	•	00	Return of Organization Exempt From	m In		v	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code				2013
Depa	tment	of the Treasury	Do not enter Social Security numbers on this form as it may	y be ma	ide public.	-	Open to Public
		enue Service	nov/form990		Inspection		
AF	or th	e 2013 calend	ar year, or tax year beginning $ m JUL1$, 2013 and ending	g JÙ	ÍN 30, 201	14	
	heck if oplicab	le: C Name of	organization	ľ	D Employer ider	ntificatio	on number
	Addre	HART	FORD PUBLIC LIBRARY				
X	Name Chang		usiness As		06	-602	6029
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	/suite	Telephone nur		
	Termi ated	. 500	MAIN STREET		86		5-6366
	Amen returr Appli	City or to	own, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$		11,250,700.
	_tion pendi	IAAL	FORD, CT 06103		H(a) Is this a grou		
			nd address of principal officer:MARY TZAMBAZAKIS AS C ABOVE		for subordina		
	·	empt status:		527	H(b) Are all subordina		
							(see instructions)
		f organization:			H(c) Group exem		ate of legal domicile: CT
	rt I	Summary		I Cal UI			tte of legal dofinicile. C I
			e the organization's mission or most significant activities: $\begin{array}{c} {f PUBLIC} & {f I} \end{array}$	LTRR	ARV		
ce	1	Brieffy describ	e the organization's mission of most significant activities.				
nan	•		. Notesta and the second second the second the second terms of the second				
Activities & Governance	2		★ ► └── if the organization discontinued its operations or disposed of i ing members of the governing body (Part VI, line 1a)		I		13
G	3		3	13			
s &	4		ependent voting members of the governing body (Part VI, line 1b)			4	<u> </u>
ties	5		of individuals employed in calendar year 2013 (Part V, line 2a)			5	0
tivi	6		of volunteers (estimate if necessary)			6	0.
Ac			d business revenue from Part VIII, column (C), line 12		ſ	7a	0.
	a	Net unrelated	business taxable income from Form 990-T, line 34	1		7b	
	~	Oraclaiteration		-	Prior Year 8,776,02		Current Year 8,947,788.
an	8		and grants (Part VIII, line 1h)		111,72		123,989.
Revenue	9		ce revenue (Part VIII, line 2g)		519,83		649,017.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		550,82		1,242,513.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,958,39		10,963,307.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	· · · · · ·	to or for members (Part IX, column (A), line 4)			0.	0.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	_		-	-
Expense	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	_		0.	0.
ТХр		Total fundraisi	ng expenses (Part IX, column (D), line 25)	1		-	10 251 220
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		0,055,90		10,351,338.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,055,90		10,351,338.
- s	19	Revenue less	expenses. Subtract line 18 from line 12		<97,51		611,969.
Net Assets or Fund Balances					nning of Current Ye		End of Year
ssei 3ala	20	Total assets (F			3,040,77		25,341,151.
et A nd E	21		(Part X, line 26)			0.	$\frac{0.}{0.00000000000000000000000000000000$
	22		fund balances. Subtract line 21 from line 20	2	3,040,77	5.	25,341,151.
	rt II	Signature				<i>,</i> .	
			declare that I have examined this return, including accompanying schedules and st			ot my kno	owledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.		

Sign Here	Signature of officer MARY TZAMBAZAKIS, CHIE Type or print name and title	EF ADMINISTRATIVE OFFICER	Date								
Paid	Print/Type preparer's name MARY KAY CURTISS	Check PTIN if self-employed P01551484									
Preparer	Firm's name BLUM , SHAPIRO &	COMPANY, P.C., CPA'S	Firm's EIN 06-1009205								
Use Only	Firm's address 29 SOUTH MAIN STREET WEST HARTFORD, CT 06127 Phone no.8605614000										
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	Yes No								

	990 (2013) HARTFORD PUBLIC LIBRARY	06-6026	029	Page
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		L
1	Briefly describe the organization's mission: THE MISSION OF THE HARTFORD PUBLIC LIBRARY IS TO PROVI	DE FREE		
	RESOURCES THAT INSPIRE READING, GUIDE LEARNING, AND EN			
	INDIVIDUAL EXPLORATION			
2	Did the organization undertake any significant program services during the year which were not listed on	I		XN
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	I	Yes	LA N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	as?	Ves	XN
•	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total ex	penses,	and
	revenue, if any, for each program service reported.		123,	000
4a	(Code:) (Expenses \$ 8,660,121. including grants of \$) (Rev TO PROMOTE AND SUPPORT LITERACY AND LEARNING; TO PROVI	venue \$ הד דקדד מ		
	ACCESS TO INFORMATION AND IDEAS AND TO HELP PEOPLE PAR			
	DEMOCRATIC SOCIETY.			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$		
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,660,121.			
332002			Form 9	90 (20
10-29-				
80	∠ 406 755449 HPL001 2013.05080 HARTFORD PUBLIC LIE	BRARV	HPL(01
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Form 990 (2013)

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Part IV Checklist of Required Schedules

06-6026029 Page 3

1

2

Yes

Х

Х

No

v

	public office? If "Yes," complete Schedule C, Part I	3		Х
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	х	
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, VII, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
	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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19		19		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
<u>u</u>	יייד איז		990	0010

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

Form 990 (2013)

4 2013.05080 HARTFORD PUBLIC LIBRARY

 Form 990 (2013)
 HARTFORD
 PUBLIC
 LIBRARY

 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			
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
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	x	
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		x
b	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule L, Part I</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 Schedule L, Part I	25b		x
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		X
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2013)

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Form	990 (2013) HARTFORD PUBLIC LIBRARY		06-6026	029	Р	age 5
Pai	rt 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	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable g	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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority o	ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
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?		r	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	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 t	•				
	any contributions that were not tax deductible as charitable contributions?		I	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gift	S			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		r	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				37
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		i i i i i i i i i i i i i i i i i i i	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		r i i i i i i i i i i i i i i i i i i i	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		1	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time dui	ring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		I	<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	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	ا مبا				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form **990** (2013)

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5 2013.05080 HARTFORD PUBLIC LIBRARY

06-6026029 Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" resp	oonse
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

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

Х

Sec	tion A. Governing body and Management												
		1	1 10		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13										
	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 0.		1.2										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13										
2													
	officer, director, trustee, or key employee?												
3													
	of officers, directors, or trustees, or key employees to a management company or other person?												
4													
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X X							
6	Did the organization have members or stockholders?			6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		v							
	more members of the governing body?			7a		<u> </u>							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					х							
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		o following	7b									
8				0-	х								
a	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x							
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R		- Coda I	9		Л							
Sec	tion B. Policies (mis Section B requests information about policies not required by the internal R	evenu	e Code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?			10a	res	No X							
	If "Yes," did the organization have written policies and procedures governing the activities of such c			10a									
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iy ber		11a									
12a													
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		flicts?	12a 12b	X X								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "V			12.0									
Ŭ	in Schedule O how this was done			12c	х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approv												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a		Х							
b	Other officers or key employees of the organization			15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a										
	taxable entity during the year?			16a		Х							
b	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 orga	nizatio	n's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial								
	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 a	ind rec	ords of the organiza	tion: 🕨	•								
	MARY TZAMBAZAKIS - 860-695-6366												
	500 MAIN STREET, HARTFORD, CT 06103												
33200	5 10-29-13			Form	990	(2013)							
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	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	X
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta	x 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.

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

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

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Name and file Average hours per vector (lst ary hours per vector ((A)	(B)		(C)					(D)	(E)	(F)
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Form 990 (2013)

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Form 990 (2013) HARTFORD									06-6	026	029	Paç	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		orga and	ensati m the nizatio relateo nization	on d
1b Sub-total								0.	260,0	99. 0.	79	,40	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r								0. 0.	260,0	99.	79	,40	-
compensation from the organization		1030	11310			3) 101					,	/es	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual		, 		• •••••					E	3		x
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	x	
rendered to the organization? If "Yes," corr Section B. Independent Contractors					-			-			5		X
1 Complete this table for your five highest co the organization. Report compensation for	-									npensa			
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	C	(C) ompens		
							_						
2 Total number of independent contractors (ncluding but n	iot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	•				(-					Form 9	90 (20	013)

332008 10-29-13

Form 990 (20	13)
Part VIII	9

HARTFORD PUBLIC LIBRARY Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin		(=)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
ran		Membership dues						
s, Gr		Fundraising events		9,095.				
ifts ar A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts				8,330,356.				
Sin		Government grants (contribut		0,330,330.				
utio	т	All other contributions, gifts, gran		609 227				
dt		similar amounts not included abo		608,337.				
u pu	g			33,362.				
a C	h	Total. Add lines 1a-1f			8,947,788.			
				Business Code				
ce	2 a	PROGRAM SERVICE		900099	123,989.	123,989.		
ervi	b							
Program Service Revenue	с							
leve	d							
юg	е							
P	f	All other program service reve	enue					
		Total. Add lines 2a-2f			123,989.			
	3	Investment income (including						
		other similar amounts)			140,728.			140,728.
	4	Income from investment of tax						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a		742,907.	<u>``</u>				
	h	assets other than inventory	,12,507.					
	D	Less: cost or other basis	234,618.					
		and sales expenses						
		Gain or (loss)			508,289.			508,289.
		Net gain or (loss)			500,205.			500,205.
nue	8 a	Gross income from fundraisin including \$ 9						
ver		-						
Other Reve	contributions reported on line 1c). See		,	141 644				
Jer		Part IV, line 18						
đ		Less: direct expenses		52,775.	00.000			00.000
		Net income or (loss) from fund		····· ►	88,869.			88,869.
	9 a	Gross income from gaming ac						
		Part IV, line 19		├────┤				
		Less: direct expenses						
		Net income or (loss) from gam		····· >				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory	🕨				
		Miscellaneous Revenu	e	Business Code				
	11 a	OTHER		900099	1,153,644.			1,153,644.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		🕨	1,153,644.			
20000	<u>12</u>	Total revenue. See instructions.		►	10,963,307.	123,989.	0.	=,
33200 10-29	9 -13							Form 990 (2013)

15180406 755449 HPL001

9

2013.05080 HARTFORD PUBLIC LIBRARY

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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 respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16 \dots				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	5	37,696.	28,762.	4,938.	3,996.
	3	5,537.	4,225.	725.	587.
	Accounting Lobbying	575571	1,2231	, 23 (
e u					
f	Investment management fees	88,830.		88,830.	
g					
5	column (A) amount, list line 11g expenses on Sch O.)	939,686.	716,980.	123,099.	99,607.
12	Advertising and promotion	26,669.	22,615.	1,067.	2,987.
13	Office expenses	95,004.	89,494.	5,510.	
14	Information technology	166,323.	153,350.	12,973.	
15	Royalties				
16	Occupancy	194,618.	185,860.	8,758.	
17	Travel	20,448.	17,933.	2,372.	143.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		66.004		
19	Conferences, conventions, and meetings	105,757.	66,204.	39,553.	
20	Interest				
21	Payments to affiliates	833,634.	806,359.	27,275.	
22	Depreciation, depletion, and amortization	885,855.	654,647.	231,208.	
23	Insurance Other expenses. Itemize expenses not covered	000,000.	0.54,047.	231,200.	
24	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.)				
а	PURCHASED SERVICES - CIT	6,341,169.	5,332,549.	767,274.	241,346.
b	REPAIRS AND MAINTENANCE	235,844.	224,052.	11,792.	,,
c	LIBRARY PROGRAMS	188,102.	175,687.	12,415.	
d	LIBRARY SUPPLIES	173,765.	173,765.	· · ·	
	All other expenses	12,401.	7,639.	4,762.	
25	Total functional expenses. Add lines 1 through 24e	10,351,338.	8,660,121.	1,342,551.	348,666.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 10-29-13				Form 990 (2013)

15180406 755449 HPL001

2013.05080 HARTFORD PUBLIC LIBRARY

10

HPL001_1

11 2013.05080 HARTFORD PUBLIC LIBRARY

	LX						
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			169,738.	1	316,303.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,108,479.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,927,662.	7,717,235.	10c	8,180,817.
	11	Investments - publicly traded securities		····· L	15,153,800.	11	16,844,031.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11	[13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must equa			23,040,773.	16	25,341,151.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Lial		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	-		05	
	26	Schedule D Total liabilities. Add lines 17 through 25		······	0.	25 26	0.
	20	Organizations that follow SFAS 117 (ASC 958	chec	k here X and		20	
s		complete lines 27 through 29, and lines 33 an					
JCe	27	Unrestricted net assets			18,601,948.	27	20,733,813.
alar	28	Temporarily restricted net assets			362,553.		531,066.
В	29				4,076,272.	29	4,076,272.
n	20	Organizations that do not follow SFAS 117 (A				20	
г		and complete lines 30 through 34.					
ets e	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			23,040,773.	33	25,341,151.
	34	Total liabilities and net assets/fund balances			23,040,773.		25,341,151.
							Form 990 (2013)

06-6026029 Page 11

HPL001_1

15180406 755449 HPL001

HARTFORD	PUBLIC	LIBRARY

Form	1990 (2013) HARTFORD PUBLIC LIBRARY	06-	<u>60260</u>)29	Pa	<u>ge</u> 12
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10		-	38.
3	Revenue less expenses. Subtract line 2 from line 1	3				69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				73.
5	Net unrealized gains (losses) on investments	5	1	<u>, 688</u>	8,4	.09
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	25	,34:	1,1	51.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	. [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			
	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 requ	ired aud	it 🗌			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				-		(0010)

Form **990** (2013)

SCHEDULE A	
------------	--

(Form	990	or	990-EZ)
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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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

►

	Employer	iden
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fc	orm990.	
Attach to Form 550 of Form 550-EZ.		-

Nam	e of t	the organizati	on				Employer	identification nu	umber
				D PUBLIC LIBRA				5-6026029)
Pa	rt I	Reason	for Public Char	ity Status (All organizatio	ons must complet	te this part.) See ins	tructions.		
The	organ	ization is not a	private foundation	because it is: (For lines 1 th	rough 11, check	only one box.)			
1		A church, cor	nvention of churches	s, or association of churche	s described in se	ection 170(b)(1)(A)(i).		
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sched	dule E.)				
3		A hospital or	a cooperative hospi	tal service organization des	cribed in section	170(b)(1)(A)(iii).			
4		A medical res	earch organization	operated in conjunction wit	h a hospital desc	ribed in section 170	(b)(1)(A)(iii). Enter t	he hospital's nan	ne,
		city, and stat	e:						
5		An organizati	on operated for the	benefit of a college or unive	ersity owned or op	perated by a govern	mental unit describ	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)					
6		A federal, sta	te, or local governm	ent or governmental unit de	escribed in sectio	on 170(b)(1)(A)(v).			
7	X	An organizati	on that normally rec	eives a substantial part of i	ts support from a	governmental unit o	or from the general	public described	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)					
8		A community	trust described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II.)				
9		An organizati	on that normally rec	eives: (1) more than 33 1/39	% of its support f	rom contributions, n	nembership fees, ar	nd gross receipts	s from
		activities rela	ted to its exempt fur	nctions - subject to certain e	exceptions, and (2) no more than 33 ⁻	1/3% of its support	from gross inves	stment
		income and u	Inrelated business ta	axable income (less section	511 tax) from bu	isinesses acquired b	by the organization a	after June 30, 19	75.
		See section	509(a)(2). (Complete	e Part III.)					
10		An organizati	on organized and op	perated exclusively to test f	or public safety.	See section 509(a)(4	4).		
11		An organizati	on organized and op	perated exclusively for the b	penefit of, to perfo	orm the functions of	, or to carry out the	purposes of one	or
		more publicly	supported organiza	ations described in section	509(a)(1) or sectio	on 509(a)(2). See see	ction 509(a)(3). Che	eck the box that	
		describes the	type of supporting	organization and complete	lines 11e through	n 11h.			
		а 🗌 Туре I	b — Ту	/ре II с 🗌 Туре	III - Functionally	integrated d	d 🗔 Type III - Nor	n-functionally inte	grated
е		By checking	this box, I certify tha	at the organization is not co	ntrolled directly o	r indirectly by one o	r more disqualified	persons other that	an
		foundation m	anagers and other t	han one or more publicly su	pported organiza	ations described in s	section 509(a)(1) or	section 509(a)(2).	
f		If the organiz	ation received a writ	ten determination from the	IRS that it is a Ty	pe I, Type II, or Type	e III		
		supporting or	ganization, check th	nis box					🗆
g		Since August	: 17, 2006, has the c	organization accepted any g	jift or contributior	n from any of the foll	owing persons?		
		(i) A persor	n who directly or ind	irectly controls, either alone	e or together with	persons described	in (ii) and (iii) below,	Yes	No
				upported organization?					
				n described in (i) above?					
				person described in (i) or (i					
h				about the supported organ					
			-						
(i)							() In the		
(·/	Name	of supported	(ii) EIN			(v) Did you notify the organization in col.	(vi) Is the organization in col.	(vii) Amount of mo	onetary

organization	(described on lines 1-9 above or IRC section	governing	document? (i) of your support?		(i) of your support?		ed in the .?	support
	(see instructions))	Yes	No	Yes	No	Yes	No	
otal								

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 HARTFORD PUBLIC LIBRARY Part II Support Schedule for Organizations Described in Section

 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (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.)

470/1-)/4)/4)/

Se	ction A. Public Support						
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.")	67,009.	9,027,587.	8,564,936.	8,776,020.	8,762,514.	35,198,066.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	67,009.	9,027,587.	8,564,936.	8,776,020.	8,762,514.	35,198,066.
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.						35,198,066.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	67,009.	9,027,587.	8,564,936.	8,776,020.	8,762,514.	35,198,066.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	440,568.	315,951.	199,500.	272,130.	140,728.	1,368,877.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
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						36,566,943.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					
	ction C. Computation of Publ						96.26 %
	Public support percentage for 2013 (-			14	<u> </u>
	Public support percentage from 2012					15	92.91 %
16a	33 1/3% support test - 2013. If the d	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the d	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2013

332022 09-25-13

14 2013.05080 HARTFORD PUBLIC LIBRARY

15180406 755449 HPL001

Schedule A (Form 990 or 990-EZ) 2013 HARTFORD PUBLIC LIBRARY 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.)

Sec	ction A. Public Support						
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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	i			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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						
С	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is fo	•			•		
_	check this box and stop here						▶∟_
	ction C. Computation of Publ					L	
	Public support percentage for 2013 (15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inve					l .= l	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						P
b	33 1/3% support tests - 2012. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization 23 09-25-13	DIT UIU HOL CHECK A		a, ULISD, CHECK T			O or 990-EZ) 2013
33202	20 00-20-10			15	50	IEGUIE A (FUIII 98	0 01 990-EZJ 2013

15180406 755449 HPL001

2013.05080 HARTFORD PUBLIC LIBRARY

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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

332024 09-25-13 15180406 755449 HPL001	16 2013.05080 HARTFORD PUBLIC	Schedule A (Form 990 or 990-EZ) 2013 C LIBRARY HPL001_1
222024 00 25 12		Sebadulo A (Earm 000 at 000 E7) 0010

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

06-6026029

Name of the	organization
-------------	--------------

HARTFORD	PUBLIC	LIBRARY	

Filers of:	Section:
Form 990 or 990-EZ	X 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 an organization 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

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Part I

Employer identification number

06-6026029

HARTFORD PUBLIC LIBRARY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITY OF HARTFORD 550 MAIN STREET HARTFORD, CT 06103	\$ <u>8,215,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution:
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
2	CT DEPARTMENT OF EDUCATION165 CAPITOL AVENUEHARTFORD, CT 06106	\$194,907.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
3	HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BLVD. HARTFORD, CT 06106	\$303,012.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
		\$	Person Payroll Noncash (Complete Part II for

Employer identification number

06-6026029

HARTFORD PUBLIC LIBRARY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
23453 10-24-13	19		990, 990-EZ, or 990-PF)

IARTEO	RD PUBLIC LIBRARY		06-6026029
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and i the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for t al space is needed	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
: -		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	2		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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2013.05080 HARTFORD PUBLIC LIBRARY

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(Form 990)

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/form9900

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

3

	HARTFORD PUBLIC LI	BRARY		06-60260	029
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Fur	nds and other accou	unts
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 advise	d funds		
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes	L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring		
_	impermissible private benefit?				└── No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	ırt IV, line 7		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or				
	Protection of natural habitat	Preservation of a certif	ied historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	f a conserv	ation easement on	the last
	day of the tax year.				T V
	-			Held at the End of the	ne lax year
	Total number of conservation easements				
	c				
	Number of conservation easements on a certified historic st				
a	Number of conservation easements included in (c) acquired				
3	listed in the National Register			l n during the tax	
5	year	eleased, extinguished, or terminated by the	organizatio	In during the tax	
4	Number of states where property subject to conservation ea	asement is located			
5	Does the organization have a written policy regarding the pe				
•	violations, and enforcement of the conservation easements			Yes	
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) abo				_
	and section 170(h)(4)(B)(ii)?			Yes	🗌 No
9	In Part XIII, describe how the organization reports conservat			and balance sheet,	and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organiza	tion's accounting for	or
	conservation easements.				
Par			her Simi	lar Assets.	
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex		ce of public	c service, provide, ir	n Part XIII,
	the text of the footnote to its financial statements that descr				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service,	provide the followin	ig amounts
	relating to these items:			•	
	(i) Revenues included in Form 990, Part VIII, line 1				
~					
2	If the organization received or held works of art, historical tre		gain, provid	be	
-	the following amounts required to be reported under SFAS		•	¢	
	Revenues included in Form 990, Part VIII, line 1			ቅ	
D	Assets included in Form 990, Part X			Φ	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990).
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Schedule D (Form 990) 2013

21

15180406 755449 HPL001

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		D PUBLIC L						Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or C	Other Simi	lar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	e a significant	t use of its	collection	items
	(check all that apply):							
а	X Public exhibition	d	Loan or excl	hange programs				
b	X Scholarly research	е	Other					
с	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	he organization's	s exempt purp	oose in Par	t XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	X No
Par	t IV Escrow and Custodial Arran					0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		-					
1 a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets	s not included	k		
	on Form 990, Part X?						Yes	
b	If "Yes," explain the arrangement in Part XIII							
	, i 5	I.	5			1	Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance					1		
2a	Did the organization include an amount on F	orm 990 Part X line	21?			<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par								
		(a) Current year	(b) Prior year	(c) Two years ba		years back	(e) Four	vears back
1a	Beginning of year balance	14,968,239.	14,240,624.	15,880,2		651,353.	(0) - 0	jouro suon
h	Contributions	, , -	, , .	, ,	,	23,629.		
с С	Net investment earnings, gains, and losses	2,337,152.	1,379,478.	<1,336,0	36. > 2	685,061.		
с А	Grants or scholarships	_,,	_,,			,		
ů	Other expenditures for facilities							
e		500,408.	562,653.	303,5	96	467,091.		
	and programs	116,397.	89,210.		50.	107,001.		
1	Administrative expenses	16,688,586.	14,968,239.		24 15	892,952.		
y A	End of year balance Provide the estimated percentage of the cur							
2		75.57		a)) neiù as.				
a L	Board designated or quasi-endowment ► Permanent endowment ► 24.43		_%					
D		%						
С	Temporarily restricted endowment	%						
•	The percentages in lines 2a, 2b, and 2c should be the second seco				<i>c</i>			
за	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the organ	Ization	Б	
	by:							Yes No X
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	A
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm		D . N / N / N					
	Complete if the organization answere					<u> </u>		
	Description of property	(a) Cost or of			(c) Accumulat		(d) Book	value
		basis (investr	,	· · ·	depreciatio		100	100
	Land			0,100.				,100.
	Buildings			4,359.		45.		5,914.
	Leasehold improvements				1,189,0			2,134.
d	Equipment			0,038.	292,9			,068.
	Other			2,824.	438,2			,601.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0(c).)			-),817.
						Schedule	D (Form	990) 2013

15180406 755449 HPL001

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to 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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		5.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

(9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ▶

 2. 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

Schedule D (Form 990) 2013

15180406 755449 HPL001

(7) (8)

	edule D (Form 990) 2013 HARIFORD FOBLIC LIBRARI				0020029 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per R	eturi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	15,091,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a	1,688,409.		
b	Donated services and use of facilities	. 2b	2,047,140.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	392,604.		
е	Add lines 2a through 2d			2e	4,128,153.
3	Subtract line 2e from line 1			3	10,963,307.
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			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,963,307.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents V	/ith Expenses per	Retu	irn.
			• •		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.			
1		l.		1	12,504,826.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities				
2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	2,047,140.		
2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			12,504,826.
2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	2,047,140.	1 2e	12,504,826.
2 a b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		2,047,140.	1	12,504,826.
2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d		2,047,140.	1 2e	12,504,826.
2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2,047,140.	1 2e	12,504,826.
2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,047,140.	1 2e	12,504,826.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b		2,047,140.	1 2e 3 4c	12,504,826. 2,153,488. 10,351,338. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		2,047,140.	1 2e 3	12,504,826. 2,153,488. 10,351,338.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b		2,047,140.	1 2e 3 4c	12,504,826. 2,153,488. 10,351,338. 0.

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE LIBRARY'S COLLECTION CONSISTS OF ART WORK AND BOOKS. THE

COLLECTION FULLFILLS THE MISSION TO PROVIDE FREE RESOURCES THAT INSPIRE

READING, LEARNING AND ENCOURAGE INDIVIDUAL EXPLORATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED WITH REVENUE	52,775.
RECONCILIATION FROM ACCRUAL TO CASH FOR 990 PREPARATION	339,829.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	392,604.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED WITH REVENUE	52,775.

332054 09-25-13 Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013 HARTFORD PUBLIC Part XIII Supplemental Information (continued)	LIBRARY	06-6026029 Page 5
		52 572
RECONCILIATION FROM ACCRUAL TO CASH		53,573.
TOTAL TO SCHEDULE D, PART XII, LINE	i 2D	106,348.
		Schedule D (Form 990) 2013
332055 09-25-13	25	

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Info Name of the organization HAE	lete if the c rmation a <u>RTFOR</u>	ental Information Regarding e organization answered "Yes" to F organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ) D PUBLIC LIBRARY	Form 9 5,000) or Fo and its	990, P on Fo rm 99 instru	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ctions is at <u>www irs g</u>	or 19 10v/fc	, or if the <u>5777 990</u> Employer ide 06-6026	
 required to complete Indicate whether the organiz a Mail solicitations b Internet and email so c Phone solicitations d In-person solicitations 2 a Did the organization have a key employees listed in For 	e this par ration rais licitations s written c m 990, P paid ind	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ng acti tion of fundra (inclue rofess uant to	vities. non-g gover aising o ding o ional f o agre	Check all that apply overnment grants nment grants events fficers, directors, trus undraising services?	stees the f	s or Ve : jundraiser is to	s 🗌 No
(i) Name and address of indiv or entity (fundraiser)	ridual	(ii) Activity	or cor	ustodv	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes					
S List all states in which the or or licensing.	rganizatio	ice, see the Instructions for Form						Pegistration

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 HARTFORD PUBLIC LIBRARY

Pa	nrt I		-			
		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1 ONE BIG	(b) Event #2	(c) Other events NONE	(d) Total events
			SUMMER NIGHT		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı						
Revenue	1	Gross receipts	150,739.			150,739.
	2	Less: Contributions	9,095.			9,095.
	3	Gross income (line 1 minus line 2)	141,644.			141,644.
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				52,775.
	10				└ ▶	52,775.
		Net income summary. Subtract line 10 from I			• • • • • • • • • • • • • • • • • • •	88,869.
Pa			answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			-	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(73 -	bingo/progressive bingo	(-,	col. (a) through col. (c))
Re						
	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes% │── No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		•	
^	Ent	ter the state(s) in which the organization opera	tos apmina activitios:			
		the organization licensed to operate gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	-	-	year?	L Yes No
	_					
3320	82 09	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 HARTFORD PUBLIC LIB	RARY	06-6	026029	Page 3
	Does the organization operate gaming activities with nonmembers?			Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member				_
	to administer charitable gaming?			Yes	
13	Indicate the percentage of gaming activity operated in:				
а	a The organization's facility			13a	ġ
	An outside facility			13b	9
	Enter the name and address of the person who prepares the organization'				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the or	ganization receives gaming reve	nue?	Yes	- No
b	If "Yes," enter the amount of gaming revenue received by the organization	■ ► \$ and	I the amount		
	of gaming revenue retained by the third party \blacktriangleright \$				
с	If "Yes," enter name and address of the third party:				
	Name				
	Address ►				
16	Gaming manager information:				
10					
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided				
	Director/officer Employee Indepe	endent contractor			
	Mandatory distributions:				
а	a Is the organization required under state law to make charitable distribution	is from the gaming proceeds to			┌┐
	retain the state gaming license?				
b	Enter the amount of distributions required under state law to be distributed	d to other exempt organizations	or spent in the		
_	organization's own exempt activities during the tax year s				
Pa	ITT IV Supplemental Information. Provide the explanations required by			nes 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provid	e any additional information (see	instructions).		
3208	83 09-12-13	28 S	chedule G (Form	n 990 or 990)-EZ) 201
. 8 0	0406 755449 HPL001 2013.05080 H	ARTFORD PUBLIC L	IBRARY	HPL	001_1
					_

SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23	OMB No. 1545-0047 2013 Open to Public
Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fi	
Name of the organization	Employer identification number
HARTFORD PUBLIC LIBRARY	06-6026029
Part 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 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal to provide any relevant for business use of personal to payments for business use of personal to personal to personal to personal services (e.g., maid, chauffeur, perso	sonal use residence les
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
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
 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation 	ation to
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	4a X
 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 	
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 	
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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat contingent on the revenues of: 	ion
a The organization?	5a X
b Any related organization?	
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 compensat	ion
contingent on the net earnings of:	
a The organization?	6a X
b Any related organization?	
If "Yes" to line 6a or 6b, describe in Part III.	
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen	
not described in lines 5 and 6? If "Yes," describe in Part III	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to initial contract supervised in Part VII.	
 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	
 If the structure of and the organization also follow the reputtable presumption procedure described In 	
Regulations section 53.4958-6(c)?	9

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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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in prior Form 990		
(1) MATT POLAND	(i)	0.	0.	0.	0.	0.		0.		
CHIEF EXECUTIVE DIRECTOR	(ii)	144,386.	0.	0.	33,531.	9,460.	187,377.	0.		
(2) MARY TZAMBAZAKIS	(i)	0.	0.	0.	0.	0.	0.	0.		
CHEIF ADMINISTRATIVE OFFICER	(ii)	115,713.	0.	0.	26,955.	9,460.	152,128.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

30

Schedule J (Form 990) 2013

06-6026029

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING THE

COMPENSATION RATE FOR THE CEO OF THE HARTFORD PUBLIC LIBRARY.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open [•]	to	Public
Insp	e	ction

13

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

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

Employer identification number 06-6026029

20

HARTFORD	PUBLIC	LIBRARY

Pa	rt I Types of Property								
		(a) Check if applicable		(c) Noncash contr amounts repor Form 990, Part V	rted on	(d) Method of de noncash contrib	etermin	•	s
1	Art - Works of art			TOITI 990, Fait V	m, me rg				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (DONATED ITEMS)	X	111	33.	362.	FAIR VALUE			
26	Other ► ()			,					
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organi	I ization durin	I a the tax year for a	ontributions					
20	for which the organization completed Form 82				29				
	for which the organization completed form of	.00,1 art 10,1	Donee Actinomed	gement	23			Yes	No
30a	During the year, did the organization receive b	w contributio	on any property re	ported in Part I lin	001.281	that it must hold for		103	NU
JUa	at least three years from the date of the initial								
	-			•			200		х
b	the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.	a allas stata at s			مانيد معرفان	utioneQ	04		х
31	Does the organization have a gift acceptance						31		
32a	Does the organization hire or use third parties		-						v
	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colur	nn (a) is ch	iecked,			
	describe in Part II.			_					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2013)

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		Schedule	e M (Form 990) (2
 2013.05080	33 2013.05080 HARTFORD	33 2013.05080 HARTFORD PUBLIC L	

SCHEDULE O	
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(Form 990 or 990-EZ) Department of the Treasury

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.

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

2013 Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

HARTFORD PUBLIC LIBRARY

Employer identification number 06-6026029

FORM 990, PAGE 1, ITEM B - NAME CHANGE

THE ORGANIZATION'S LEGAL NAME IS: THE HARTFORD PUBLIC

LIBRARY

THIS HAS BEEN THE ORGANIZATION'S LEGAL NAME SINCE 1893, OVER 120 YEARS.

ATTACHED IS A CERTIFICATE OF LEGAL EXISTENCE FOR THE ORGANIZATION THAT

WAS ISSUED ON MARCH 25, 2015 BY THE SECRETARY OF THE STATE OF

CONNECTICUT.

IN THIS CERTIFICATE OF LEGAL EXISTENCE, THE SECRETARY OF THE STATE OF

CONNECTICUT CONFIRMS THAT THE ORGANIZATION'S LEGAL NAME IS: THE

HARTFORD PUBLIC LIBRARY

PLEASE ADJUST THE RECORDS OF THE INTERNAL REVENUE SERVICE TO SHOW THAT

THE ORGANIZATION'S NAME IS: THE HARTFORD PUBLIC LIBRARY

FORM 990, PART VI, SECTION B, LINE 11:

MANAGEMENT AND THE BOARD OF DIRECTORS REVIEW FORM 990 BEFORE

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE HARTFORD PUBLIC LIBRARY REQUESTS AN ANNUAL REVIEW OF THE

CONFLICT OF INTEREST POLICY BY BOARD MEMBERS AND STAFF, WHO ARE ALSO

REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) ³³²²¹¹ ³³²⁰⁻⁰⁴⁻¹³ 34

15180406 755449 HPL001

2013.05080 HARTFORD PUBLIC LIBRARY

Page 2 Employer identification number 06-6026029

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC

UPON REQUEST.

Name of the organization

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC

UPON REQUEST.

PART VII

ALL OFFICERS AND STAFF WORK FOR THE HARTFORD PUBLIC

LIBRARY HOWEVER, THEY ARE EMPLOYEES OF THE CITY OF HARTFORD, WHICH

ISSUES THE W-2'S. THE HARTFORD PUBLIC LIBRARY PURCHASES THEIR SERVICES

FROM THE CITY OF HARTFORD.

332212 09-04-13

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.
 See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 06-6026029

OMB No. 1545-0047

2013

Open to Public Inspection

HARTFORD PUBLIC LIBRARY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CITY OF HARTFORD							
550 MAIN STREET							
HARTFORD, CT 06103	MUNICIPALITY	CONNECTICUT					X
	-						

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

Part III 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.

(a)	(b)	(c)	(d)	(e)		(f)		(g)		(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, ur excluded from	Predominant income (related, unrelated, xcluded from tax under Share of total income scluded from tax under Disproportion allocations		•	amount in bo	e mai	naging rtner?	Percenta ownersh			
		country)		sections 5	12-514)				Yes	i No		5) Ye	s No	
	_													
	_													
	_													
	_									_	-	_	_	
	_													
	_													
	_													
											-		+	
	_													
	_													
	_													
	-													
Identification of Related O organizations treated as a				mplete if the	organizatio	on answere	ed "Yes"	on Form 99	0, Part IV	line 3	4 because it had	one c	or mo	re relatec
(a)			(b)	(c)	(d)		(e)		(f)		(q)	(h)	\	(i)

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	(i Sec 512(b contr enti	i) ;tion b)(13) rolled
or related organization		foreign country)	entity	or trust)	income	assets	ownership	enti Yes	
								100	
									<u> </u>
									<u> </u>
									<u> </u>
							1		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						X
b Gift, grant, or capital contribution to related organization(s)				1 b		Х
c Gift, grant, or capital contribution from related organization(s)				1c	X	L
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
I Performance of services or membership or fundraising solicitations for related orga						X
m Performance of services or membership or fundraising solicitations by related organ						X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
o Sharing of paid employees with related organization(s)					X	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1r		x
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information on w				13		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
1) CITY OF HARTFORD	С	8,215,000.	CASH			
2) CITY OF HARTFORD	0	6,975,406.	CASH			
3) CITY OF HARTFORD	Q	1,239,594.	CASH			
(4)						

(6)

Schedule R (Form 990) 2013 HARTFORD PUBLIC LIBRARY

Part VI Unrelated Organizations Taxable as a Partnership Complete if 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501(c orgs Yes) all s sec.)(3) 5.? No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca Yes	opor- nate tions?	(j) General or managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2013

Part VII Supplemental Information	n	00-0020029 p
	responses to questions on Schedule R (see instructions).	
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2165 09-12-13	40	Schedule R (Form 990
80406 755449 HPL001	2013.05080 HARTFORD PUBLIC L	IBRARY HPL00

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

•	If you are filing for ar	Automatic 3-Month	Extension, complete	only Part I (on page 1
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• If you are filing for an Automatic 3-Month Extension,			al (a -		al a al\	
art II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
	Enter filer's identifying number					
	or Name of exempt organization or other filer, see instructions.					
print						
File by the HARTFORD PUBLIC LIBRARY				06-6026029		
filing your Number, street, and room or suite no. If a P.C.). box, see instruc	tions.	Social se	Social security number (SSN)		
return. See 500 MAIN STREET						
City, town or post office, state, and ZIP code	. For a foreign add	dress, see instructions.				
HARTFORD, CT 06103						
Enter the Detune code for the active that this explication i	a fau (file a annau				01	
Enter the Return code for the return that this application i	is for (file a separa	ate application for each return)				
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already			iously file	ed Form 886		
MARY TZAMBA			4			
• The books are in the care of b 500 MAIN ST	FREET - H	ARTFORD, CT 06103				
Telephone No. ► 860-695-6366		Fax No. 🕨				
 If the organization does not have an office or place of 	business in the U					
 If this is for a Group Return, enter the organization's for 						
box If it is for part of the group, check this box 						
4 I request an additional 3-month extension of time u						
5 For calendar year, or other tax year begin			g JUN	30, 2	014 .	
6 If the tax year entered in line 5 is for less than 12 m			- Final ı			
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS REQUIR	ED TO GAT	HER THE INFORMATIO	N NEC	ESSARY	ТО	
COMPLETE THE FORM 990						
8a If this application is for Forms 990-BL, 990-PF, 990-	T, 4720, or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpay	ment allowed as	a credit and any amount paid			_	
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using				_	
EFTPS (Electronic Federal Tax Payment System). S			8c	\$	0.	
•		st be completed for Part II o	-			
Under penalties of perjury, I declare that I have examined this for		panying schedules and statements, and to	the best o	f my knowled	ge and belief,	
it is true, correct, and complete, and that I am authorized to prepa						
Signature T	itle 🕨 AGENT		Date			

Form 8868 (Rev. 1-2014)

Page 2

X

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