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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

75	A F	or the 2	2013 calendar year, or tax year beginning u	UL 1 2013 and en	nding JUN	30 2014	
133	B c	neck if	C Name of organization			Employer identificat	tion number
F-2-2	ar S	plicable					
ST OF		Address change	HARTFORD SEMINARY				
$\mathbf{Q}_{\mathbf{Q}}$	E	Name change	Doing Business As			06-06470	16
خسخ	6	Initial return	Number and street (or P.O. box if mail is not de	livered to street address) Ro	oom/suite E	Telephone number	
່ ວ່⊊	<u> </u>	Termin- ated	77 SHERMAN STREET			860-509-	9500
W	! 🗓	Amended return	City or town, state or province, country, and	ZIP or foreign postal code	G	Gross receipts \$	5,851,229.
4	<u>.</u> _	Applica- tion	HARTFORD CT 06105-2260		H(a) Is this a group retui	m
Q E	=	pending	F Name and address of principal officer MICH	AEL P. SANDNER, ESQ		for subordinates?	Yes X No
6	2		SAME AS C ABOVE	·	H(b) Are all subordinates inclu-	ded? Yes No
ت	<u> 1 </u>	ax-exen	npt status x 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or	527	If "No," attach a list	t (see instructions)
			► WWW.HARTSEM.EDU		H(c) Group exemption n	umber >
3				ssociation Other >	L Year of fo	rmation: 1833 MS	tate of legal domicile: CT
	Pa	rt I S	Summary				· · · · · · · · · · · · · · · · · · ·
	ا بو	1 B	riefly describe the organization's mission or mos	t significant activities: SEE SCHE	DULE O		
	Activities & Governance	_					
	era		-	entinued its operations or disposed	d of more tha	in 25% of its net asse	ts
	ે હ		umber of voting members of the governing body	· · · · · · · · · · · · · · · · · · ·	RECE	17/FD 13	28
	8		umber of independent voting members of the go		VECE		25
	ies		otal number of individuals employed in calendar	14-1			101
	Ĭ.		otal number of volunteers (estimate if necessary)		JUL 26	2019	35
	Ac	7 a To	otal unrelated business revenue from Part VIII, c	PILITIE (CINTINE 12		γa Ω γa	0.
	\rightarrow	bΝ	et unrelated business taxable income from Fort	1990 (VEE 34	OGDEN		0.
			•			Prior Year	Current Year
	e		ontributions and grants (Part VIII, line 1h)	06 2019		380,434.	323,298.
	Revenue		ogram corrido rovondo (r art vim, mio 29)			1,755,021.	1,861,743.
	Re	10 In	vestment income (Part VIII, column (A), lines 3	BRANCH		4,151,702.	1,571,915.
			ther revenue (Part VIII, column (A), lines 5, 6d, 8			189,174.	185 921.
	$\overline{}$		otal revenue - add lines 8 through 11 (must equa			6,476,331.	3,942,877.
			rants and similar amounts paid (Part IX, column	• •	-	310,905.	387,541.
			enefits paid to or for members (Part IX, column (0.	0.
!	Expenses		alaries, other compensation, employee benefits			2,823,417.	2,777,195.
 	ĕ		rofessional fundraising fees (Part IX, column (A),	•		0.	0.
	Ë		otal fundraising expenses (Part IX, column (D), lin	· -	20.	1 606 805	1 715 440
			ther expenses (Part IX, column (A), lines 11a-11c	· ·		1 686 885.	1,716,440.
 			otal expenses Add lines 13-17 (must equal Part			4,821,207.	4 881 176.
<u>ක</u> ,	-Sa	19 R	evenue less expenses. Subtract line 18 from line	: 12	Pagina	1,655,124. ing of Current Year	<pre><938,299.> End of Year</pre>
2	anc	20 To	otal assets (Part X, line 16)		Degiiiii	45.093.245.	
~	Ass		otal liabilities (Part X, line 26)			813 313	50,255,897. 578,189.
2 2 2019	Net Assets or Fund Balances		et assets or fund balances Subtract line 21 fron	a line 20		44 279 932.	49 677 708
AUG			Signature Block	Time 20		44,217,732,1	45,077,100.
¥			es of perjury, I declare that I have examined this rejurn	induding accompanying schedules a	and statements	and to the best of my kr	nowledge and belief, it is
			and complete. Declaration of preparer (Other than office	1 /			A
Ш	,	1		X W	p.opa.or.nao	1120	119
3	Sign		Signature of or icer		· · · · · · · · · · · · · · · · · · ·	Date	
ð	Here		MICHAEL SANDNER ESQ CHIEF BU	JSINESS OFFICER		,	
SCANNED	11011		Type or print name and title	JINESS OFFICER		· · · · · · · · · · · · · · · · · · ·	
U)			rint/Type preparer's name	Preparer's signature	Date	Check	PTIN
	Paid		DRI M. BUDNICK, CPA	LORI M. BUDNICK CPA	07/1	7/19 If self-employed	P00046310
_	Prep		Irm's name BLUM SHAPIRO & COMPANY	• • • • • • • • • • • • • • • • • • • •	<u> </u>		6-1009205
2	Use	H	irm's address 29 S. MAIN STREET, P.O.				
9			WEST HARTFORD CT 06127			Phone no.860 56	51~4000
==	Mav	the IRS	discuss this return with the preparer shown ab				X Yes No
		1 10-29-			s.		Form 990 (2013)

	1990 (2013) HARTFORD SEMINARY	06-0647016	<u>Page 2</u>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
			
_	Did the average to undertake any average at a very second and the control of the		· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on		Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		L Tes LX_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Í	Yes X No
	If "Yes," describe these changes on Schedule O	'	L1es LANO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	evnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	•
	revenue, if any, for each program service reported	no, the total on	porisos, and
4a	(Code) (Expenses \$ 2,958,620, including grants of \$ 387,541.) (Revenue	ıa \$	1 441 941)
	HARTFORD SEMINARY'S DEGREE AND CERTIFICATE PROGRAMS SERVE OVER 400		
	PERSONS FROM MANY RELIGIOUS TRADITIONS AND GEOGRAPHIC AREAS IN THE		
	GREATER HARTFORD REGIONS. 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		
	MEET WEEKLY FOR TWO SEMESTERS OF 15 WEEKS OR ON INTENSIVE WEEKEND AND		
	WEEKLONG 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 AND ABROAD. OUR MISSION IS TO "SERVE GOD BY PREPARING		
	LEADERS, STUDENTS, SCHOLARS AND RELIGIOUS INSTITUTIONS" FOR FAITHFUL		
4b	(Code) (Expenses \$ 496_813, including grants of \$) (Revenue)	ıe \$	381,099 <u>.</u>)
	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 SIX MAJOR PROJECTS.		
4c	/Code		62 112 \
40	(Code) (Expenses \$	ie \$	63,113.)
	SCHOLLARDI UUURNALS:		
	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 MUSLIM WORLD HAS PAID SUBSCRIBERS VIA THE		
	WILEY-BLACKWELL SALES PROGRAM TO LIBRARY CONSORTIA AND INSTITUTIONS HAD		
	ACCESS THROUGH PHILANTHROPIC PROGRAMS UNASSOCIATED WITH HARTFORD		·
	SEMINARY, 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 DISCRIMINATORY PRACTICES REGARDING WHO HAS ACCESS TO THE		
	MUSLIM WORLD NOR WHO IS ABLE TO SUBMIT ARTICLES FOR POSSIBLE	•	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3 539 562		
			Form 990 (2013)

332002 10-29-13

Form 990 (2013) HARTFORD SEMINARY Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		•
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	ŀ	1,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		X
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	r	<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_ x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
a	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	444		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He		X
•	the organization's suparate of consolidated limit of the tax year include a footnote that assesses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Λ	
	Schedule D, Parts XI and XII	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 and XII is optional	12b		x
13	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		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	<u></u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		"
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┢╇
	150 150 mile 2004 one organization andon'd copy of no addition interior oration of this return.		990	(2013)
			'	, /

Form 990 (2013) HARTFORD SEMINARY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			İ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or 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_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ŀ		
	Schedule L, Part I	25b		_ х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	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			
22	Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
250	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37	·	36		<u>x</u>
J,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		х
~				
	Note. All Form 990 filers are required to complete Schedule O	38	X .	

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 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 101 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **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 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

	990 (2013) HARTFORD SEMINARY		06-0647016			age 6						
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" I	espor	ıse						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See i	nstructions									
	Check if Schedule O contains a response or note to any line in this Part VI			_		\mathbf{x}						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	-1b	25									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with										
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X						
6	Did the organization have members or stockholders?			6		х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?	•		7a	1	x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or									
	persons other than the governing body?			7b	•	x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:									
а	The governing body?		•	8a	x							
b	Each committee with authority to act on behalf of the governing body?			8b	х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	х	<u> </u>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			~	No. (May) serveras	اــــا						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	L						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	<u> </u>						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es," de	escribe									
	in Schedule O how this was done			12c	Х	<u> </u>						
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>						
14	Did the organization have a written document retention and destruction policy?			14	Х	L,						
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ır	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					<u>-</u>						
а	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization		•	15b		x						
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a									
_	taxable entity during the year?			16a		X .						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-	,		!						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nzatio	n's									
Sec	exempt status with respect to such arrangements?			16b		<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filled NONE	/O = -A	504/-)/0\		1-							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these excellence. Check all that apply	(Sect	ion our (c)(3)s only) a	vallab	ie							
	for public inspection. Indicate how you made these available. Check all that apply.	C - 1										
40	Own website Another's website X Upon request Other (explain		•	J.E								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nilict	or interest policy, and	tinan	icial							
00	statements available to the public during the tax year											
20	State the name, physical address, and telephone number of the person who possesses the books ar	ia rec	ords of the organizat	ion: 🗩								
	HEIDI HADSELL - 860-509-9500											
00000	77 SHERMAN STREET, HARTFORD, CT 06105-2260			F	000	(0040)						
332000	10-29-13			rorm	シサリ	(2013)						

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OMB 990 (2013)	HARTFORD SEMINARY	06-0647016	Page I
***********	INDICATIONS DESIGNATION	00 0047010	

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THE REV. DR. RALPH E. AHLBERG TRUSTEE	2.00	х	 					0.	0.	0.
(2) DR. ABUBAKER AL SHINIETI TRUSTEE	2.00	х	_					0.	0.	0.
(3) PROFESSOR FATMA WAHDAN ANTAR TRUSTEE	2.00	x						0.	0.	0.
(4) THE REV. DR. KAREN BAILEY-FRANC TRUSTEE	2.00	х						0.	0,	0.
(5) COURTNEY B. BOURNS, ESQ. TRUSTEE	2.00	x						0.	0.	0.
(6) RABBI HERBERT BROCKMAN, PH.D. TRUSTEE	2.00	x						0.	0.	0.
(7) MARTIN L. BUDD, ESQ. TRUSTEE	2.00	x						0.	0.	0.
(8) THE REV. STEPHEN CAMP	2.00	x						0.	0.	0.
(9) MS. ALLISON CHISOLM TRUSTEE	2.00	х						0.	0.	0.
(10) DR. HEIDI HADSELL PRESIDENT	40.00	x		х				176,584.	0.	30,691.
(11) MS. AMY HINES TRUSTEE	2.00	х						0.	0.	0.
(12) PETER KELLY TRUSTEE	2.00	x						0.	0.	0.
(13) DR. YEHEZKEL LANDAU FACULTY TRUSTEE	2.00	x						81,842.	0.	19,321.
(14) THE REV. MATT LANEY TRUSTEE	2.00	x						0.	0.	0.
(15) DR. M. REZA MANSOOR 1ST VICE CHAIR	2.00			х				0.	0.	0.
(16) DR. VANDA B. MCMURTRY, CHAIR CHAIR	2.00	x		х				0.	0.	0.
(17) DR. YAHYA MICHOT FACULTY TRUSTEE	2.00	x		x				94_072.	0.	32,579.
332007 10-29-13										Form 990 (2013)

Part VII Section A. Officers, Directors, Trus (A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Es	tımat	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an	1 '. 1	compensation			ount	
	week (list any	-			liecic	Jiraus	100)	from	from related			other	
	hours for	director				_		the organization	organizations (W-2/1099-MISC			pensa om th	
	related	1 5	trustee		i	safec		(W-2/1099-MISC)	(***271099-141130			anızat	-
	organizations		al tru		yee	ed m		(** 2, 1555 155)			_	i relat	
	below	Individual	Institutional	<u>ت</u>	Key employee	loyee	<u>ş</u>				orga	nızatı	ions
	line)	亨	l st	Officer	Key	Highest compensated employee	Ferr						
(18) UMAR MOHJUL, ESQ., SECRETARY SECRETARY	2,00	x		x				0.		١			0.
(19) IMAM DR. SALAHUDDIN M. MUHAMMAD	2,00												
TRUSTEE		х						0.		٥.			0.
(20) MS. TRUDIE J. PRIOR	2.00			ļ									
2ND VICE CHAIR		х	<u> </u>	х		<u> </u>		0.		٥.			0.
(21) MR. FRANK R.A. RESNICK	2.00	1											
TRUSTEE		х	├-			 		0,	-	0.			0.
(22) MS. NANCY P. ROBERTS	2,00	┨								ا ً			_
TRUSTEE (23) JAMES K. ROBERTSON JR., ESQ.	2,00	X			-	\vdash	-	0.		0.			0.
TREASURER	2.00	x		x			•	0.		0.			0.
(24) DR. ALWI SHIHAB	2.00					İ							
TRUSTEE		_x_						0.		o.			0.
(25) MR. ELIOT WILLIAMS	2.00									-			
TRUSTEE		х	<u> </u>		<u> </u>			_0,	···	<u>o. </u>			0.
(26) RABBI HERBERT BROCKMAN, PHD	2,00	{											
TRUSTEE 1b Sub-total		х	<u> </u>		<u> </u>			0.		0.			0.
c Total from continuation sheets to Part VI	I Section A							352,498. 76,709.		0.			.591.
d Total (add lines 1b and 1c)	i, Section A							429 207.		0.			205. 796.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	bove	e) wh	10 r			<u> </u>			, ,,,,,,
compensation from the organization									•				1
										_		Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	or	highest compensated er	nployee on		- 1		
line 1a? If "Yes," complete Schedule J for si										<u> </u>	3		х
4 For any individual listed on line 1a, is the su								•	he organization		.		
and related organizations greater than \$150Did any person listed on line 1a receive or a			-						dual for convoca	<u> </u>	*	X	
rendered to the organization? If "Yes," com							Cial	ed organization of individ	Juai for Services		5		x
Section B. Independent Contractors			<u> </u>		5 0, 0						<u>, , , , , , , , , , , , , , , , , , , </u>		
1 Complete this table for your five highest con	mpensated in	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatio	on fr	om	
the organization. Report compensation for the	the calendar y	ear	endi	ng w	vith (or w	thir	n the organization's tax y	ear.				
(A) Name and business	address							(B) Description of se	nuces	Com	O)) Isatio	_
							\dashv	Description of se	er vices		ipei	-	
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON MA 02215								WEBSITE SERVICES				100	904
25 Solek Bindbl, Boblon, Mr 02215							7	MEDSITE SERVICES				100,	804.
							T						-
							_						
			_										
2 Total number of independent contractors (iii		ot lii	mıte	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	zation				:	1							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

Part VII Section A. Officers, Directors, TI		- ipic	yee	_		nyn	COL			/E\
(A) Name and title	(B)				C) ition			(D)	(E) Reportable	(F) Estimated
Name and title	Average hours	(c	(check all that apply)					Reportable compensation	compensation	amount of
	per					۰,		from the	from related	other
	week (list any	ē				ptoye		organization	organizations (W-2/1099-MISC)	compensatio from the
	hours for	gie				ed em	l	(W-2/1099-MISC)	(17 27 1000 111100)	organization
	related	stee o	nstee			ensat	ŀ	,		and related
	organizations	al frus	nal tr		loyee	gm 63	ŀ			organizations
	below	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ĕ	ŝ	₩	, X	Ĭ	훈			
(27) AMY HINES	2.00	x						0.	0.	
TRUSTEE	2.00	^						0.		<u> </u>
(28) COURTNEY B. BOUNS, ESQ	2.00	x						0.	0.	
RUSTEE (29) CHRISTEL FORD BERRY	2.00	^					<u> </u>	_ 0.		
OUTGOING TRUSTEE	2.00	x						0.	0.	
(30) THE REV. STANLEY C. KEMMERER	2.00	<u> </u>				<u> </u>		0.1	0.	<u> </u>
OUTGOING TRUSTEE	2.00	x						0.	0.	
(31) SYDNEY PERRY	2.00	<u> </u>		-		<u> </u>	 -	0.	0.	- -
OUTGOING TRUSTEE	2.00	x		Ì				0.	0.	
(32) AMY B. ROBINSON	2.00	<u> </u>							0.	
OUTGOING TRUSTEE	2.00	x						0.	0.	
(33) DR. SCOTT THUMMA	2.00	<u> </u>		_	_	 	 	•	<u> </u>	
OUTGOING FACULTY TRUSTEE	2.00	x						76,709.	0.	9,20
JOIGOING PACOBIT INOSTEE	1	<u> </u>						70,705.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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				D SEMINARY	<u> </u>			06-0647016	Page 9
Pa	rt V	111	_		, ,		· ·	•	,
			Check if Schedule O cont	ains a response	or note to any li	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ons, Gifts, Grants Similar Amounts		_	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	1a					
Contributions, Gif and Other Similar	l .		All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	ve 1f	323,298	323 298.			
			•	•	Business Code			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
ice	2		TUITION AND FEES		611600	1,417,531.	1 417 531.	٠ .	, , , , , ,
er.		b	RESEARCH AND GRANTS		611600	381,099.	381 099.		,
n S	'	C	SCHOLARLY JOURNALS	•	611600	63 113.	63_113.	. !	
Program Service Revenue		d				`	; ;	~ ,	
č	3.3	e		 		· · · · · · · · · · · · · · · · · · ·		`	•
_		f	All other program service reve	enue				 	
		g.	Total. Add lines 2a-2f	-111	<u> </u>	1 861 743	AND THE PROPERTY OF STREET STREET,	_ 10_0/3 400/14 7 _ 0	the many fight place part of the
	4		Investment income (including other similar amounts) Income from investment of tax	•	. • • • • • • • • • • • • • • • • • • •	1,060,627.			1,060,627.
	5	٠	Royalties	Γ-	<u> </u>	* * * * * * * * * * * * * * * * * * *	-	, , ,	1
				(i) Real	(ii) Personal				
٠,	6	а	Gross rents	238,783.] [] [] [] [] [] [] [] [] [] [
		þ	Less: rental expenses	77,272.	ļ. <u></u>				
		С	Rental income or (loss)	161,511.		ا الله المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة			Section of the sectio
	,	d	Net rental income or (loss)	-	· •	161,511.			161,511.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		•	assets other than inventory	2,342,368.	,				netellieu-
	,	b	Less: cost or other basis "		, .				
			and sales expenses	1 831 080	, ,				
		C.	Gain or (loss)	511 288		West of the wife total in his month	in the second second second second second	The main color of the same and the	SHOTE IN STREET
		d	Net gain or (loss)	•		511,288.	, ,		511 288.
Other Revenue	8	a.	Gross income from fundraising including \$	of					
. e			Part IV, line 18		,				
je.		h	Less direct expenses	a b				Taken ada a taga a taga a taga a taga Takan a taga a taga a taga a taga a taga	
δ			Net income or (loss) from fund			มีรัฐกระบัววัส พ.ศ. ยังรัฐกระบังกัสโดยเสีย รัฐ		The same of the same	a landindid and
•	9		Gross income from gaming ac	_	·		State religions and the second	restabling to a feet	
	9		Part IV; line 19						
	-		Less: direct expenses	a h					
			*Net income or (loss) from gam		, , , , , , , , , , , , , , , , , , ,	The second second second second	Mr. J Parker and San and L. La Parker and	The state of the s	Alexander Life
			Gross sales of inventory, less	_	,			l Labatorea tractica	
			and allowances Less. cost of goods sold	returns . " a b	,				
			Net income or (loss) from sale	s of inventory	•	resource establishment de l'Alian	The second secon	**************************************	Mark and the second section of
		_	Miscellaneous Revenu		Business Code		FER TEAR		
,	11	a	MISCELLANEOUS INCOME		611600		24,410.	Land And A Mark of the - 15 Ear	mas - "Miss Torrill in Fill" Mills
		b			1	24,410.	23,410.	,	'-
_		c		· · · · · · · · ·			'	· .	
-		d	All other revenue					,	
			Total. Add lines 11a-11d			24,410.			
	12	_	Total revenue. See instructions.	•				0.	1 722 426
33200		_	TOTAL TEVENUE, SEE HISH UCHOITS.			3 942 877.	1 886 153	<u> </u>	1 733 426.

06-0647016

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part-IX (A) (B) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the United States. See Part IV. line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 387 541 387 54 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 737,901 403,091 167,405 167,405. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,618,959 207,869 385<u>852</u> 25,238 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 157,908 119 913 37,714 281. Other employee benefits 118,207 81,455 30,758 5 994, Payroll taxes 10 144,220 99,268 34,056 10,896. Fees for services (non-employees): Management . Legal 5 677 5,677 Accounting 27 150 27,150 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees 72,723 72,723 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 86,255 43,127 43,128 12 Advertising and promotion 54,007 52 181 1,826 Office expenses 13 68,093 35,431 24,197 8,465. Information technology 14 31,736 31 696 Royalties 15 16 Occupancy 213 186 213 186 17 Travel 42 946 24,732 2,653. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 87,913 40,131 45,724 2,058. 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 203,273 144:324 46,753 12 196. 23 Insurance 2 739 88 387 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PROJECT GRANTS 362,179 362,179 DEGREE PROGRAM EXPENSES 91,083 91,083 INSTITUTIONAL EXPENSES 88,237 88,237 LIBRARY BOOKS 66,403 66,403 All other expenses 35,787 12,034. 124,453 76,632 Total functional expenses. Add lines 1 through 24e 4 881 176 3,539,562 1,094,394 247 220. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 10-29-13

Form 990 (2013)

Check here

	_	Check if Schedule O contains a response or not	e to ar	ny line in this Part X		,	
		, د	,		(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing				1	• • • • • • • • • • • • • • • • • • • •
2		Savings and temporary cash investments			1,433,315,	2	1,250,731.
3		Pledges and grants receivable, net			34.877.	3	3,508.
4		Accounts receivable, net			208,215.	4	187,407.
5		Loans and other receivables from current and for	rmer c	fficers, directors,		ۍ د د د د د د د د د د د د د د د د د د د	
		trustees, key employees, and highest compensation	ated er	nployees Complete			The state of the s
		Part II of Schedule L				5	
6		Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
1		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary	10 mm	ST.	Charles of the San San San San San San San San San San
ł		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
7		Notes and loans receivable, net			,	7	<u>., </u>
8		Inventories for sale or use		•		8	
9		Prepaid expenses and deferred charges	. •		69,357.	9	74,938.
10	а	Land, buildings, and equipment cost or other		•			
		basis. Complete Part VI of Schedule D	10a	9,203,016.	The state of the second state of the second	n ariah kura da	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	b	Less: accumulated depreciation	10b	7,212,122.	2,033,600.	10c	1,990,894.
11		Investments - publicly traded securities			32,449,976.	11	37,189,059.
12		Investments - other securities See Part IV, line 1	1		5,126,614.	12	5,541,175.
13		Investments - program-related See Part IV, line	11			13	
14		Intangible assets		•	,	14	
15		Other assets. See Part IV, line 11			3,737,291.	15	4,018,185.
16		Total assets. Add lines 1 through 15 (must equa	al line (34)	45 093 245.	16	50, 255, 897,
17		Accounts payable and accrued expenses		•	172,011.	17	192,406.
18		Grants payable .				18	
19		Deferred revenue			641,302.	19	385,783.
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
22		Loans and other payables to current and former	office	s, directors, trustees,		15.7	
		key employees, highest compensated employee	s; and	disqualified persons		e Kelan	and the state are form of an area area.
1		Complete Part II of Schedule L	•	•		22	
23	-	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
.24		Unsecured notes and loan's payable to unrelated	d third	parties		24	,
25		Other liabilities (including federal income tax, page 1975)	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	,		,
		Schedule D .				25	
26		Total liabilities. Add lines 17 through 25	٠		813 313	26	578 189
		Organizations that follow SFAS 117 (ASC 958), ched	k here 🕨 🗓 and			NO DESTRUCTION OF THE PERMIT
		complete lines 27 through 29, and lines 33 an	d 34.			5,7	
27		Unrestricted net assets			8,000,705.	27	9,606,435.
28		Temporarily restricted net assets			19 534 584.	28	22,953,948.
29		Permanently restricted net assets		•	16,744,643.	. 29	17,117,325.
		Organizations that do not follow SEAS 117 (A	SC 95	B), check here ▶ 🗀			
		and complete lines 30 through 34.	_	* * * * * * * * * * * * * * * * * * * *			
30		Capital stock or trust principal, or current funds		,	,	30	*
31		Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund		31	
32		Retained earnings, endowment, accumulated in				32	
33		Total net assets or fund balances			44,279,932.	33	49,677,708.
1		Total liabilities and net assets/fund balances			45 093 245.	34	50,255,897,

Form **990** (2013)

		-0647016		Page	<u> 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			x	<u>_</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	3,9	42,87	<u>7</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		4,8	81,17	6.
3	Revenue less expenses Subtract line 2 from line 1		<u></u>	38,29	9.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		44,2	79 93	2.
5	Net unrealized gains (losses) on investments		5,9	75,93	3.
6	Donated services and use of facilities 6				_
7	Investment expenses 7				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)		3	60,14	2.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))		49 6	77,70	8.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>
	<u>_</u>	_	Y	es N	0
1	Accounting method used to prepare the Form 990: x Cash Accrual Other				- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O \cdot	_		_	_]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a	x	<u>:</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	a			- 1
	separate basis, consolidated basis, or both.				ţ
	Separate basis Consolidated basis Both consolidated and separate basis	_	_		┙
b	Were the organization's financial statements audited by an independent accountant?	L	2b 2	c	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas	sis,			_,
	consolidated basis, or both				- [
	x Separate basis Consolidated basis Both consolidated and separate basis				ļ
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	dit,	_	_	_ }
	review, or compilation of its financial statements and selection of an independent accountant?	· [2c }	٠ -	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	∍O. · [_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single /	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 required a	audit			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Ш.	
		F	orm 9 9	90 (20	13)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number HARTFORD SEMINARY 06-0647016 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. __ Type ii d Type III - Non-functionally integrated c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the supported organization(s) h (vi) is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

(Form 990 or 990-EZ) 2013 HARTFORD SEMINARY 06-0647016
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support			3			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			, `	,		
	include any "unusual grants.")			'	·	į	
2	Tax revenues levied for the organ-	,			,	_	•
-•	ization's benefit and either paid to			,			
	or expended on its behalf	* *					
3	The value of services or facilities				١.		
Ū	furnished by a governmental unit to				•		
	the organization without charge						
4	Total. Add lines 1 through 3						··
	The portion of total contributions	7 J 48 J 25 W 1550			ATERIA GER	19 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	by each person (other than a						
	governmental unit or publicly					Far Militar Endish Star (1915) Tirking Star Star Star (1915)	
	supported organization) included				결과 관련하는 시		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			this like the subtails	T-12 - 20 F-32 - 12 3-	8-5-5-5-7-1 Sept. 1	
6	Public support. Subtract line 5 from line 4				er er er er er er er er er		•
	ction B. Total Support					· - [r	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
8	Gross income from interest,				`,		
	dividends, payments received on				-	٧.	•
	securities loans, rents, royalties					•	
	and income from similar sources		· ·				
9	Net income from unrelated business			,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	, "					
	or loss from the sale of capital	,					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		1			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					ightharpoonup
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	· %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15 .	%
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
-	stop here. The organization qualifies	as a publicly supp	orted organization	l			▶□
b	33 1/3% support test - 2012. If the c	organization did no	t-check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation	•		ightharpoons
17a	10% -facts-and-circumstances test				e 13, 16a, or-16b. a	and line 14 is 10% o	r more,
	and if the organization meets the "fac	_					
-	meets the "facts-and-circumstances"			-	•		▶ □
h	10% -facts-and-circumstances test	-	•		-	7a and line 15 is 10	0% or
-	more, and if the organization meets th						.
	organization meets the "facts-and-circ			*	-		ightharpoonup
12	Private foundation. If the organization		_		· · · · · · · · · · · · · · · · · · ·		
10	rivate loundation. If the organizatio	ii did not check a	DON OF HIRE TO, 10	a, 100, 17a, 01 17L		dule A (Form 990 o	- 000 F7) 0040

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.)

16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %	Sec	ction A. Public Support						
1 Gifts, grants, contributions, and membership leser received (10 not include any "unusual grants.") 2 Gress receipts from admissions, marchandies sold or services per formed, or facilities turnished in any activity that is related to the organization's take exempt purpose 3. Gives receipts from admissions, marchandies sold or services per formed, or facilities turnished in any activity that is related to the organization's take exempt purpose 3. Gives receipts from activities that are not an unveilated trade or business under section 513. 4 Tax revenues lived for the organization benefit and either paid to or expended on its obhalf 5. The value of services or facilities furnished by a governmental unit to the organization without change 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total, Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total, Add lines 1 through 5. The value of services or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of the pater of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,000 or its office acceptance of \$6,00	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
neclude any *unusual grants.*) Gross receipts from admissions, merchandise sold or services performed, or facilities in a service promed, or facilities or several to the organization's take-exempt purpose 3 Gross receipts from admissions to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1 2, and 3 received in line 1 2 to the services of the peater of \$5,000 or the office and the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the serv	1	Gifts, grants, contributions, and						
2. Gross receipts from adminissors, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues leved for the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disqualified persons but accessed the pulser of \$5.00 or the offer of the organization without charge of the organization without charge of the organization without charge of Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disqualified persons but accessed the pulser of \$5.00 or the offer of the organization without on lines 2 and increased or on where that designified persons in but accessed the pulser of \$5.00 or the offer of the organization without on lines 2 and increased or on where that designified persons in but accessed the pulser of \$5.00 or the offer of the organization without on lines 3 and increased organization in tentines 5 and organization in the organization in the organization of the pulser of \$5.00 or the offer organization org		membership fees received (Do not	}					
merchands's old or services per- formed, or facilities furnished in any activity that is related to the organization's take-exempt purpose 3. Gross recepts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues level for the organi- ization's benefit and either pard to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on line 3, 2 and 3. received from disqualified persons b. Amounts included on line 3, 2 and 3. received from disqualified persons b. Amounts included on line 3 and 1 services be mineral to be the services of 15,000 or in or early organized to the services of 15,000 or in organized from the than disqualified persons b. Add lines 73 and 75 7. Public support (deletable to the services and income from miner 6. Total Support. Calendar year (or fiscal year beginning in) Amounts fortishing the line 10 b, whether or not the Cusiness is table income (less section 5.1 through on 15 me) 10. Add lines 11 through 5. 11. Net income from unrelated business activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not inclu		ınclude any "unusual grants.")	1				ľ	
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues leved for the organization's benefit and either paid to or expanded on its behalf or organization without charge of Total. Add intel 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add intel 1 through 5. Tax Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts without of the organization without charge of Total. Add intel 1 through 5. Tax Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts without on lines 1, 2, and 3. received from disqualified persons by Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities of the paid of \$3,000 in the 1 through 5. Tax Amounts without any activities and the paid of \$3,000 in the 1 through 5. Tax Amounts without	2	Gross receipts from ádmissions,			•			
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b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		• • •	•					
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	-							
	20			-			=	▶ □
							-	0 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 HARTFORD SEMINARY Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	06-0647016	Page 4
Part IV		7a or 17b, and Part III, lin	ne 12.
	Also complete this part for any additional information. (See instructions)		
		 	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public

Name of the organization **Employer identification number**

Inspection

	HARTFORD SEMINARY	06-0647016				
Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line	e 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)		-			
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	•	Yes No			
6	Did the organization inform all grantees, donors, and donor a	•				
	for charitable purposes and not for the benefit of the donor of	<u> </u>	•			
	impermissible private benefit?	, , ,	Yes No			
Pai		panization answered "Yes" to Form 990. F				
1	Purpose(s) of conservation easements held by the organization	•				
•	Preservation of land for public use (e.g., recreation or e		storically important land area			
	Protection of natural habitat		ified historic structure			
	Preservation of open space		med meterio en detare			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conseniation easement on the last			
_	day of the tax year	ned conservation contribution in the form	or a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic str	Licture included in (a)	2c			
ď	Number of conservation easements included in (c) acquired	` '				
•	listed in the National Register	and not on a mistoric structu	20			
3	Number of conservation easements modified, transferred, re-	leased extinguished or terminated by the				
	year >	reased, extinguished, or terminated by the	organization during the tax			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements r		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization					
	conservation easements.					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	bes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		► \$ ► \$			

	edule D (Form 990) 2013 HARTFORD SE						6-0647			age 2	
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historica	Treasures,	or Oth	er Simila	<u>ir Asse</u>	ts (conti	nued)		
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following th	at are a	significant u	se of its	collectio	n item	IS	
	(check all that apply):										
а											
b	b Scholarly research e Other										
С	c Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they furth	er the organiza	tion's exe	empt purpo	se in Par	t XIII.			
5	During the year, did the organization solicit o	r receive donations o	of art, historical	treasures, or otl	ner sımıla	ar assets					
	to be sold to raise funds rather than to be ma	intained as part of t	he organization	's collection?				Yes		□ No	
Pa	rt IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the organiz	ation answered	"Yes" to	Form 990,	Part IV,	line 9, or			
4-			land for a saturb			4lll		-			
ıa	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed	nary for contribu	itions or other a	ssets no	t included		٦.,	_	٦	
	·	and commisses the fe	llavvaa tablat				L	_ Yes	L	∟ No	
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table:					A			
_	Pogunning holongo					4-		Amoun	<u>. </u>		
	Beginning balance					1c				—	
a	Additions during the year					1d					
e	Distributions during the year					1e					
0-	Ending balance	000 Dank V I.a.a.	010			1f		7		٦	
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII	•			Dod VIII			」Yes	H	∐ No	
	rt V Endowment Funds. Complete if										
							are back	(a) Fau		back	
10	Reginning of year balance	(a) Current year	(b) Prior yea			(d) Three ye		(e) Four			
1a 5	Beginning of year balance 38 493 973 35 102 669 34 916 101 29 547 249							21		656.	
b	77,020, 2,002, 022, 022, 022, 022, 022,									002.	
d	Net investment earnings, gains, and losses 7,380,321, 4,799,984, <310,380, 6,948,400, decided and a second an									672.	
	Other expenditures for facilities				2,086.	2.1	16.826.		104,	674.	
E	and programs	2 277 502	1 970 0	00 1 70	4 014	1 0			017	200	
	Administrative expenses	2,377,582.	1,879,0		4,914.	-	27,943.	<u>_</u>		290.	
	End of year balance	43,549,396.	30 403 0		9,747.		6,110.		•	117.	
g 2	Provide the estimated percentage of the curr	•	38,493,9		1,853,	34,31	16,101.		.347	249.	
			e (iii le 1g, coluii %	iii (a)) Helu as.							
a	_	17.80 %									
b	Permanent endowment ► 30.20 Temporarily restricted endowment ►	% 52.00 %									
C	The percentages in lines 2a, 2b, and 2c shou										
20	•	•	ation that are he	ld and administ	arad for	bo organiza	ation.				
Ja	Are there endowment funds not in the posse by	ssion of the organiza	ation that are ne	nu anu auminist	erea lor	ine organiza	ation	1	V	No	
	(i) unrelated organizations							32(1)	Yes	No_	
	(ii) related organizations	•						3a(i) 3a(ii)		X	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R2					3b			
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm						_				
	Complete if the organization answered		, Part IV, line 11	a See Form 990), Part X.	line 10.					
	Description of property	(a) Cost or of		Cost or other	T	ccumulated	- T	(d) Boo	k valu	——- е	
	F 1 - 11 - 11 - 17 - 17 - 17	basis (investr	1	isis (other)	. , ,	preciation		,_,		-	
1a	Land			348,972,				-	348	972.	
	Buildings		1	7,689,418.	<u> </u>	6,314,5	553	1	374		
	Leasehold improvements								,,	<u> </u>	
	Equipment	_		1,164,626.		897.5	69		267	057.	
	Other				1				,		
	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column (B). Ir	ne 10(c).)	•			1	990	894.	

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.	_		-064/016 Fage C
Complete if the organization answered "Yes" t	(b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or er	od of your market yello
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cost or en	id-oi-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
	2 500 170	THE OF WELL WARREN WAYNE	
(A) FUND OF HEDGE FUNDS	2,508,178	END-OF-YEAR MARKET VALUE	
(B) VENTURE CAPITAL FUNDS (C) REAL ESTATE FUNDS	1,308,807, 1,724,190,	END OF YEAR MARKET VALUE	······································
(D)	1,724,130	END-OF-YEAR MARKET VALUE	
(E)			
(F)			
(G)	•		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5 541 175		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<u></u>
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" t (a) [o Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15	(b) Book value
(1) BENEFICIAL INTERESTS IN SPLIT-INTEREST	AGREEMENTS		4,018,185,
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		4 018 185
Part X Other Liabilities.			_
Complete if the organization answered "Yes" t		(b) Book value).
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)		·	
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (h) must aqual Form 900. Bart X and (B) Inc.	251		
Total. (Column (b) must equal Form 990, Part X, col (B) line 2. Liability for uncertain tax positions. In Part XIII. provide		o the ergoprotion's financial statements	that raparts the
E. LIGDING TO GITCE LANDON LOS LIDES. HI FAIL AIII. DIOVIGE	THE TEXT OF THE TOOLINGIE IS	o a le organización s imancial statements	עומג ופטטונא נוופ

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII x

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 HARTFORD SEMINARY			06-0647016	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a			
1	Total revenue, gains, and other support per audited financial statements	•		1	9,895,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	5,975,933.		
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	437,414,		
е	Add lines 2a through 2d			2e	6,413,347.
3	Subtract line 2e from line 1			3	3,482,613.
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	72,723.]	
b	Other (Describe in Part XIII)	4b	387 541.		
С	Add lines 4a and 4b			4c	460,264.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5_	3 942 877
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12:	a		-	
1	Total expenses and losses per audited financial statements			1	4,498,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	77,272,	1	
е		-	•	2e	77,272.
3	Subtract line 2e from line 1			3	4,420,912.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a		4a	72,723.	1	
b	0.1 (5.1)	4b	387 541.	1	
C				4c	460,264.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4 881 176
_	rt XIII Supplemental Information.	·		<u> </u>	4,001,170,
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa	rt IV. lines 1b	and 2b. Part V. line	4. Part X. line 2:	Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac			., 2,	, , , , , , , , , , , , , , , , , , , ,
			•		
PAR'	T V LINE 4:				
EARI	NINGS FROM THE SEMINARY'S ENDOWMENT FUNDS IS USED TO				
			•		
UND	ERWRITE A VARIETY OF SCHOLARSHIPS AND OPERATING EXPENSES.				
			<u>-</u>		
PAR'	TX LINE 2:				
THE	SEMINARY'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL		•		
YEA	R 2011 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRIN	IG			•
STA'	TUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN	TAX LAW			
AND	NEW AUTHORITATIVE RULINGS. IF THE SEMINARY HAD UNRELATED BUSI	NESS			
INC	OME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATE	D WITH			
<u>ANY</u>	TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE A	CCRUED			
	EREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STAT	EMENTS OF			
33205 09-25	i4			Schedule D (F	orm 990) 2013

Schedule D (Form 990) 2013 HARTFORD SEMINARY		06-0647016	Page 5
Part XIII Supplemental Information (continued)			
FINANCIAL POSITION.	•		
			 .
PART XI LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF BENEFICIAL INTERESTS	360,142.		
RENTAL EXPENSES	77,272.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	437,414.		
			
DADW VI TIME AD OWNED AD WICHWENING.			
PART XI LINE 4B - OTHER ADJUSTMENTS:		 	_
FINANCIAL AID	387,541,		
·			
PART XII LINE 2D - OTHER ADJUSTMENTS:	.		
RENTAL EXPENSES	77,272,		
RENIAL BAFENSES	11,212,		
PART XII LINE 4B - OTHER ADJUSTMENTS:			
PART XII, LINE 48 - OTHER ADDUSTMENTS:			
FINANCIAL AID	387,541.		
	•		
		···	
	,		
			 -
ŕ			
			
		-	
			
		-	

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number 06-0647016 HARTFORD SEMINARY

	rt I	17010		
			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		<u> </u>	
	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	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	-	- <u>**</u> -	
	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.			
	If you need more space, use Part II	3	x	
	THE RACIALLY NONDISCRIMINATORY POLICY IS ON THE SEMINARY'S			
	WEBSITE AND IN CATALOGS.			
		1		
4	Does the organization maintain the following?			}
а		4a	x	
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		'	
	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	x	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II	10	 ^ 	
			[ļ
5	Does the organization discriminate by race in any way with respect to		 	
а	Students' rights or privileges?	5a		х
b	Admissions policies?	5b		х
C	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		х
	Educational policies?	5e		х
е				х
	Use of facilities?	5f	_	х
f	·		1	
f g	Use of facilities?	5g		
f g	Use of facilities? Athletic programs? Other extracurricular activities?			Х
f g	Use of facilities? Athletic programs?	5g		
f g	Use of facilities? Athletic programs? Other extracurricular activities?	5g		
f g	Use of facilities? Athletic programs? Other extracurricular activities?	5g		
f g	Use of facilities? Athletic programs? Other extracurricular activities?	5g		
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5g 5h	x	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5g 5h 6a	x	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5g 5h	x	x
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	5g 5h 6a	x	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5g 5h 6a	X	

Schedule	E (Form 990 or 990-EZ) (2013) HARTFORD SEMINARY	06-0647016	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7 Also complete this part to provide any other additional information	7, as applicable.	
LINE 6	- EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE SEM	INARY IS A PARTICIPANT IN THE FEDERAL STUDENT		
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE SEMINARY IS A PARTICIPANT IN THE FEDERAL STUDENT			
	•		
			
			•
			_
			
		·	
	•		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

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

Open to Public Inspection

OMB No 1545-0047

Nam	e of the organization					Employer ident	ification number
HART	FORD SEMINARY					06-0647016	
Pa		rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered	"Yes" on
	Form 990, Part 1\					 _	
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	ıstance?	Yes No
_	Far mantmakana Dooo	umbain Dank Ville					A
2	United States.	inde in Part v the	e organization s	procedures for monitoring the use of its	s grants and o	ther assistance of	tside the
3	± =	he following Part	· Lline 3 table ca	an be duplicated if additional space is r	reeded)		
<u> </u>	(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	(2)	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	, , ,	gram service,	expenditures
		ın the region	independent	services, investments, grants to	l	specific type	for and investments
			contractors in region	recipients located in the region)	of service	ce(s) in region	in region
CENT	TRAL AMERICA AND						
THE	CARIBBEAN	0	0	INVESTMENTS			695,265.
]					•
	·· · · · · · · · · · · · · · · · · · ·						-
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		l .					
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	-		· •				1
		-					-
3 a	Sub-total	0	0				695,265.
	Total from continuation		<u> </u>				0,5,203.
~	sheets to Part I		0				0.
С	Totals (add lines 3a						1
	and 3b)	o	0				695 265;

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

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. PartII

(i) Method of valuation (book, FMV, appraisal, other)						
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance						cempt by
(f) Manner of cash disbursement						recognized as tax-e)
(e) Amount of cash grant						foreign country,
(d) Purpose of grant					,	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region						s listed above that are re
(b) IRS code section and EIN (if applicable)		,		•		ecipient organization
1 (a) Name of organization						2 Enter total number of r

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles က

Schedule F (Form 990) 2013

06-0647016	
HARTFORD SEMINARY	
Schedule F (Form 990) 2013	

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)			, .		
(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		٠			
(a) Type of grant or assistance					

Schedule F (Form 990) 2013

"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2013

Yes x No

for Form 5713)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 Open to Public Employer identification number

Inspection

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

1	HARTFORD SEMINARY	NARY						06-0647016
-	გ	to substantiate the		or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uoi
	criteria used to award the grants or assistance?	stance?)		•)		X Yes No
N	》	ocedures for moni	toring the use of grant	funds in the Unite	d States			
Pa	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	Governments an	d Organizations in the	e United States. (complete if the orga	anization answered "Y	es" to Form 990, Part l	V, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addit	ional space is need	ded			
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				-				
								-
04	Enter total number of section 501(c)(3) and government organizations	and government or		isted in the line 1 table				
က		s listed in the line						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fori	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance DIRECTLY AS A CREDIT TO THE TUITION DISCOUNTS APPLIED STUDENTS' ACCOUNTS, (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information CASH VALUE (d) Amount of non-cash assistance 387,541. o, (c) Amount of cash grant OFFICER AND FORWARDED TO HIS ASSISTANT, AID IS THEN AWARDED AND APPLIED TO THE LETTERS ARE SIGNED BY THE CHIEF BUSINESS FINANCIAL AID COMMITTEE MAINTAINS COPIES OF THE NEED-BASED APPLICATIONS THE CHIEF BUSINESS OFFICER THEN COMPARES THE CREDITING THEIR TUITION INVOICE WITH THE AMOUNT OF THE SCHOLARSHIP (b) Number of recipients 149 THE SEMINARY PROVIDES FINANCIAL AID TO STUDENTS BY DIRECTLY INFORMATION POSTED TO THE AWARD LETTERS FOR ACCURACY, (a) Type of grant or assistance FAFSA'S AND AWARD LETTERS. THE STUDENT ACCOUNTS. INSTITUTIONAL AID PART I LINE 2: Part III

Schedule I (Form 990) (2013)

37

332102 10-29-13

Page 2

06-0647016

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number 06-0647016 HARTFORD SEMINARY

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	Ì		
	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 follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u></u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	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, Section A, line 1a, with respect to the filing	İ		1
	organization or a related organization.			
a	Receive a severance payment or change-of-control payment?	4a		_X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>x</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		1
	contingent on the revenues of			
а	The organization?	5a		_x_
b	Any related organization?	5b		x
	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.			ـــا
а	The organization?	6a		_x
b	Any related organization?	6b		_ X
	If "Yes" to line 6a or 6b, describe in Part III			1
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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	,	

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

Schedule J (Form 990) 2013

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

						Γ		
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred in prior Form 990
(1) DR. HEIDI HADSELL	(3)	176,584,	0	0	21,451,	9,240,	207,275.	0
2	(ii)	0	0	0,	0	0.	0	0.
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332112				00			Schedu	Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

HARTFORD SEMINARY	06-0647016
FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION:	
HARTFORD SEMINARY PREPARES STUDENTS TO UNDERSTAND AND LIVE IN TODAY'S	
MUTI-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 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:	
HARTFORD SEMINARY PREPARES STUDENTS TO UNDERSTAND AND LIVE IN TODAY'S	
MUTI-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 DIALOGUE AND	
CREATIVE LEADERSHIP IN THEIR CIVIC AND FAITH COMMUNITIES LOCALLY	
NATIONALLY AND ABROAD,	
FORM 990 PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
LIVING IN A PLURALISTIC WORLD. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HARTFORD SEMINARY	Employer identification number 06-0647016
HARIFORD SEMINARI	1 00-004/010
HARTFORD SEMINARY ALSO OFFERS EDUCATIONAL OUTREACH PROGRAMS. IN THE	
2013-2014 ACADEMIC YEAR, THE SEMINARY OFFERED 18 EDUCATION OUTREACH	
PROGRAMS, ATTENDANCE AT EACH EVENT RANGED FROM 10 TO 225 PEOPLE. THE	
OBJECTIVE OF THE PROGRAM IS TO SERVE CORE CONSTITUENCIES AND REACH OUT	
TO ATTRACT NEW PEOPLE.	
FORM 990 PART III LINE 4C PROGRAM SERVICE ACCOMPLISHMENTS:	•
PUBLICATION. WE DO OFFER GRATIS SUBSCRIPTIONS TO LIBRARIES IN	
DEVELOPING COUNTRIES UPON THEIR REQUEST THROUGH PHILANTHROPIC LICENSING	
DEALS ARRANGED THROUGH WILEY-BLACKWELL. OUR GOAL IN THE UPCOMING YEAR	
IS TO EXPAND OUR MARKET IN ASIA, CHINA, INDIA, EASTERN EUROPE AND SOUTH	
AMERICA.	
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 FOR CONSIDERATION. ALL	
ARTICLES, REGARDLESS BY WHOM THEY HAVE BEEN SUBMITTED, ARE SENT TO OUR	
REFEREED PEER EDITORIAL REVIEW BOARD. THE BOARD SELECTS ARTICLES ON	
THE BASIS OF ACADEMIC MERIT AND SUBJECT SUITABILITY ALONE.	
FORM 990 PART VI, SECTION B, LINE 11:	
THE RETURN IS PREPARED BY THE SEMINARY'S INDEPENDENT	
ACCOUNTING FIRM AND REVIEWED BY THE CHIEF BUSINESS OFFICER. THE DRAFT	
RETURN IS THEN REVIEWED BY THE FINANCE COMMITTEE, WHO PROVIDE COMMENTS TO	
THE CHIEF BUSINESS OFFICER. THE FINAL DRAFT OF THE FORM 990 IS THEN	
PRESENTED TO THE BOARD OF TRUSTEES FOR COMMENT PRIOR TO FILING.	
FORM 990 PART VI SECTION B LINE 12C:	
39624-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990 EZ) (2013)	Page 2
Name of the organization HARTFORD SEMINARY	Employer identification number 06-0647016
HARTFORD SEMINARY REQUIRES OFFICERS AND TRUSTEES TO COMPLETE	
AN ANNUAL STATEMENT AS TO ANY POTENTIAL CONFLICTS OF INTEREST THEY MAY	
HAVE AND MANAGMENT EXAMINES THESE THROUGHOUT THE YEAR TO MAINTAIN	
COMPLIANCE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT, WHO IS THE CHIEF EXECUTIVE OFFICER OF THE	
CORPORATION, IS REVIEWED ANNUALLY 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 MEETING TO PREPARE ITS OBSERVATIONS ON THE	
PERFORMANCE OF THE PRESIDENT TO IDENTIFY AREAS FOR ATTENTION IN THE COMING	
CONTRACT PERIOD AND TO ARRIVE AT THE COMPENSATION PACKAGE. IN DOING SO	
THE COMMITTEE TAKES INTO CONSIDERATION THE PRESIDENT'S PERFORMANCE, THE	•
OVERALL OPERATING ENVIRONMENT OF THE SEMINARY AND THAT OF THE CATEGORY OF	
THOLOGICAL EDUCATION. ADDITIONALLY THE COMMITTEE CONSIDERS GENERAL	<u> </u>
COMPENSATION TRENDS IN ACADEMIC INSTITUTIONS AS WELL AS THE REPORT ON	
COMPENSATION OF PEER INSTITUTIONS PRODUCED BY THE ACCREDITING ASSOCIATION	
FOR THEOLOGICAL SCHOOLS. THE PRESIDENT ALSO PREPARES A SELF-ASSESSMENT,	
WHICH IS PROVIDED TO THE COMMITTEE PRIOR TO THE PRESIDENT'S REVIEW MEETING.	· · · · · · · · · · · · · · · · · · ·
AT THE REVIEW MEETING THE PRESIDENT AND THE COMMITTEE MEMBERS REVIEW THE	
SELF-ASSESSMENT AND THE COMMITTEE'S OBSERVATIONS AND SET THE PRIORITIES FOR	
THE COMING YEAR.	
FORM 990 PART VI SECTION C, LINE 19:	
THE SEMINARY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST. 332212	edule O (Form 990 or 990-EZ) (2013)
09-04-13 SCN	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
HARTFORD SEMINARY	06-0647016
FORM 990 PART XI LINE 9 CHANGES IN NET ASSETS:	
•	
CHANGE IN VALUE OF BENEFICIAL INTERESTS	360,142.
DODY COO DADE WIT ATTER CO	
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES TO THE SEMINARY'S SELECTION OR	
THERE WERE NO CHANGES TO THE SEMINARY S SELECTION OR	
OVERSIGHT PROCESSES DURING THE TAX YEAR.	
O-DIOZONE ENOUGODE DONANO THE THE ADM.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▼ See separate instructions.

2013

Employer identification number Open to Public Inspection

06-0647016

Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33 HARTFORD SEMINARY Name of the organization

Direct controlling End-of-year assets e Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

(a)	(q)	(0)	(p)	(e)	()	(b)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	(13)
of related organization		foreign country)	section	status (if section	entrty	entity?	
				501(c)(3))		Yes	No
SEVENTY SEVEN SHERMAN ST PRESERVATION TRUST							
INC - 06-1501955, 77 SHERMAN STREET,	FUNDRAISING FOR BUILDING						
HARTFORD, CT 06105	RENOVATIONS	CONNECTICUT	501(C)(3)	LINE 11A, I	HARTFORD SEMINARY	×	
FUND FOR INTERFAITH UNDERSTANDING INC	Ţ						
26-4389051, 77 SHERMAN STREET, HARTFORD, CT							
06105	FUNDRAISING	CONNECTICUT	501(C)(3)	LINE 11A, I	HARTFORD SEMINARY	×	
						_	
	T			•			

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

Page 2

06-06470

Schedule R (Form 990) 2013 HARTFORD SEMINARY

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

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Ξ Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) છ (d) (Direct controlling entity Primary activity <u>@</u> (c)
Legal
domicile
(state or
foreign Primary activity **@** Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2013

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332162 09-12-13

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	ın Parts II·IV?			li
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
 b Gift, grant, or capital contribution to related organization(s) 				₽		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)		•		1		×
6 Dundanda from valated avanasation(a)				1	!	-
T Dividends from related organization(s)				=	+	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				1		×
j Lease of facilities, equipment, or other assets to related organization(s)				į-		×
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ţ		×
 Sharing of paid employees with related organization(s) 				9	_	×
 Beimbursement paid to related organization(s) for expenses 				٤ ا		×
				5		¦×
				1	1	Ι,
 Comer transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 				- 4		× ×
	who must complete t	ns line, including covered	elationships and transaction thresholds			:
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(F)						
						1
						1
(3)						- 1
(4)						
(5)						
(9)						
332163 09-12-13	47		Schedule R (Form 990) 201	R (Form	990) 2	5

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

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

	14				(7)	1			179
	(a)	(5)	(a) Area	(1)	(6)	E	(i)	∋ ,	8
Name, address, and EIN of entrty	Frimary activity	(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax		Share of end-of-year assets	tionate allocations?	Usproportion of School General or Percentage to the state of Percentage to the state of Schedule K-1 parine? Ownership of Schedule K-1 parine?	General or managing partner?	Percentage ownership
			1468			Yes No	(600)	ves No	
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Schedule R (Form 990) 2013

Schedule I	R (Form 990) 2013	HARTFORD SEMINARY	06-0647016	Page 5
Part VII	R (Form 990) 2013 Supplemental Info	ormation	-	
	Provide additional inform	mation for responses to questions on Schedule R (see instructions)		
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