza                             | ation's financi                         | al statements that describ   | es the org    | anızatıon        | 's accounting               | for          |
|          | conservation easements   |   |                              | <del></del>   |                  |                             |              |
| Pai      | rt III Organizations Maintaining Collections o   |   |                              | Other S       | similar          | Assets.                     |              |
|          | Complete if the organization answered "Yes" to Form  |   |                              |               |                  |                             |              |
| 1a       | If the organization elected, as permitted under SFAS 116 (AS                                 |   |                              |               |                  |                             |              |
|          | historical treasures, or other similar assets held for public ex                             | hibition, educ                          | cation, or research in furth | erance of     | public ser       | rvice, provide,             | in Part XIV, |
|          | the text of the footnote to its financial statements that descr                              |   |                              |               |                  |                             |              |
| b        |  |   |                              |               |                  |                             |              |
|          | treasures, or other similar assets held for public exhibition, e                             | ducation, or                            | research in furtherance of   | public ser    | vice, prov       | vide the follow             | ing amounts  |
|          | relating to these items  |   |                              |               |                  |                             |              |
|          | (i) Revenues included in Form 990, Part VIII, line 1   |   |                              |               | <b>S</b> \$ _    |                             |              |
|          | (ii) Assets included in Form 990, Part X   |   |                              |               |                  |                             | <u>.</u>     |
| 2        | If the organization received or held works of art, historical tre                            |   |                              | ncial gain, j | orovide          |                             |              |
|          | the following amounts required to be reported under SFAS 1                                   | 116 (ASC 958                            | 3) relating to these items:  |               |                  |                             |              |
| а        | Revenues included in Form 990, Part VIII, line 1   |   |                              |               | <b>&gt;</b> \$ _ |                             |              |
| b        | Assets included in Form 990, Part X  |   |                              |               | <b>&gt;</b> \$_  |                             |              |

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|     |         | (Form 990) 2010 HARTFORD SE                  |                          |                         | · · · · ·       | <del> </del> | 06-06             |                |         | age 2     |
|-----|---------|--|--------------------------|-------------------------|-----------------|--------------|-------------------|----------------|---------|-----------|
| Par | t III   | Organizations Maintaining C                  |                          |                         |                 |              |                   |                |         |           |
| 3   | Using   | the organization's acquisition, accessi      | on, and other records    | s, check any of the     | following that  | t are a sig  | nıfıcant use of   | rts collectio  | n item  | s         |
|     | (checl  | k all that apply)                            |                          |                         |                 |              |                   |                |         |           |
| а   |         | Public exhibition                            | d                        | Loan or exc             | hange progra    | ıms          |                   |                |         |           |
| b   |         | Scholarly research                           | е                        | Other                   |                 |              |                   |                |         |           |
| C   |         | Preservation for future generations          |                          |                         |                 |              |                   |                |         |           |
| 4   | Provid  | de a description of the organization's co    | ollections and explain   | n how they further t    | he organization | on's exem    | pt purpose in f   | Part XIV.      |         |           |
| 5   | During  | g the year, did the organization solicit o   | r receive donations o    | of art, historical trea | sures, or othe  | er sımılar a | issets            |                |         | _         |
|     | to be   | sold to raise funds rather than to be ma     | aintained as part of the | ne organization's c     | ollection?      |              |                   | Yes            |         | <u>No</u> |
| Par | t IV    | Escrow and Custodial Arran                   | <b>gements.</b> Comple   | te if the organization  | on answered '   | 'Yes" to F   | orm 990, Part     | IV, line 9, or |         |           |
|     |         | reported an amount on Form 990, Par          | t X, line 21.            |                         |                 |              |                   |                |         |           |
| 1a  | Is the  | organization an agent, trustee, custodi      | an or other intermed     | ary for contribution    | ns or other as  | sets not ir  | ncluded           |                |         | _         |
|     | on Fo   | orm 990, Part X?                             |                          |                         |                 |              |                   | Yes            | L       | ] No      |
| b   | If "Yes | s," explain the arrangement in Part XIV      | and complete the fol     | lowing table.           |                 |              |                   |                |         |           |
|     |         |  |                          |                         |                 |              |                   | Amoun          | t       |           |
| C   | Begin   | nning balance                                |                          |                         |                 |              | 1c                |                |         |           |
| d   | Addıtı  | ions during the year                         |                          |                         |                 |              | 1d                |                |         |           |
| e   | Distrib | butions during the year                      |                          |                         |                 |              | 1e                |                |         |           |
| f   | Endin   | ng balance                                   |                          |                         |                 |              | 1f                |                |         | _         |
| 2a  | Did th  | ne organization include an amount on Fe      | orm 990, Part X, line    | 21?                     |                 |              |                   | L Yes          |         | J No      |
|     |         | s," explain the arrangement in Part XIV      |                          |                         |                 |              |                   |                |         |           |
| Par | t V     | Endowment Funds. Complete                    | f the organization and   | swered "Yes" to Fo      | m 990, Part     |              |                   |                |         |           |
|     |         |  | (a) Current year         | (b) Prior year          | (c) Two year    |              | i) Three years ba | ick (e) Fou    | r years | back      |
| 1a  | Begin   | nning of year balance                        | 29,547,249.              | 27,348,656              | 41,230          | 965.         |                   |                |         |           |
| b   | Contr   | ributions                                    | 731,331.                 | 118,002                 | . 69            | 647.         |                   |                |         |           |
| C   | Net in  | nvestment earnings, gains, and losses        | 6,948,400.               | 3,389,672               | <10,531         | L,978.       |                   |                |         |           |
| d   | Grant   | ts or scholarships                           | 216,826.                 | 164,675                 | . 172           | 2,000.       |                   |                |         |           |
| е   | Other   | r expenditures for facilities                |                          |                         |                 |              |                   |                |         |           |
|     | and p   | programs                                     | 1,927,943.               | 1,017,290               | 3,07            | 3,690.       |                   |                |         |           |
| f   | Admir   | nistrative expenses                          | 166,110.                 | 127,117                 | . 174           | 288.         |                   |                |         |           |
| g   | End o   | of year balance                              | 34,916,101.              | 29,547,248              | 27,348          | 3,656.       |                   |                |         |           |
| 2   | Provid  | de the estimated percentage of the yea       | r end balance held a     | s                       |                 |              |                   |                |         |           |
| а   | Board   | d designated or quasi-endowment 🕨            | 16.00                    | _%                      |                 |              |                   |                |         |           |
| b   | Perma   | anent endowment  84.00                       | %                        |                         |                 |              |                   |                |         |           |
| С   | Term    | endowment .00                                | %                        |                         |                 |              |                   |                |         |           |
| За  | Are th  | here endowment funds not in the posse        | ssion of the organiza    | ation that are held a   | and administe   | red for the  | organization      |                |         |           |
|     | by      |  |                          |                         |                 |              |                   |                | Yes     | No        |
|     | (i) u   | nrelated organizations                       |                          |                         |                 | •            |                   | 3a(i)          | _x_     |           |
|     | (ii) re | elated organizations                         |                          |                         |                 |              |                   | 3a(ii)         |         | Х         |
| b   | If "Ye  | es" to 3a(ii), are the related organizations | s listed as required or  | n Schedule R?           |                 |              |                   | 3b             |         |           |
| 4   |         | nbe in Part XIV the intended uses of the     |                          |                         |                 |              |                   |                |         |           |
| Pai | t VI    | Land, Buildings, and Equipm                  | nent. See Form 990       | , Part X, line 10       |                 |              |                   |                | ·<br>   |           |
|     |         | Description of investment                    | (a) Cost or of           | 1 1.7                   | t or other      |              | cumulated         | (d) Boo        | k valu  | е         |
|     |         |  | basis (investm           | nent) basis             | (other)         | depr         | eciation          |                |         |           |
| 1a  | Land    |  |                          |                         | 348,972.        |              |                   |                | 348     | 972.      |
| b   | Buildi  | ings   | 2,087                    | 7,540.                  | 4,302,238.      |              | 5,242,837.        | 1              | 146     | 941.      |
| С   | Lease   | ehold improvements                           | 551                      | 1,221.                  | 486 630.        |              | 589,770.          |                | 448     | 081.      |
| d   | Equip   | oment  |                          |                         | 1,017,542.      |              | 800,489.          |                | 217     | 053.      |
|     | O.1     |  | l l                      | 1                       |                 |              | ł                 |                |         |           |

Schedule D (Form 990) 2010

2 161 047.

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

| (a) Description of security or category  | (b) Book value             | -           | (c) Method of valu                          | ation.                                |
|--|----------------------------|-------------|---|---------------------------------------|
| (including name of security)   | (b) Book value             | Co          | ost or end-of-year ma                       | rket value                            |
| (1) Financial derivatives  |                            |             | - · · · · · · · · · · · · · · · · · · ·     |                                       |
| Closely-held equity interests  |                            |             | <del> </del>                                |                                       |
| 3) Other   |                            |             |   |                                       |
| (A) THE COMMON FUND MUTUAL FUND  | 1,058,440                  | END-OF-YEAR | MARKET VALUE                                |                                       |
| (B) ASSETS HELD IN TRUST   | 3,603,788                  | END-OF-YEAR | MARKET VALUE                                | <del></del>                           |
| (C) JULIUS BAER / ARTIO  | 2,724,878                  | END-OF-YEAR | MARKET VALUE                                |                                       |
| (D) PENN CAPITAL   | 3,310,653                  | END-OF-YEAR | MARKET VALUE                                |                                       |
| (E) WESTERN ASSET  | 1,982,055                  | END-OF-YEAR | MARKET VALUE                                |                                       |
| (F) VANGUARD BOND FUND   | 14,804,483                 | END-OF-YEAR | MARKET VALUE                                |                                       |
| (G) EII GLOBAL REITS   | 1,369,850                  |             | MARKET VALUE                                |                                       |
| (H) PIMCO  | 2,390,116                  |             | MARKET VALUE                                |                                       |
| (I) ARCHSTONE OFFSHORE FUND  | 1,620,884                  |             | MARKET VALUE                                |                                       |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)   |                            |             |   |                                       |
| Part VIII Investments - Program Related.   | See Form 990, Part X, line | 13.         |   |                                       |
| (a) Description of investment type   | (b) Book value             | · ·         | (c) Method of valu<br>ost or end-of-year ma |                                       |
|  |                            |             |   | TREE VAIGE                            |
| (1)  |                            |             |   | <del></del>                           |
| (2)  |                            |             |   |                                       |
| (3)  |                            |             | •   |                                       |
| (4)  |                            |             |   |                                       |
| (5)  |                            | +           |   |                                       |
| (6)  |                            |             |   |                                       |
| (7)  |                            |             |   | · · · · · · · · · · · · · · · · · · · |
| (8)  |                            | -           |   |                                       |
| (9)  |                            | +           |   |                                       |
| (10)   |                            |             |   |                                       |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lir                   | 20.15                      | <u> </u>    |   | <del> </del>                          |
|  | a) Description             |             |   | (b) Book value                        |
|  | ay 5 ccompiler             |             |   | (b) con value                         |
| (1)  | <del> </del>               |             |   |                                       |
| (2)  | <del></del>                |             |   |                                       |
| (3)  |                            |             | <del></del>                                 |                                       |
| (5)  | ,                          |             |   |                                       |
| (6)  |                            |             |   |                                       |
| (7)  |                            |             |   |                                       |
| (8)  |                            |             |   |                                       |
| (9)  |                            |             | · ·   |                                       |
| (10)   |                            |             |   |                                       |
| Total. (Column (b) must equal Form 990, Part X, col (B) li   | ine 15.)                   |             |   |                                       |
| Part X Other Liabilities. See Form 990, Part   |                            |             |   |                                       |
| 1 (a) Description of liability   | , iii 0 20                 | (b) Amount  |   |                                       |
| (1) Federal income taxes   |                            | •           | 1   |                                       |
| (2)  |                            |             | 1   |                                       |
| (3)  |                            | *           | 1 .   |                                       |
| (4)  |                            |             | 1   |                                       |
| (5)  |                            |             | 1   |                                       |
| (6)  |                            |             | 1   |                                       |
| (7)  |                            |             | 1   |                                       |
| (8)  |                            |             | 1   |                                       |
| (9)  |                            |             | 1   |                                       |
| (10)   |                            |             | †   |                                       |
| <del></del>  |                            |             | 1   |                                       |
| (11)   |                            |             | _1  |                                       |
| Total. (Column (b) must equal Form 990, Part X, col (B) II FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote | (25.)                      |             | 7   |                                       |

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|        | dule D (Form 990) 2010 HARTFORD SEMINARY   |            |                     |          | 06-0647016       | Page 4                                |
|--------|--|------------|---------------------|----------|------------------|---------------------------------------|
| Pai    | rt XI Reconciliation of Change in Net Assets from Form 990 to                                | Audit      | ed Financial        | State    | ments            |                                       |
| 1      | Total revenue (Form 990, Part VIII, column (A), line 12)                                     |            | 1                   |          |                  | 3,601,758.                            |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)                                      |            | 2                   |          |                  | 4 847 689.                            |
| 3      | Excess or (deficit) for the year. Subtract line 2 from line 1                                |            | 3                   |          |                  | <1,245,931.                           |
| 4      | Net unrealized gains (losses) on investments   |            | 4                   |          |                  | 6,241,685.                            |
| 5      | Donated services and use of facilities   |            | 5                   |          |                  |                                       |
| 6      | Investment expenses  |            | 6                   |          |                  | <u> </u>                              |
| 7      | Prior period adjustments   |            | 7                   |          |                  |                                       |
| 8      | Other (Describe in Part XIV)   |            | 8                   |          |                  | 532 038.                              |
| 9      | Total adjustments (net). Add lines 4 through 8   |            | 9                   |          |                  | 6,773,723.                            |
| 10     | Excess or (deficit) for the year per audited financial statements. Combine lines 3 an        |            | 10                  |          |                  | 5 527 792.                            |
| Par    | t XII Reconciliation of Revenue per Audited Financial Stateme                                | ents W     | ith Revenue p       | oer R    | eturn            |                                       |
| 1      | Total revenue, gains, and other support per audited financial statements                     |            |                     |          | 1                | 9,917,281.                            |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                          |            |                     |          |                  |                                       |
| а      | Net unrealized gains on investments  | 2a         | 6,241               | 685.     |                  |                                       |
| b      | Donated services and use of facilities   | 2b_        |                     |          |                  |                                       |
| С      | Recovenes of prior year grants   | 2c         |                     |          |                  |                                       |
| d      | Other (Describe in Part XIV)   | 2d         | 532                 | 038      | l                |                                       |
| е      | Add lines 2a through 2d  |            |                     |          | 2e               | 6,773,723.                            |
| 3      | Subtract line 2e from line 1   |            |                     |          | 3                | 3,143,558.                            |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1                          |            |                     |          |                  |                                       |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b                             | 4a         | 124                 | 194      |                  |                                       |
| b      | Other (Describe in Part XIV)   | 4b         |                     | 006.     |                  |                                       |
| c      | Add lines 4a and 4b  |            |                     |          | 4c               | 458,200.                              |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)               |            |                     |          | 5                | 3,601,758,                            |
|        | rt XIII Reconciliation of Expenses per Audited Financial Statem                              | ents V     | With Expenses       | s per    | Return           |                                       |
| 1      | Total expenses and losses per audited financial statements                                   |            |                     |          | 1                | 4.389.489.                            |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25                             |            |                     |          | i                |                                       |
| a      | Donated services and use of facilities   | 2a         |                     |          |                  |                                       |
| b      | Prior year adjustments   | 2b         |                     |          |                  |                                       |
| c      | Other losses   | 2c         |                     |          | i                |                                       |
| d      | Other (Describe in Part XIV )  | 2d         |                     |          |                  |                                       |
| e      | Add lines 2a through 2d  |            | L                   |          | 2e               | 0.                                    |
| 3      | Subtract line 2e from line 1   |            |                     | ì        | 3                | 4.389.489.                            |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1                            |            |                     |          |                  | 4,505,405.                            |
| -      | Investment expenses not included on Form 990, Part VIII, line 7b                             | 4a         | 124                 | 194.     |                  |                                       |
| a      | Other (Describe in Part XIV)   | 4b         |                     | 006.     |                  |                                       |
| 0      | Add lines 4a and 4b  | 40         | 334                 |          | 4c               | 458,200.                              |
| 5      | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)              |            |                     |          | 5                | 4.847.689.                            |
|        | rt XIV Supplemental Information  |            |                     |          |                  | 4,047,005.                            |
|        | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | II lines : | 1a and 4 Part IV    | lines 11 | n and 2h Part    | V line 4: Part                        |
|        | e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp   |            |                     |          |                  |                                       |
|        | ER THE PROVISIONS OF FASE STAFF POSITION ("FSP") FASE INTERPRET.                             |            | s part to provide e | iiiy auc | mioriai iinorina | 20071.                                |
| UNDE   | R THE PROVISIONS OF FASB STAFF POSITION ( FSP ) FASB INTERFREI.                              | ALION      |                     | -        |                  |                                       |
| / " ma | ry") no 40 2 mue centnany hac breomen mo neeen mue nnouterone                                | 00 DT      | · M                 |          |                  |                                       |
| ( F.   | IN") NO. 48-3. THE SEMINARY HAS ELECTED TO DEFER THE PROVISIONS                              | OF FI      |                     |          |                  |                                       |
| 40 '   | **************************************   | 00 00      | ,                   |          |                  |                                       |
| 48     | ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION                                | OF SF      | AS                  |          |                  |                                       |
|        |  |            |                     |          |                  |                                       |
| NO.    | 109 UNTIL ITS REQUIRED EFFECTIVE DATE OF JULY 1, 2009. THE SE                                | MINARY     |                     |          |                  |                                       |
|        |  |            |                     |          |                  |                                       |
| CURE   | RENTLY USES A SFAS NO. 5. "LOSS CONTINGENCIES" APPROACH FOR EVA                              | LUATIN     | IG                  |          | <del> </del>     |                                       |
|        |  |            |                     | -        |                  |                                       |
| UNC    | RATAIN TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTE                              | S OF       |                     |          |                  | <del></del>                           |
|        |  |            |                     |          |                  | _                                     |
| LIM    | ITATIONS AUDITS PROPOSED SETTLEMENTS CHANGES IN TAX LAW AND                                  | NEW        |                     |          |                  | · · · · · · · · · · · · · · · · · · · |
|        |  |            |                     |          |                  |                                       |
| AUTI   | HORITATIVE RULINGS.  |            |                     | _        |                  |                                       |
| 00005  |  |            |                     |          | Schedule D (F    | Form 990) 2010                        |

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| Part VII Investments - Other Securities. See Form 990, Part X, line 12. |                |  |
|---|----------------|--|
| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| OODGE & COX   | 2,622,285.     | FMV  |
| THORNBURG   | 2,661,762.     | FMV  |
| EXINGTON PARTNERS   | 370,693.       | PMV  |
| EAINGION FARINERS   | 370,033.       |  |
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### **SCHEDULE E**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Schools**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 06-0647016 HARTFORD SEMINARY

| Pai | ti  |           |     |          |
|-----|---|-----------|-----|----------|
|     |   |           | YES | NO       |
| 1   | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,           |           |     |          |
|     | other governing instrument, or in a resolution of its governing body?   | 1         | х   |          |
| 2   | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,      |           |     |          |
|     | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?     | 2         | х   |          |
| 3   | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the         |           |     |          |
|     | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes | !         |     |          |
|     | the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain           |           |     | <u> </u> |
|     | If you need more space, use Part II   | 3         | х   |          |
|     | THE RACIALLY NONDISCRIMINATORY POLICY IS ON OUR WEBSITE AND   | 1         |     |          |
|     | IN OUR CATALOG. WE WILL NOW ALSO PUBLICIZE IT ANNUALLY IN   |           |     |          |
|     | THE LOCAL NEWSPAPER.  |           |     | {        |
|     |   | İ         |     |          |
|     |   | 1         |     |          |
| 4   | Does the organization maintain the following?   |           |     |          |
| а   | Records indicating the racial composition of the student body, faculty, and administrative staff?                             | 4a        | х   |          |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?       | 4b        | х   |          |
| С   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student       |           |     |          |
|     | admissions, programs, and scholarships?   | 4c        | х   |          |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions?                                    | 4d        | х   |          |
|     | If you answered "No" to any of the above, please explain. If you need more space, use Part II                                 |           |     |          |
|     |   |           | !   |          |
| 5   | Does the organization discriminate by race in any way with respect to   |           |     |          |
| а   | Students' rights or privileges?   | <u>5a</u> |     | X        |
| þ   | Admissions policies?  | 5b        |     | x        |
| C   | Employment of faculty or administrative staff?  | 5c        |     | <u>x</u> |
| d   | Scholarships or other financial assistance?   | 5d        |     | <u>x</u> |
| e   | Educational policies?   | 5e        | 1   | <u>x</u> |
| f   | Use of facilities?  | <u>5f</u> |     | x        |
| g   | Athletic programs?  | 5g        | ļ   | x        |
| h   | Other extracurricular activities?   | 5h        |     | X.       |
|     | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                               |           |     |          |
|     |   |           |     |          |
|     |   |           |     |          |
| 6a  | Does the organization receive any financial aid or assistance from a governmental agency?                                     | 6a        | x   |          |
|     | Has the organization's right to such aid ever been revoked or suspended?  | 6b        | ,   | х        |
| ,   | If you answered "Yes" to either line 6a or line 6b, explain on Part II  |           |     |          |
| 7   | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of          |           |     |          |
|     | Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II                              | 7_        | _x_ |          |
|     |   |           |     |          |

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

Schedule E (Form 990 or 990-EZ) 2010

| Part II      |                                       |                                | HARTFORD SE                       |                                       |   |                              |                  | -0647016           | Page 2      |
|--------------|---------------------------------------|--------------------------------|-----------------------------------|---------------------------------------|---|------------------------------|------------------|--------------------|-------------|
| a            | Suppleme<br>as applicable             | ental Inforn<br>a. Also comple | nation. Comp<br>te this part to p | plete this part to perovide any other | provide the explana<br>additional information | ation's required by<br>tion. | Part I, lines 3, | 4d, 5h, 6b, and 7, |             |
|              |                                       |                                |                                   |                                       |   |                              |                  |                    |             |
| HEDULE E     | LINE 6                                | - EXPLANATI                    | ON OF GOVER                       | NMENT FINANC                          | IAL AID:                                      |                              |                  |                    |             |
| DERAL DI     | RECT LOANS                            | S AND WORKS                    | STUDY                             |                                       |   |                              |                  |                    |             |
|              |                                       |                                |                                   |                                       | ,   |                              |                  |                    |             |
|              | · · · · · · · · · · · · · · · · · · · |                                |                                   |                                       |   |                              |                  |                    |             |
|              |                                       |                                |                                   |                                       |   |                              |                  |                    |             |
|              |                                       |                                |                                   | <del></del>                           |   |                              |                  |                    |             |
|              |                                       |                                |                                   | ·                                     |   | · · · ·                      |                  |                    |             |
|              |                                       |                                | ·                                 |                                       |   | •                            |                  |                    | •           |
|              |                                       |                                |                                   |                                       |   |                              |                  | •                  |             |
|              |                                       |                                |                                   |                                       |   |                              |                  |                    |             |
|              |                                       | •                              |                                   |                                       | •   |                              |                  |                    |             |
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| '            |                                       |                                | ,                                 |                                       |   |                              | •                | •                  |             |
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|              |                                       |                                |                                   | ,                                     | •   |                              |                  |                    | •           |
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| <del> </del> |                                       |                                |                                   |                                       | <u>-</u>                                      |                              |                  |                    |             |
|              |                                       |                                |                                   |                                       |   |                              |                  |                    |             |
|              |                                       |                                |                                   |                                       |   |                              |                  |                    |             |

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

| INdill | e of the organization        |                    |                           |  | ļ                | Employer Ident                   | incation number         |
|--------|------------------------------|--------------------|---------------------------|--|------------------|----------------------------------|-------------------------|
| HART   | FORD SEMINARY                |                    |                           |  |                  | 06-0647016                       |                         |
| Pa     |                              | mation on A        | ctivities Out             | tside the United States. Comple                                    | ete if the organ |                                  | "Yes"                   |
|        | to Form 990, Par             | t IV, line 14b     |                           |  |                  |                                  |                         |
| 1      | -                            | •                  |                           | ds to substantiate the amount of the gi                            |                  |                                  | . —                     |
|        | grantees' eligibility for th | ie grants or assis | stance, and the           | selection criteria used to award the gra                           | ints or assistar | nce?                             | 」Yes               No   |
|        |                              |                    |                           |  |                  |                                  |                         |
| 2      | For grantmakers. Desc        | nbe in Part V the  | organization's            | procedures for monitoring the use of gi                            | rant funds outs  | side the United Sta              | ates.                   |
| 3      | Activities per Region (TI    | he following Part  | I, line 3 table ca        | an be duplicated if additional space is r                          | needed)          |                                  |                         |
|        | (a) Region                   | (b) Number of      | (c) Number of             | (d) Activities conducted in region                                 |                  | vity listed in (d)               | (f) Total               |
|        |                              | offices            | employees,<br>agents, and | (by type) (e g., fundraising, program                              |                  | gram service,                    | expenditures<br>for and |
|        |                              | in the region      | independent contractors   | services, investments, grants to recipients located in the region) |                  | specific type<br>ce(s) in region | ınvestments             |
|        |                              |                    | in region                 | Teopletic lecated in the region)                                   | 0, 00, 110       |                                  | in region               |
|        |                              |                    |                           |  |                  |                                  |                         |
|        |                              |                    |                           | ,  |                  |                                  |                         |
|        | TRAL AMERICA AND             |                    |                           |  |                  |                                  |                         |
| THE    | CARIBBEAN                    | 0                  | 0                         | INVESTMENTS  |                  |                                  | 359,935.                |
|        |                              |                    |                           |  |                  |                                  |                         |
|        | •                            |                    |                           |  |                  |                                  |                         |
| 1      |                              |                    |                           |  | ,                |                                  |                         |
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|        | •                            |                    |                           |  |                  |                                  |                         |
|        |                              |                    |                           |  |                  |                                  |                         |
|        |                              |                    |                           |  |                  |                                  |                         |
| 3 a    | Sub-total                    | 0                  | 0                         |  |                  | · · · · · · ·                    | 359,935.                |
|        | Total from continuation      |                    | ľ                         |  |                  |                                  |                         |
| _      | sheets to Part I             |                    | 0                         |  |                  |                                  |                         |
| С      | Totals (add lines 3a         |                    |                           |  |                  |                                  |                         |
|        | and 3b)                      |                    | 0                         |  |                  |                                  | 359 935                 |
|        |                              |                    |                           |  |                  |                                  |                         |

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

(i) Method of váluation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by 06-0647016 of cash grant cash disbursement (f) Manner of (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Part II can be duplicated if additional space is needed HARTFORD SEMINARY Enter total number of other organizations or entities (b) IRS code section, and EIN (if applicable) Schedule F (Form 990) 2010 (a) Name of organization Part II

06-0647016 HARTFORD SEMINARY

Page 3

Part III F Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed Schedule F (Form 990) 2010

| 1   |  | } |  |   |  |
|---|--|---|--|---|--|
| (h) Method of valuation (book, FMV, appraisal, other) |  |   |  |   |  |
| (g) Description of non-cash assistance                |  |   |  | , |  |
| (f) Amount of non-cash assistance                     |  |   |  |   |  |
| (e) Manner of cash disbursement                       |  |   |  |   |  |
| (d) Amount of cash grant                              |  |   |  |   |  |
| (c) Number of (d) Amount of recipients cash grant     |  |   |  |   |  |
| (b) Region  |  |   |  |   |  |
| (a) Type of grant or assistance                       |  |   |  |   |  |

| chec | dule F (Form 990) 2010 HARTFORD SEMINARY   | 06-0647016 | Page 4 |  |
|------|--|------------|--------|--|
| Par  | t IV Foreign Forms   |            |        |  |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | x Yes      | □ No   |  |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes        | x No   |  |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)   | Yes        | x No   |  |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)                               | Yes        | x No   |  |
| 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 Foreign Partnerships. (see Instructions for Form 8865)  | x Yes      | ☐ No   |  |
| 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 file Form 5713. International Boycott Report (see Instructions   |            |        |  |

for Form 5713)

Yes X No

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

[ Employer identification number 06-0647016 , , 1 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 Part I General Information on Grants and Assistance Name of the organization

| ]   |   | 1  |  |  |  |  | (2010)   |
|---|---|--|--|--|--|--|--|
| Sal TV  | /, line 21, for any   | (h) Purpose of grant<br>or assistance  |  |  |  |  | Schedule I (Form 990) (2010)   |
|   | fes" to Form 990, Part IV   | (g) Description of non-cash assistance   |  |  |  |  |  |
|   | janization answered "Y  | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other)   |  |  |  |  |  |
| d States.   | Complete if the org   | (e) Amount of non-cash assistance  |  |  |  |  |  |
| funds in the Unite  | United States. C  | (d) Amount of cash grant   |  |  |  |  |  |
| toring the use of grant   | d Organizations in the  | (c) IRC section if applicable  |  |  |  | ganizations  | ions for Form 990.   |
| statices<br>scedures for monit  | Governments and   | (b) EIN  |  |  |  | nd government or<br>s  | , see the Instruct   |
| 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed | 1 (a) Name and address of organization or government or go |  |  |  | <ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul> | LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. |

| chedule I (Form 990) (2010) HARTFORD SEMINARY   |                          |                          |                                       |   | 06-0647016 Page 2                      |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| r Assist  | nited States. Con        | nplete if the organiza   | ation answered "Yes                   | " to Form 990, Part IV, line 22                       |  |
| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| UITION AID  | 144                      | 279,234.                 | 0                                     |   | ,                                      |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | ide the information      | on required in Part I,   | line 2, and any other                 | additional information.                               |  |
| CHEDULE I, PART I, LINE 2: HARTFORD SEMINARY PROVIDES TUITION AID TO TUDENTS BY DIRECTLY CREDITING THEIR TUITION INVOICE WITH THE AMOUNT          |                          | N AID TO AMOUNT OF THE   |                                       |   |  |
| CHOLARSHIP  |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| 52102 01-13-11  |                          | 34                       |                                       |   | Schedule I (Form 990) (2010)           |

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23. Open to Publ

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

Employer identification number 06-0647016

| Pa | art I Questions Regarding Compensation                              |   |      |     |    |
|----|---|---|------|-----|----|
|    |   |   |      | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any      | y of the following to or for a person listed in Form 990,   |      |     |    |
|    | Part VII, Section A, line 1a Complete Part III to provide any rel   | levant information regarding these items                    |      |     |    |
|    | First-class or charter travel                                       | Housing allowance or residence for personal use             | :    |     |    |
|    | Travel for companions   | Payments for business use of personal residence             |      |     |    |
|    | Tax indemnification and gross-up payments                           | Health or social club dues or initiation fees               |      |     |    |
|    | Discretionary spending account                                      | Personal services (e.g., maid, chauffeur, chef)             |      |     |    |
| b  | If any of the boxes on line 1a are checked, did the organization    | n follow a written policy regarding payment or              |      | -   |    |
|    | reimbursement or provision of all of the expenses described a       | bove? If "No," complete Part III to explain                 | 1b   |     |    |
| 2  | Did the organization require substantiation prior to reimbursing    | g or allowing expenses incurred by all officers, directors, |      |     |    |
|    | trustees, and the CEO/Executive Director, regarding the items       | checked in line 1a?   | 2    |     |    |
| 3  | Indicate which, if any, of the following the organization uses to   | establish the compensation of the organization's            |      |     |    |
|    | CEO/Executive Director. Check all that apply                        |   |      |     |    |
|    | x Compensation committee  | Written employment contract                                 |      |     |    |
|    | Independent compensation consultant                                 | x Compensation survey or study                              | İ    |     |    |
|    | Form 990 of other organizations                                     | x Approval by the board or compensation committee           |      |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Se    | ection A, line 1a, with respect to the filing               |      |     |    |
|    | organization or a related organization:                             |   |      |     |    |
| а  | Receive a severance payment or change-of-control payment fi         | rom the organization or a related organization?             | 4a   |     | х  |
| b  | Participate in, or receive payment from, a supplemental nonqu       | ualified retirement plan?                                   | 4b   |     | х  |
| С  | Participate in, or receive payment from, an equity-based comp       | pensation arrangement?                                      | . 4c |     | х  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the a   | pplicable amounts for each item in Part III                 |      |     |    |
|    | Only section 501(c)(3) and 501(c)(4) organizations must co          | mplete lines 5-9.   |      | ,   |    |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did   | the organization pay or accrue any compensation             |      |     |    |
|    | contingent on the revenues of                                       |   |      |     |    |
| а  | The organization?   |   | 5a   |     | х  |
| b  | Any related organization?   |   | 5b   |     | х  |
|    | If "Yes" to line 5a or 5b, describe in Part III.                    |   |      |     |    |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did   | the organization pay or accrue any compensation             |      |     |    |
|    | contingent on the net earnings of:                                  |   |      |     |    |
| а  | The organization?   |   | 6a   |     | х  |
| b  | Any related organization?   |   | 6b   |     | х  |
|    | If "Yes" to line 6a or 6b, describe in Part III.                    |   |      |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did   | the organization provide any non-fixed payments             |      |     |    |
|    | not described in lines 5 and 6? If "Yes," describe in Part III      |   | 7    |     | х  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or acci       |   |      |     |    |
|    | initial 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 | le presumption procedure described in                       |      |     |    |
|    | Regulations section 53.4958-6(c)?                                   |   | 9    | L   | L  |

HARTFORD SEMINARY

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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                 |      | (B) Breakdown of \       | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                           | (C)  | (Q)                    | (E)                            | (F)   |
|-----------------|------|--------------------------|--|---|--|------------------------|--------------------------------|---|
| (A) Name        |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | Retirement and other deferred compensation | Nontaxable<br>benefits | Total of columns<br>(B)(i)-(D) | Compensation<br>reported in prior<br>Form 990 or<br>Form 990-EZ |
|                 | €    | 167,333.                 | 0  | 0   | 0  | 0                      | 167,333,                       | 0   |
| 1 HEIDI HADSELL |      | 0                        | 0  | 0   | 0.   | 0                      | 0                              | 0   |
|                 | €    |                          |  |   |  |                        |                                |   |
| 2               | (ii) |                          |  |   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| 3               | (ii) |                          |  |   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| 4               | (ii) |                          |  |   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| S               | Ξ    |                          |  |   |  |                        |                                |   |
|                 | Θ    |                          |  |   |  |                        |                                |   |
| 9               | Ξ    |                          |  |   |  |                        |                                |   |
|                 | Θ    |                          |  |   |  |                        |                                |   |
| _               | €    |                          |  |   |  |                        |                                |   |
|                 | Ξ    | i                        |  |   |  |                        |                                |   |
| 8               | : E  |                          |  |   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| 6               | ≘    |                          |  |   |  |                        |                                |   |
|                 | ε    |                          |  |   |  |                        |                                |   |
| 10              | (ii) |                          |  | •   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| 11              | (ii) |                          |  |   |  |                        |                                |   |
|                 | ε    |                          |  |   |  |                        |                                |   |
| 12              | (1)  |                          |  |   |  |                        |                                |   |
|                 | Ξ    |                          |  |   |  |                        |                                |   |
| 13              | (ii) |                          |  |   |  |                        |                                |   |
|                 | (i)  |                          |  |   |  |                        |                                |   |
| 14              | Ξ    |                          |  |   |  |                        |                                |   |
|                 | Ξ    |                          |  |   |  |                        |                                |   |
| 15              | Ξ    |                          |  |   |  |                        |                                |   |
|                 | Ξ    |                          |  |   |  |                        |                                |   |
| 16              | =    |                          |  |   |  |                        |                                |   |
|                 |      |                          |  | i,  |  |                        | Schedul                        | Schedule J (Form 990) 2010                                      |

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection

Employer identification number

|     | HARTFORD SEMINARY                                    |                               |   |   | 06-064           | 7016    |          |       |
|-----|--|-------------------------------|---|---|------------------|---------|----------|-------|
| Par | t I Types of Property                                |                               |   |   |                  |         |          |       |
|     |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de | termin  | •        | s     |
| 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                             | 2   | 98,519.   | MARKET VALUE     |         |          |       |
| 10  | Securities - Closely held stock                      |                               |   |   |                  |         |          |       |
| 11  | Securities - Partnership, LLC, or                    |                               |   |   |                  |         |          |       |
|     | trust interests                                      |                               |   |   |                  |         |          |       |
| 12  | Securities - Miscellaneous                           |                               |   |   |                  |         |          |       |
| 13  | Qualified conservation contribution -                |                               |   |   |                  |         |          |       |
|     | Historic structures                                  |                               |   |   |                  |         |          |       |
| 14  | Qualified conservation contribution - Other          |                               |   |   |                  |         |          |       |
| 15  | Real estate - Residential                            |                               |   |   |                  |         |          |       |
| 16  | Real estate - Commercial                             |                               |   |   |                  |         | -        |       |
| 17  | Real estate - Other                                  |                               |   |   |                  |         |          |       |
| 18  | Collectibles   |                               |   |   |                  |         |          |       |
| 19  | Food inventory                                       | . <u>-</u>                    |   |   |                  |         |          |       |
| 20  | Drugs and medical supplies                           |                               |   |   |                  |         |          |       |
| 21  | Taxidermy  |                               |   |   |                  |         |          |       |
| 22  | Historical artifacts                                 |                               |   |   |                  |         |          |       |
| 23  | Scientific specimens                                 |                               | _   |   |                  |         |          |       |
| 24  | Archeological artifacts                              |                               |   |   |                  | _       |          |       |
| 25  | Other ()   |                               |   |   |                  |         | _        |       |
| 26  | Other ()   |                               |   |   |                  |         |          |       |
| 27  | Other ()   |                               |   |   |                  |         |          |       |
| 28  | Other (  |                               | <u> </u>  | <u> </u>  |                  |         |          |       |
| 29  | Number of Forms 8283 received by the organiz         |                               |   |   |                  |         |          |       |
|     | for which the organization completed Form 828        | 33, Part IV,                  | Donee Acknowled   | gement 29   |                  |         | Г Т      |       |
|     |  |                               |   |   |                  |         | Yes      | No    |
| 30a | During the year, did the organization receive by     |                               |   |   |                  |         |          |       |
|     | at least three years from the date of the initial of | contribution                  | , and which is not  | required to be used for exen  | npt purposes for | ;       | _        |       |
|     | the entire holding period?                           |                               |   |   |                  | 30a     |          | Х     |
|     | If "Yes," describe the arrangement in Part II.       |                               |   |   |                  |         |          |       |
| 31  | Does the organization have a gift acceptance p       |                               |   |   |                  | 31      | X        |       |
| 32a | Does the organization hire or use third parties of   | or related o                  | rganizations to sol                                       | icit, process, or sell noncash  |                  |         |          |       |
|     | contributions?                                       |                               |   |   | •                | 32a     |          | х     |
| b   | If "Yes," describe in Part II                        |                               |   |   |                  |         |          | i     |
| 33  | If the organization did not report an amount in      | column (c)                    | for a type of prope                                       | rty for which column (a) is ch  | necked,          |         |          |       |
|     | describe in Part II                                  |                               |   |   |                  | <u></u> | <u> </u> |       |
| LHA | For Paperwork Reduction Act Notice, see              | the Instruc                   | tions for Form 99   | 10.   | Schedule M       | (Form   | 990) (   | 2010) |

16240716 755449 HSA007

### **SCHEDULE 0**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Püblic

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization HARTFORD SEMINARY 06-0647016 DESCRIPTION OF ORGANIZATION MISSION LINE 1 FORM 990 PART I SEMINARY PROVIDES EDUCATIONAL OPPORTUNITIES THAT ENABLE PARTICIPANTS TO UNDERSTAND THEMSELVES AND THEIR FAITH TRADITIONS BETTER AND TO CONTRIBUTE MORE FULLY TO A CULTURE OF DIALOGUE AND CREATIVE LEADERSHIP IN THEIR CIVIC AND FAITH COMMUNITIES LOCALLY NATIONALLY AND ABROAD PAGE 1 LINE B REASON FOR AMENDED RETURN THE RETURN FOR THIS ORGANIZATION WAS AMENDED IN ORDER TO PROPERLY FILE SCHEDULE F TO FORM 990 AND FORM 8865 WITH FORM 990T DUE TO THE IDENTIFICATION OF FOREIGN INVESTMENT ACTIVITY. REFER TO THE STATEMENT ATTACHED TO AND MADE PART OF FORM 8865 FOR ADDITIONAL INFORMATION FORM 990 PART III LINE 1 DESCRIPTION OF ORGANIZATION MISSION: DIALOGUE AND CREATIVE LEADERSHIP IN THEIR CIVIC AND FAITH COMMUNITIES LOCALLY NATIONALLY AND ABROAD FORM 990 PART III LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS: STUDENTS SCHOLARS AND RELIGIOUS INSTITUTIONS" FOR FAITHFUL LIVING IN A PLURALISTIC WORLD HARTFORD SEMINARY ALSO OFFERS EDUCATIONAL OUTREACH PROGRAMS. IN THE 2010-2011 ACADEMIC YEAR THE SEMINARY OFFERED TWO DOZEN EDUCATIONAL OUTREACH PROGRAMS. ATTENDANCE AT EACH EVENT RANGED FROM 12 TO 225 PEOPLE. THE OBJECTIVE OF THE PROGRAM IS TO SERVE CORE CONSTITUENCIES

AND REACH OUT TO ATTRACT NEW PEOPLE. ONE HUNDRED THIRTY-FOUR NEW

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211

Schedule O (Form 990 or 990-EZ) (2010)

| Name of the organization  | Employer identification number         |
|---|--|
| HARTFORD SEMINARY   | 06-0647016                             |
| PEOPLE ATTENDED AN EVENT FOR THE FIRST TIME.                                      |  |
|   |  |
| FORM 990 PART III LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS:                        |  |
| OF TECHNOLOGY AND PASTORS AND MULTIFAITH SITUATIONS.                              |  |
|   |  |
| FORM 990 PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:                      |  |
| DEVELOPING NATIONS AND THEIR LIBRARIES. OVER 6,500 INSTITUIONS WERE               | _                                      |
| OFFERED ACCESS TO EMBARGOED CONTENT THROUGH EBSCO DATABASES. THERE                |  |
| WERE 607 INSTITUTIONAL SUBSCRIPTION TO THE MUSLIM WORLD, REPRESENTING A           |  |
| RENEWAL RATE OF 97.3% UP FROM THE PREVIOUS YEAR, 847 INDIVIDUALS HAVE             |  |
| REGISTERED TO RECEIVE AN EMAIL TABLE OF CONTENTS ALERT EACH TIME A NEW            |  |
| ISSUE IS PUBLISHED. THE MUSLIM WORLD SEEKS WIDE DISTRIBUTION OF ITS               |  |
| JOURNAL TO LIBRARIES AROUND THE WORLD, AND AS LARGE A READERSHIP AS               |  |
| POSSIBLE. WE ENGAGE IN NO DISCRIMATORY PRACTICES REGARDING WHO HAS                |  |
| ACCESS TO THE MUSLIM WORLD, NOR WHO IS ABLE TO SUBMIT ARTICLES FOR                |  |
| POSSIBLY PUBLICATION. WE DO OFFER GRATIS SUBSCRIPTIONS TO LIBRARIES IN            |  |
| DEVELOPIN COUNTRIES UPON THEIR REQUEST THROUGH PHILANTHROPIC LICENSING            |  |
| DEALS ARRANGED THROUGH WILEY-BLACKWELL. NEITHER THE PUBLISHERS NOR                |  |
| HARTFORD SEMINARY AS EDITOR OF THE MUSLIM WORLD DEAL DIRECTLY WITH                |  |
| STUDENTS IN THE PUBLICATION OF THIS JOURNAL, UNLESS THEY HAVE CHOSEN TO           |  |
| SUBMIT ARTICLES OF CONSIDERATION. ALL ARTICLES, REGARDLESS BY WHOM                |  |
| THEY HAVE BEEN SUBMITTED ARE SENT TO OUR REFERRED PEER EDITORIAL                  |  |
| REVIEW BOARD. THE BOARD SELECTS ARTICLES ON THE BASIS OF ACADEMIC                 |  |
| MERIT AND SUBJECT SUITABILITY ALONE.  |  |
|   |  |
| REVIEWS IN RELIGION THEOLOGY REVIEWS MOST RECENT BOOKS IN RELIGION AND            |  |
| THEOLOGY AND THEREBY OFFERS AN ACCESSIBLE, INFORMED AND UP-TO-DATE                |  |
|   |  |
| GUIDE TO CONTEMPORARY DEVELOPMENTS AND PUBLISHING IN RELIGION AND 032212 01-24-11 | Schedule O (Form 990 or 990-EZ) (2010) |

| Name of the organization  | Employer identification number         |
|---|--|
| HARTFORD SEMINARY   | 06-0647016                             |
| THEOLOGY PROVIDING A FORUM IN WHICH THE LATEST PUBLICATIONS ARE             | <b>y</b>                               |
| EVALUATED AND DISCUSSED. HARTFORD SEMINARY IS IN CHARGE OF EDITORSHIP       | •                                      |
| OF THE JOURNAL AND WILEY-BLACKWELL IS IN CHARGE OF THE PRODUCTION           |  |
| MARKETING AND DISTRIBUTION. EACH YEAR HARTORD SEMINARY UNDER THE            |  |
| EDITORSHIP OF URIAH Y. KIM, IS RESPONSIBLE FOR FOUR ISSUES AND THE          |  |
| TOTAL ANNUAL EDITORIAL BUDGET IS 664 PAGES. RRT HAS 163 INSTITUTIONAL       |  |
| SUBSCRIBTIONS, AND OVER 2,190 INSTITUTIONS WORLDWIDE HAVE ACCESS TO THE     |  |
| JOURNAL VIA THE WHILEY- BLACKWELL SALES PROGRAMS.                           |  |
|   | ı                                      |
| THE JOURNAL CONVERSATIONS IN RELIGION AND THEOLOGY IS A BOOK REVIEW         | ·                                      |
| JOURNAL THAT IS PUBLISHED TWICE YEARLY AND OFFERED AS PART OF THE           |  |
| SUBSCRIPTION TO ONE OF THE SEMINARY'S OTHER JOURNALS, REVIEW IN             |  |
| RELIGION AND THEOLOGY. ITS DISTINCTION IS THAT EVERY REVIEW IS              | <del></del>                            |
| FOLLOWED (WITHIN THE SAME ISSUE) BY A RESPONSE FROM THE BOOK'S AUTHOR.      |  |
| IT HAS 160 HARD COPY INSTITUTIONAL SUBSCRIPTIONS, AND AN ADDITIONAL 150     |  |
| INSTITUTIONS THAT ACCESS IT ONLINE - EITHER THROUGH THEIR INSTITUTIONAL     |  |
| TIES, OR ON A PAY PER USE BASIS, WITH NEARLY 5,000 DOWNLOADS OF             |  |
| ARTICLES IN 2010. THE OBJECTIVE OF CRT IS TWO-FOLD: TO CREATE               |  |
| SCHOLARLY CONVERSATIONS AROUND IMPORTANT BOOKS, AND TO PROVIDE BOOK         |  |
| REVIEWS TO HELP LIBRARIES AND SCHOLARS IN THE BROAD DISCIPLINE OF           |  |
| THEOLOGY AND RELIGIOUS STUDIES. AND PROVIDE SOME GUIDANCE AS TO WHAT IS     |  |
| WORTH PICKING UP.   |  |
|   |  |
| FORM 990 PART VI, SECTION A, LINE 4: THE SEMINARY CHANGE THE BY-LAWS AND    | <u> </u>                               |
| SEPERATED THE FINANCIAL AND AUDIT COMMITTEE INTO 2 NEW COMMITTEES - THE     |  |
| AUDIT COMMITEE AND THE FINANCE COMMITTEE. WE ALSO SEPERATED THE             |  |
| INSTITUTIONAL ADVANCEMENT COMMITTEE INTO 2 NEW COMMITTEES THE DEVELOPMENT   |  |
| COMMITTEE AND THE RECRUITMENT AND COMMUNICATIONS COMMITTEE. 032212 01-24-11 | Schedule O (Form 990 or 990-EZ) (2010) |

| Schedule O (Form 990 or 990-EZ) (2010)   | Page 2                                    |
|--|---|
| Name of the organization  HARTFORD SEMINARY  | Employer identification number 06-0647016 |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 11: THE FULL BOARD OF TRUSTEES REVIEWED             |   |
| THE FORM 990. ANY COMMENTS AND CONCERNS WERE DIRECTED TO THE COMPTROLLER               |   |
| FOR RESOLUTION.  |   |
| FORM 990, PART VI, SECTION B, LINE 12C: EACH MAY AT THE ANNUAL MEETING OF              |   |
| THE BOARD OF TRUSTEES, EACH OF THE TRUSTEES MUST READ AND SIGN A NEW                   |   |
| CONFLICT OF INTEREST STATEMENT.  |   |
| FORM 990, PART VI, SECTION B, LINE 15A: PROCESS FOR REVIEW OF THE                      |   |
| PRESIDENT:   | . ,                                       |
| AT HARTFORD SEMINARY THE PRESIDENT, WHO IS THE CHIEF EXECUTIVE OFFICER OF              |   |
| THE CORPORATION, IS REVIEWED BY A COMMITTEE COMPRISED OF THE CHAIR OF THE              |   |
| BOARD AND THE FIRST AND SECOND VICE CHAIRS (THE COMMITTEE). NONE OF THE                |   |
| THREE COMMITTEE MEMBERS HAS A CONFLICT IN THIS MATTER. THE COMMITTEE MEETS             | •   |
| PRIOR TO THE REVIEW TO PREPARE ITS OBSERVATIONS ON THE PERFORMANCE OF THE              |   |
| PRESIDENT, IDENTIFY AREAS OF ATTENTION IN THE COMING CONTRACT PERIOD AND TO            |   |
| ARRIVE AT THE PACKAGE OF COMPENSATION AND BENEFITS. IN THE MOST RECENT                 |   |
| YEAR, THE COMMITTEE HAD TWO SUCH DISCUSSIONS, SEVERAL EMAIL EXCHANGES, AND             |   |
| AN IN PERSON MEETING. REGARDING COMPENSATION, THE COMMITTEE TAKES INTO                 |   |
| CONSIDERATION THE PERFORMANCE OF THE PRESIDENT, THE OVERALL OPERATING                  |   |
| ENVIRONMENT OF THE SCHOOL AND THE CATEGORY OF THEOLOGICAL EDUCATION.                   | <del>-</del>                              |
| PARTICULARLY IN THESE TIMES THE COMMITTEE CONSIDERS THE FINANCIAL                      |   |
| PERFORMANCE OF THE SCHOOL AND THE EFFECT OF THE ECONOMIC ENVIRONMENT.                  |   |
| ADDITIONALLY, THE COMMITTEE CONSIDERS COMPENSATION TRENDS IN ACADEMNIC                 |   |
| INSTITUTIONS GENERALLY AND LOOKS CAREFULLY AT THE REPORT ON COMPENSATION OF            |   |
| PEERS PRODUCED BY THE ACCREDITING ASSOCIATION FOR THEOLOGICAL SCHOOLS.                 |   |
| THAT ASSOCIATION IS THE ASSOCIATION OF THEOLOGICAL SCHOOLS (ATS) WHOSE 032212 01-24-11 | Schedule O (Form 990 or 990-EZ) (2010)    |

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 

06-0647016

Direct controlling entrty

End-of-year assets Total income € Part I indentification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity HARTFORD SEMINARY Name, address, and EIN of disregarded entity Name of the organization

Part II. Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt part II. organizations during the tax year.)

| (a) Name, address, and EIN                                 | (b)<br>Primary activity               | (c)<br>Legal domicile (state or | (d)<br>Exempt Code | (e) Public charity | (f) Direct controlling | (g)<br>Section 512(b)(13)<br>controlled | 2(b)(13) |
|--|---------------------------------------|---------------------------------|--------------------|--------------------|------------------------|---|----------|
| כן יפומנט טוקמווגמנטן                                      |                                       | Toreign country)                |                    | 501(c)(3))         | (min)                  | Yes                                     | 2        |
| 77 SHERMAN ST PRESERVATION TRUST -                         |                                       |                                 |                    |                    |                        |   |          |
| 06-1501955, 77 SHERMAN STREET, HARTFORD, CT TO CARRY OUT   | TO CARRY OUT THE PURPOSE              |                                 |                    |                    |                        |   |          |
| 06105  | OF HARTFORD SEMINARY                  | CONNECTICUT                     | 501 (C) 3          | 2                  | NONE                   |   | ×        |
| FUND FOR INTERFAITH UNDERSTANDING -                        |                                       | ,                               |                    |                    |                        |   |          |
| 26-4389051, 77 SHERMAN STREET, HARTFORD, CT TO SUPPORT THE | TO SUPPORT THE EDUCATIONAL            |                                 |                    |                    |                        |   |          |
| 06105  | WORK OF HARTFORD SEMINARY CONNECTICUT | CONNECTICUT                     | 501 (C) 3          | 2                  | NONE                   |   | ×        |
|  |                                       |                                 |                    |                    |                        |   |          |
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032161 12-21-10 LHA

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Schedule R (Form 990) 2010 HARTFORD SEMINARY

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

Percentage ownership Schedule R (Form 990) 2010 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related Latrix: organizations treated as a corporation or trust during the tax year.) Ξ Yes No Share of end-of-year assets 6 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income te allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> **(6)** Direct controlling entity Share of total income Ð Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>ق</u> Primary activity Direct controlling entity 9 € (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Page 3

06-0647016

Schedule R (Form 990) 2010 HARTFORD SEMINARY

× × Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) (b)                | (q)              | (0)      | 9                                   | (e)   | 3                       | (b)                              | (£)                  |
|------------------------|------------------|----------|-------------------------------------|-------|-------------------------|----------------------------------|----------------------|
| Name, address, and EIN | Primary activity | nicile   | Are all partners                    | Share |                         | Code V-UBI                       |                      |
| of entity              |                  | _        | section 501(c)(3)<br>organizations? |       | tronate<br>allocatrons? | amount in box 20 of Schedule K-1 | managing<br>partner? |
|                        |                  | country) | Yes No                              |       | Yes No                  | (Form 1065)                      | Yes No               |
|                        |                  |          |                                     |       |                         |                                  |                      |
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|                        |                  |          |                                     |       |                         |                                  |                      |

| Schedule R  | (Form 990) 2010                    | HARTFORD SEMINARY  | 06-0647016                            | Page 5                                |
|-------------|------------------------------------|--|---------------------------------------|---------------------------------------|
| Part VII    | (Form 990) 2010  Supplemental Info | rmation  |                                       |                                       |
|             | Complete this part to pro          | ovide additional information for responses to questions on Schedule R (see instr | uctions)                              |                                       |
|             | Complete this part to pre          | The desired and intermediate to responded to questions on ocheopic it face main  |                                       |                                       |
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