EXTENDED TO M	ΑY	17, 2021		
Form 990-T_ Exempt Organization Bus	sine	ess Income 1	Tax Return	OMB No 1545-0047
(and proxy tax und			1912	2040
For calendar year 2019 or other tax year beginning JUL 1, 20		, and ending JUN	30, 2020	2019
Department of the Treasury				Open to Public Inspection
Internal Revenue Service Do not enter SSN numbers on this form as it may				Open to Public Inspection 501(c)(3) Organizations (
A Check box if Name of organization (Check box if name c address changed	nanged	and see instructions.)	∫ (E	mployees' trust, see structions)
B Exempt under section Print HARTFORD SEMINARY				06-0647016
x 501(c) (3 03 or Number, street, and room or suite no. If a P.O. box	C See 15	nstructions		related business activity co
408(e) 220(e) Type 77 SHERMAN STREET	·, 500 ii	istrabilotis.	(Se	ee instructions)
408A 530(a) City or town, state or province, country, and ZIP o	r foreia	n postal code		
529(a) HARTFORD, CT 06105			,	
C Book value of all assets at end of year F Group exemption number (See instructions.)	>			
. 60 ,859 ,478 . G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trus	st Other tru
H Enter the number of the organization's unrelated trades or businesses.	1		the only (or first) unrelat	-
trade or business here NONE- SEE FORM 8865			complete Parts I-V. If me	
describe the first in the blank space at the end of the previous sentence, complete Pa	irts I ar	nd II, complete a Schedul	e M for each additional tra	ade or
business, then complete Parts III-V.			· · · · · · · · · · · · · · · · · · ·	
During the tax year, was the corporation a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	لنا, ◄	Yes X No
If "Yes," enter the name and identifying number of the parent corporation.		Tolonh		\ F00 0505
J The books are in care of MICHAEL SANDNER, ESQ [Partis Unrelated Trade or Business Income	-	(A) Income	one number (860) (B) Expenses	(C) Net
1a Gross receipts or sales		(1)	(5) Expendes	1 - X
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2		#356 YOU 131923	
3 Gross profit. Subtract line 2 from line 1c	3+			
4a Capital gain net income (attach Schedule D)	4a	,	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· /
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		N. 17 12 12 12 12 12 12 12 12 12 12 12 12 12	
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NA.
6 Rent income (Schedule C)	6	1		
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		/	<u></u>
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10		<u></u>	
11 Advertising income (Schedule J)	11		N. N. S. S. S. S. C	NACTOR INC.
12 Other income (See instructions; attach schedule)	12	· .	KAN KAN MA	<u> </u>
13 Total. Combine lines 3 through 12 Partill Deductions Not Taken Elsewhere (See instructions for	13	, 0,		
(Deductions must be directly connected with the unrelated bysin				
14 Compensation of officers, directors, and trustees (Schedule K)	··	<u> </u>	14	1
15 Salaries and wages			15	
16 Repairs and maintenance			16	3
17 Bad debts			. 17	7
18 Interest (attach schedule) (see instructions)		 1	18	3
19 Taxes and licenses RECEIN	/EC)	19	
20 Depreciation (attach Form 4562)		၂၇ 20 <u>'</u>		Ž.
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on eturn Depletion DEC 28	วกวก	OSO 21a	21	b
	2020	လ္တု	22	<u> </u>
23 Contributions to deterred compensation plans			23	
24 Employee benefit programs OGDEN	ı, U		24	
25 Excess exempt expenses (Schedule I)		<u> </u>	25	
26 Excess readership costs (Schedule J)			26	
27 Other deductions (attach schedule)			27	
Total deductions. Add lines 14 through 27	t line Of	9 from line 12	. 28	
 Unrelated business taxable income before net operating loss deduction. Subtrac Deduction for net operating loss arising in tax years beginning on or after Januar 			29	'
(see instructions)	y 1, 20	710	30	
31 Unrelated business taxable income. Subtract line 30 from line 29			31	
o i din diateu publices taxadic iliconie. Subliact ilite 30 II Ulli Ilite 25				Form 990-T (20

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Form 9	90-T (2019) HARTFORD SEMINARY	06-06	47016	Page 2
Par	t 川 Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		0.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and	33 35		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	⊗ 38		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39		0.
Par	t IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	▶ 41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Par	t V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see instructions) 46b			
c	General business credit. Attach Form 3800 46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched)	lute) 48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Payments: A 2018 overpayment credited to 2019			
b	2019 estimated tax payments 51b			
C	Tax deposited with Form 8868 51c			
	Foreign organizations; Tax paid or withheld at source (see instructions) 51d			
е	Backup withholding (see instructions) 51e			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55		
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax	▶ 56		
Part				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			İ
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		_	
	here			х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u> </u>	x
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
Cian	Under penalties of perjury, I declare hat I have examined this return, including accompanying schedules and statements, and to the best of my compet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	/ knowledge and b	elief, it is true,	
Sign	In lichard Du historia	J	scuss this return	n with
Here	The second of th		own below (see	
	Signature of officer / Date Title	instructions)?	x Yes	No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN		_
Paid		· I		
Prep	parer LORI M. BUDNICK LORI M. BUDNICK 12/16/20	P000	46310	
•	Only Firm's name ► BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's EIN	▶ 06-1	009205	
	29 S. MAIN STREET, P.O. BOX 272000			
		860 561-4		
923711	01-27-20		orm 990-T	12010

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory va	aluation N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year 6						
2 Purchases	2 7 Cost of goods sold			Cost of goods sold. S	ubtract I	line 6			
3 Cost of labor	3		7	from line 5. Enter here					
4a Additional section 263A costs			7	line 2		•	7		
(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or		•			+
5 Total. Add lines 1 through 4b	5	<u> </u>	7	the organization?		, -, -, -, -, -, -, -, -, -, -, -, -, -,			-
Schedule C - Rent Income	(From Real	Property an	d Per		Leas	ed With Real Pro	perty	/)	
(see instructions)									
1. Description of property									
(1)						·			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the personal property is mor 10% but not more than 50%	e than	of rent for	personal _l	onal property (if the percent property exceeds 50% or if id on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connec ad 2(b) (a	ted with the income ittach schedule)	ın
(1)		Ì							
(2)					-				
(3)		i							
(4)		i ·							
Total	0.	Total			٥.	· · · · · · · · · · · · · · · · · · ·			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instruc	ctions)		<u> </u>			
				Gross income from		3. Deductions directly con to debt-finance	nected v	vith or allocable arty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)	······································		1						
(2)			1						
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-fina	adjusted basis illocable to nced property ischedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(с	8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(2)				%					
(3)				%					
(4)		•		%					
						nter here and on page 1, art I, line 7, column (A)		nter here and on pag art I, line 7, column	
Totals				▶ i		0			0.
Total dividends-received deductions in	cluded in column	8		•		•			0.
	-			. =.		- 		Form 990-T	

			Exempt	Controlled O	ganızat	ions	•				
Name of controlled organizat	Name of controlled organization 2. Employer identification number		3. Net un (loss) (see	Net unrelated income (loss) (see instructions) payers		etal of specified ments made	included in	5. Part of column 4 that is ncluded in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)		· · ·				.	 		_		
(2)	· · · · · · · · · · · · · · · · · · ·		 								
3)			 	-			i				
4)		·	 						┈┼╴		
onexempt Controlled Organia	zations		.				l				
7. Taxable Income	8. Net unrelated inco	ome (ioss)	Q Total	of specified payr	nente	10. Part of colu	mp 0 that is u	aludad	11 000	uctions directly connect	
	(see instructio		, .	made		in the controlli	ing organization	a'nc		ncome in column 10	
1) _		-	+	•							
2)		•	:			1				•	
3)			<u> </u>			-					
4)			+			· -		,		•	
* /			<u> </u>	•						<u>.</u>	
· · · · · · · · · · · · · · · · · · ·	,				•	Enter here and	nns 5 and 10 on page 1, Pa column (A)	art I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B).	
tals		•			>			٥.			
chedule G - Investme (see instr		Section	1 501(c)(7), (9), or (17) Oı	rganization	1		; · .	-	
1. Descr	iption of income	<u>-</u>		2. Amount of	ncome	3. Deduction directly connectation (attach scheduction)	cted	4. Set-asi attach sch	des edule)	5. Total deduction and set-asides (col 3 plus col 4)	
)	-				,		,				
?)								•	-		
3)											
4)											
tals	-			Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (E	
chedule I - Exploited I		y Incom	e, Othe	r Than Ad	vertisi	ng Income	' 1	-	•	· · · · · · · · · · · · · · · · · · ·	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of unr	penses connected oduction related s income	4. Net income from unrelated business (col-minus column gain, compute through)	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity the is not unrelated business inconfiguration.	nat ed	6. Expens attributable column	e to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
)		†					- -			11.	
2)		1	· .								
)). , , , , , , , , , , , , , , , , , ,			-			 					
))		1									
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B).							Enter here and on page 1, Part II, line 25	
tals 🕒	0.		0.								
chedule J - Advertisin artil Income From P				solidated	Basis	•					
<u> </u>		<u>, </u>				_				•	
1. Name of periodical	2. Gross advertising income	adve	3. Direct ertising costs	4. Advertis or (loss) (col col 3) If a gain cols 5 three	2 minus 1, comput	5. Circulation income	on 6	Readersh costs	qu ,	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
)						§			***		
2)		1				¥					
3) . •		_ _	•	\dashv		<u> </u>					
als (carry to Part II, line (5))	•	0.	. 0								
						- 	•	_		Form 990-T (20	

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Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		· 2. Gross advertising income	3. Direct advertising costs	or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		• -					
(2)			,				,
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	٠0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	•	•	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		,			%	
(2)					%	
(3)	•				%	
(4)					%	
Total. Enter here and or	page 1, Part II, line 14					- 0.

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