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IRS USE ONLY

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Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: March 22, 2010

Taxpayer Identification Number:
23-7288868
Tax Form: 990
Tax Period: June 30, 2009

113876.704919.0378.008 1 AB 0.360 375
[Barcode]



GREATER HARTFORD CONSORTIUM FOR
HIGHER EDUCATION
950 MAIN ST STE 314
HARTFORD CT 06103-1234505

113876

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is May 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



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 Department of the Treasury
 Internal Revenue Service
 OGDEN UT 84201-0074

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 IRS USE ONLY

29404-311-50568-9 A0169967 211A
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For assistance, call:
 1-877-829-5500

Notice Number: CP211A
 Date: December 7, 2009

Taxpayer Identification Number:
 23-7288868
 Tax Form: 990
 Tax Period: June 30, 2009

128135.668805.0416.009 1 AB 0.360 370



128135

**GREATER HARTFORD CONSORTIUM FOR
 HIGHER EDUCATION**
 950 MAIN ST STE 314
 HARTFORD CT 06103-1234505

**APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT
 ORGANIZATION RETURN - APPROVED**

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to February 15, 2010.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	NIA	
39b	b Gross receipts, included on line 9, for public use of club facilities	NIA	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NONE</u> ; section 4912 ▶ <u>NONE</u> ; section 4955 ▶ <u>NONE</u>		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>NIA</u>		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ <u>NIA</u>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>CT</u>		
42a	The books are in care of ▶ <u>MARK SCHEINBERG</u> Telephone no. ▶ <u>860-906-5016</u> Located at ▶ <u>31 PRATT STREET, 4TH FLOOR HARTFORD, CT</u> ZIP + 4 ▶ <u>06103</u>		
42b	b 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)? If "Yes," enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>NIA</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 5/10/10
 Type or print name and title: Mark C. Schenberg, Treasurer

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 5-7-10
 Check if self-employed:
 Preparer's identifying number (See instructions): P00641463
 Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS LLP, 125 HIGH STREET BOSTON, MA 02110
 EIN: 13-4008324
 Phone no.: 617-530-5000

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

HARTFORD CONSORTIUM FOR HIGHER EDUCATION

23-7288868

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: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) 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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		X
11g(iii)		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		X
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 11									
Total									314,079.

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on 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						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

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

Area with horizontal dashed lines for supplemental information.

Name of the organization
HARTFORD CONSORTIUM FOR HIGHER EDUCATION

Employer identification number
23-7288868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization **HARTFORD CONSORTIUM FOR HIGHER EDUCATION**Employer identification number
23-7288868**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARTFORD COURANT FOUNDATION 285 BROAD STREET HARTFORD, CT 06115	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HFPG/BEATRICE FOX AUERBACK FOUNDATION 10 COLUMBIA BOULEVARD HARTFORD, CT 06106-3777	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PRUDENTIAL FOUNDATION 751 BROAD STREET NEWARK, NJ 07102	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LINCOLN FINANCIAL FOUNDATION 350 CHURCH STREET, MS/1 HARTFORD, CT 06103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FISHER FOUNDATION 36 BROOKSIDE BOULEVARD WEST HARTFORD, CT 06107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CIGNA FOUNDATION 1601 CHESTNUT STREET PHILADELPHIA, PA 19192-2125	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **HARTFORD CONSORTIUM FOR HIGHER EDUCATION**

Employer identification number
23-7288868

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	TRAVELERS CONNECTICUT FOUNDATION ONE TOWER SQUARE - 3CR HARTFORD, CT 06183	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	J. WALTON BISSELL FOUNDATION P.O. BOX 370067 WEST HARTFORD, CT 06107-0067	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	SBM CHARITABLE FOUNDATION 935 MAIN STREET, LEVEL C, SUITE B101 MANCHESTER, CT 06040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	AETNA FOUNDATION 151 FARMINGTON AVENUE - RC31 HARTFORD, CT 06156	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	1,809.
TOTAL	1,809.

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	7,416.
DEPRECIATION	1,485.
TRANSPORTATION AND TRAINING	22,455.
MEMBERSHIPS	1,234.
INSURANCE	4,277.
ADMINISTRATIVE OVERHEAD	1,500.
MEALS	9,567.
ADVERTISING	5,649.
OTHER	1,800.
BOOK SCHOLARSHIP	150.
TOTAL	<u>55,533.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	363,212.	369,428.
SAVINGS	104,094.	105,085.
TOTALS	467,306.	474,513.

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CONTRIBUTIONS RECEIVABLE	NONE	3,000.
OTHER ASSETS	200.	NONE
EQUIPMENT	3,425.	1,940.
TOTALS	3,625.	4,940.

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	26,006.	25,925.
ACCRUED LIABILITIES	19,936.	15,455.
TOTALS	45,942.	41,380.

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

FOSTERING, ENCOURAGING, AND ADMINISTERING THE COMBINATION AND INTEGRATION OF CURRICULA, ADMINISTRATIVE FACILITIES, RESOURCES AND FINANCIAL MANAGEMENT SERVICES OF EDUCATIONAL AND RELATED CULTURAL AND CHARITABLE INSTITUTIONS IN THE HARTFORD CONNECTICUT AREA.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

ALLOCATION OF GRANTS TO INDIVIDUAL CONSORTIUM MEMBERS FOR PROJECTS UNDERTAKEN TO FOSTER AND ENCOURAGE EDUCATIONAL, CULTURAL AND CHARITABLE FUNCTIONS. THE HARTFORD CONSORTIUM FOR HIGHER EDUCATION ONLY DISBURSES FUNDS IN FURTHERANCE OF ITS CHARITABLE PROGRAMS. ALL FUNDS DISBURSED TO OTHER ORGANIZATIONS ARE USED CONSISTENT WITH ITS EXEMPT PURPOSE. THE QUALIFICATIONS OF RECIPIENTS FOR ASSISTANCE ARE BASED ON APPLICATIONS TO SUPPORTED ORGANIZATIONS. THE HARTFORD CONSORTIUM FOR HIGHER EDUCATION PARTICIPATES IN FULFILLING THESE NEEDS.

PROGRAM SERVICE ACCOMPLISHMENT 2

IMPLEMENTED JOINT CAMPUS PROGRAMS: THIS INCLUDES CROSS-REGISTRATION, STAFF AND FACULTY FORUMS THAT SHARE BEST PRACTICES AND EXPLORE INITIATIVES THAT WILL CREATE EFFICIENCIES AND ENHANCE TEACHING AND LEARNING AND INFORMATION TO THE COMMUNITY ON HIGHER EDUCATION.

PROGRAM SERVICE ACCOMPLISHMENT 3

IMPLEMENTED A COLLEGE PROMOTION PROGRAM FOR YOUTH: CAREER BEGINNINGS SERVED MORE THAN 800 HIGH SCHOOL STUDENTS AND THEIR FAMILY MEMBERS BY OFFERING A RANGE OF SERVICES THAT PROMOTED HIGH SCHOOL GRADUATION AND COLLEGE ENROLLMENT. THESE SERVICES INCLUDE MENTORING, ADVISING, WORKSHOPS ON ADMISSIONS AND FINANCIAL AID INFORMATION, CAMPUS VISITS AND RECOGNITION EVENTS FOR THOSE ACHIEVING AT HIGH LEVELS. IN MAY 2009, 96 HIGH SCHOOL SENIORS COMPLETED THE PROGRAM FOR JUNIORS AND SENIORS AND 90% ENROLLED IN COLLEGE DIRECTLY FROM HIGH SCHOOL. THE MAJORITY OF STUDENTS ARE MINORITY AND THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ROSANNE DRUCKMAN C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	EXEC DIR/SECRETARY 40.	76,483.	13,019.	NONE
CALVIN WOODLAND C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	VICE CHAIR 1.	NONE	NONE	NONE
JOHN MILLER C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
WALTER HARRISON C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
HEIDI HADSELL C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
DAVID WILLIAMS	DIRECTOR 1.	NONE	NONE	NONE

HARTFORD CONSORTIUM FOR HIGHER EDUCATION

23-7288868

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103				
JAMES F. JONES C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	CHAIR 1.	NONE	NONE	NONE
JOHN A. MINASIAN C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
MARK SCHEINBERG C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	TREASURER 1.	NONE	NONE	NONE
MONSIGNOR GERARD SCHMITZ C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
PAM TROUTMAN REID C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR	DIRECTOR 1.	NONE	NONE	NONE

HARTFORD CONSORTIUM FOR HIGHER EDUCATION

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
HARTFORD, CT 06103				
ED KLONOSKI C/O HARTFORD CONSORTIUM-HIGHER EDU. 31 PRATT STREET, 4TH FLOOR HARTFORD, CT 06103	DIRECTOR 1.	NONE	NONE	NONE
GRAND TOTALS		76,483.	13,019.	NONE

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO		(V) YES NO		(VI) YES NO	(VII) AMOUNT OF SUPPORT
UNIVERSITY OF HARTFORD	06-0731360	02	X	X	X			1,020.
SAINT JOSEPH COLLEGE	06-0646829	02	X	X	X			1,600.
TRINITY COLLEGE	05-0646927	02	X	X	X			NONE
SAINT THOMAS SEMINARY	06-0646884	02	X	X	X			NONE
RENSSELAER	06-0766747	02	X	X	X			NONE
CONNECTICUT PUBLIC TELEVISION	06-0758938	07	X	X	X			NONE
HARTFORD SEMINARY	06-0647016	02	X	X	X			NONE
WOODWIN COLLEGE	06-1627882	02	X	X	X			NONE
CAPITAL COMMUNITY TECHNICAL COLLEGE	06-1398052	02	X	X	X			NONE
UNIVERSITY OF CONNECTICUT	06-0772160	02	X	X	X			NONE
CENTRAL CONNECTICUT STATE UNIVERSITY	06-1303381	02	X	X	X			NONE
CHARTER OAK COLLEGE	06-1425662	02	X	X	X			2,500.
SUPPORT FOR PROGRAMS FOR ALL ORGANIZATIONS LISTED ABOVE								308,959.
TOTAL AMOUNT OF SUPPORT								314,079.