			EXTENDED TO MAY 15, 2			OMP No. 1545 0047
	0	90	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
For	m 🔁	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			¹⁵⁾ 2015
		of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
		enue Service	Information about Form 990 and its instructions is			Inspection
				ending J	UN 30, 2017	
B	Check i Ipplical	f C Name o	forganization		D Employer identific	ation number
	Addr	HART	FORD PUBLIC LIBRARY			
	Nam Chan	e Doing b	usiness as		06-60	026029
	Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number					
	Final	10	MAIN STREET		860-0	595-6366
	term ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,796,144.
	_retur]Appl	n HAKI	FORD, CT 06103	7	H(a) Is this a group re	
	tion pend		nd address of principal officer:BRIDGET QUINN-CAREY	2	for subordinates	
1.1		xempt status:		r 527	H(b) Are all subordinates in	list. (see instructions)
			HPLCT.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	I Year	of formation: 1935	State of legal domicile: CT
	art I					
	1		be the organization's mission or most significant activities: ${f PUBLI}$	IC LIB	RARY	
nce	-					
Governance	2	Check this bo	x x if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			16
5	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			16
es S	5		of individuals employed in calendar year 2016 (Part V, line 2a)			0
viti	6		of volunteers (estimate if necessary)			0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
_			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		9,510,684.	13,249,391.
ent	9	•	ce revenue (Part VIII, line 2g)		130,376.	150,567.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		829,504.	588,305.
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		88,351.	88,732.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,558,915.	14,076,995.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		4,000.	4,000.
			to or for members (Part IX, column (A), line 4)		0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{}$		0.	0.
ēn			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 249,09		0.	0.
Expense			5 1 () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()() () () () () () () () () () () () () () () () () () () () () () () () () ()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()()(11,174,085.	10,766,185.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		11,178,085.	10,770,185.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-619,170.	3,306,810.
- Second	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		22,806,756.	End of Year 27,423,849.
Ass Bal	21		(Part X, line 10)		0.	0.
Net	22		fund balances. Subtract line 21 from line 20		22,806,756.	27,423,849.
Pa	art II				,,	
		-	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of whi			
			, ,			
Sig	n	Signatur	e of officer		Date	
Her			GET QUINN-CAREY, CEO			
			print name and title			

	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	LORI BUDNICK	LORI BUDNICK	04/06/18 self-employed P00046310
Preparer		COMPANY, P.C., CPA	'S Firm's EIN ▶ 06-1009205
Use Only	Firm's address 29 SOUTH MAIN S	TREET	
	WEST HARTFORD,	СТ 06127	Phone no.8605614000
May the I	RS discuss this return with the preparer shown a	bove? (see instructions)	X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 390 (2016) HARTFORD PUBLIC LIBRARY 06 Part III Statement of Program Service Accomplishments	FREE	
1 Briefly describe the organization's mission: THE MISSION OF THE HARTFORD PUBLIC LIBRARY IS TO PROVIDE F RESOURCES THAT INSPIRE READING, GUIDE LEARNING, AND ENCOUR INDIVIDUAL EXPLORATION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	FREE	L_
THE MISSION OF THE HARTFORD PUBLIC LIBRARY IS TO PROVIDE F RESOURCES THAT INSPIRE READING, GUIDE LEARNING, AND ENCOUR INDIVIDUAL EXPLORATION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 9,084,674. including grants of \$ 4,000.) (Revenue \$ TO PROMOTE AND SUPPORT LITERACY AND LEARNING; TO PROVIDE F ACCESS TO INFORMATION AND IDEAS AND TO HELP PEOPLE PARTICI DEMOCRATIC SOCIETY.		
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INDIVIDUAL EXPLORATION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3D Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4D Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. 4a (code:) (Expenses 9,084,674 . including grants of s 4,000 .) (Revenue \$ TO PROMOTE AND SUPPORT LITERACY AND LEARNING; TO PROVIDE FACCESS TO INFORMATION AND IDEAS AND TO HELP PEOPLE PARTICI DEMOCRATIC SOCIETY .		
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TO PROMOTE AND SUPPORT LITERACY AND LEARNING; TO PROVIDE F ACCESS TO INFORMATION AND IDEAS AND TO HELP PEOPLE PARTICI DEMOCRATIC SOCIETY.	150	,567.
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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.)	,	
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 9,084,674.)	
4e Total program service expenses 9,084,674.		990 (2016
32002 11-11-16	Eorm	
2	Form	200 (2010
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Form	aan	(201)	161

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
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		X
f	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	x	
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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			<u> </u>
10	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			
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	X	
19	complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

Form	aan	(2016)	
FUIII	990	(2010)	

HARTFORD PUBLIC LIBRARY

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	00	х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-77	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	270		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</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	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	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? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part 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 Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	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	Х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) HARTFORD PUBLIC LIBRARY 06-6026	029	Р	age 5
	t 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
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 returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
	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:	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
•	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000	(2016)

Form **990** (2016)

632005 11-11-16

Form 990	(2016))
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
		1 1		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervisior	ו ו		
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		
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				
	more members of the governing body?			X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	vear by the following:			
а	The governing body?		8a	X	1
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			1	1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 3			
			12a	X	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				1
·	in Schedule O how this was done		120	x	
13	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?			X	┥
5	Did the process for determining compensation of the following persons include a review and appro				
5					
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		150		l
	The organization's CEO, Executive Director, or top management official			-	-
b	Other officers or key employees of the organization		15b		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	amont with a			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		10		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		<u>16a</u>		
D		• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		101		
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT Section 6104 requires an organization to make its Forms 1003 (or 1004 if applicable) .000, and 000	T (Santian End (-)/0)		blc	
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply	-1 (Section 501(C)(3)	s only) avalla	ule	
	for public inspection. Indicate how you made these available. Check all that apply.	in in Cohodula ()			
~		in in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest pol	icy, and fina	ncial	
-	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's to	books and records:	·		
	BRIDGET QUINN-CAREY - 860-695-6285				
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Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

Name and Title Average Position (do not check more than one box, unless person is both an officer and a direct/function) Reportable compensation Rep		
Name and file Average hours per week (list any hours for related organization below line) (an of check more than one both and a director/tustee) of the organization (W.2/1099-MISC) (b) compensation from the organization (W.2/1099-MISC) (1) GREGORY DAVIS 1.00 x 0. (1) GREGORY DAVIS 1.00 x 0. (2) GERALDINE SULLIVAN 1.00 x 0. (3) EDWARD C. KEITH III 1.00 x 0. (3) EDWARD C. KEITH III 1.00 x 0. (4) ANA ALFARO 1.00 x 0. SECETARY X 0. 0. (5) ARUNAN ARULAMPALAM 1.00 x 0. DIRECTOR X 0. 0. (6) DAVID BARRETT 1.00 X 0. DIRECTOR X 0. 0. (7) AMY BARON 1.00 X 0. DIRECTOR X 0. 0. (10) MEQUAN CONN 1.00 X 0. DIRECTOR X 0. 0. (11) ANDREA COMER 1.00 X 0. DIRECTOR X 0. 0. (11) MA	(E)	(F)
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(14) ANTONIO J. MATTA 1.00	0.	0.
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(15) PHYLLIS SHIKORA 1.00		
DIRECTOR X 0.	0.	0.
(16) LUKE BRONIN 1.00		
EX OFFICIO	0.	0.
(17) BRIDGET QUINN-CAREY 40.00		
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		(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization:	on I	am c	(F) imate ount o other pensa	of
			hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the nizati relate nizatio	e ion ed
		MARY TZAMBAZAKIS ADMINISTRATIVE OFFIC	40.00			x				0.	124,83	32	33	2,7	ຊາ
	51	ADMINISTRATIVE OFFIC									124,0			.,,,	02.
1b	ę	Sub-total								0.	236,34		58	3,1	
d		Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · · ·	· · · · · · · ·	·····				0 • 0 •	236,34		58	3,1	0. 81.
2		Total number of individuals (including but n compensation from the organization b	ot limited to th	iose	liste	ed al	DOVE	e) wr	10 r	eceived more than \$100	,000 of reportabl	.e			0
														Yes	No
3 4	I	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual		· · · · · · ·	· ·····							3		X
	â	and related organizations greater than \$150	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5		Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		х
Sec		ion B. Independent Contractors		01	0/ 30	JUIT	pere					<u></u>	5		
1		Complete this table for your five highest co the organization. Report compensation for	•									ıpensa	ation fr	om	
		(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) ompen		n
									_						
2		Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot lii	nite	d to		se lis)	stec	d above) who received m	nore than		_		
												F	Form S	990 (2	2016)

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But B Formation (array of control						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Busines Code Busines Code 00099 150,567. 0	nts its	1 a	a Federated campaigns	1a					
Busines Code Busines Code 00099 150,567. 0	àrar our	k	b Membership dues	1b					
Busines Code Busines Code 00099 150,567. 0	s, G	c			23,719.				
Busines Code Busines Code 00099 150,567. 0	imilar /	c							
Busines Code Busines Code 00099 150,567. 0					8,170,222.				
Busines Code Busines Code 00099 150,567. 0	r Si								
Busines Code Busines Code 00099 150,567. 0	but				5,055,450.				
Busines Code Busines Code 00099 150,567. 0	d	ç							
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9000000000000000000000000000000000000									
Be Image: Section of the sectin the the section of the section of the sectin the secti	e	2 8	PROGRAM SERVICE			150,567.	150,567.		
g Total. Add lines 2a.2f 150,567. 3 Investment income (including dividends, interest, and other similar amounts) 163,108. 4 Income from investment of tax exempt bond proceeds 163,108. 5 Royatties (i) Real 6 a Gross rents (ii) Real 6 a Gross rents (iii) Personal 7 Gross amount from sales of (oss) (iii) Securities 7 a Gross amount from sales of (iiii) Securities (iii) Other 7 a Gross income from Indratising events (not including \$3, 719. of contributions reported on line 10. See 425, 197. 8 a Gross income from graining activities. See Part IV, line 18 9 gross income from graining activities. See Part IV, line 18 9 gross income from graining activities. See Part IV, line 19 a 9 a Gross sold of thord procees and allowances a 54, 976. 9 a Gross sold of inventory b a 10 a Gross sold of inventory a 10 a Gross sold of inventory. a 10 a Gross sold of inventory. a 10 a Gross sold of inventory. a 11 a OTHER <td< td=""><th>° ric</th><td>k</td><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	° ric	k	b						
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		12	Total revenue. See instructions.		►	14,076,995.	150,567.	0	,

HARTFORD PUBLIC LIBRARY

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

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Form 990 (2016)

Statement of Revenue

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HPL001_1

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Page 9

Part IX Statement of Functional Expenses

HARTFORD PUBLIC LIBRARY

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 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 domestic organizations		CAPENSES	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 000	4 000		
	individuals. See Part IV, line 22	4,000.	4,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
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):				
а	Management	120 700	00 500		<u> </u>
b	Legal	132,796.	99,598.	26,559.	6,639 1,231
	Accounting	24,649.	18,488.	4,930.	1,231
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>		F 4 407	
f	Investment management fees	54,487.		54,487.	
g	Other. (If line 11g amount exceeds 10% of line 25,		445 000	110 000	00 010
	column (A) amount, list line 11g expenses on Sch 0.)	596,377.	447,283.	119,275.	29,819
12	Advertising and promotion	9,863.	5,918.	493.	3,452
13	Office expenses	114,685.	105,510.	8,028.	1,147
14	Information technology	694,926.	632,383.	55,594.	6,949
15	Royalties	074 600	250 142	10.005	F 400
16	Occupancy	274,620.	258,143.	10,985.	5,492
17	Travel	1,606.	1,409.	186.	11
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		24 412		
19	Conferences, conventions, and meetings	54,973.	34,413.	20,560.	
20	Interest				
21	Payments to affiliates	1 002 000			10 000
22	Depreciation, depletion, and amortization	1,023,296.	986,476.	24,547.	12,273
23	Insurance	2,101,533.	1,555,134.	504,368.	42,031
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASED SERVICES - CIT	5,138,010.	4,457,400.	570,132.	110,478
a b	LIBRARY SUPPLIES	176,329.	138,242.	11,638.	26,449
ы С	LIBRARY PROGRAMS	163,909.	163,909.	0.	20,449
d	REPAIRS AND MAINTENANCE	156,259.	146,883.	6,250.	3,126
	All other expenses	47,867.	29,485.	18,382.	5,120
e Se	Total functional expenses. Add lines 1 through 24e	10,770,185.	9,084,674.	1,436,414.	249,097
25 26	Joint costs. Complete this line only if the organization		5,004,0740		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouroanonai campaign ann innuaising Suichanon.				

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09060406 755449 HPL001

10 2016.05070 HARTFORD PUBLIC LIBRARY Form **990** (2016)

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HARTFORD PUBLIC LIBRARY

06-6026029 Page 11 Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 428,110. 599,343. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 .

	4			4	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
Ä	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 17,227,832.			
	b	basis. Complete Part VI of Schedule D10a17,227,832.Less: accumulated depreciation10b6,260,163.	7,610,363.	10c	10,967,669.
	11	Investments - publicly traded securities	14,768,283.	11	15,856,837.
	12	Investments - other securities. See Part IV, line 11		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 equal line 34)	22,806,756.	16	27,423,849.
	17	Accounts payable and accrued expenses	, ,	17	, , , - ,
	18	Grants payable		18	
	19			19	
	20	Deferred revenue		20	
		Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bili		key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ses		complete lines 27 through 29, and lines 33 and 34.	10 110 005		00 500 406
ances	27	Unrestricted net assets	18,412,885.		22,533,426.
	28	Temporarily restricted net assets	317,599.	28	814,151.
lbr	29	Permanently restricted net assets	4,076,272.	29	4,076,272.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
ç		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Bal	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	22,806,756.	33	27,423,849.
	34	Total liabilities and net assets/fund balances	22,806,756.	34	27,423,849.
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Form **990** (2016)

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Form 990 (2016)

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Part X Balance Sheet

Form	1990 (2016) HARTFORD PUBLIC LIBRARY	06-	-60260	29	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,	076	5,9	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3				10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,			
5	Net unrealized gains (losses) on investments	5	1,	31(),2	83.
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	27,	423	3,8	49.
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 Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
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 reviewed	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
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 Au	dit			
	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 au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

632012 11-11-16

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.

2016	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Nan	ne of t	the organization							identification number
			FORD PUBLI						6-6026029
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	Ily receives a substa	Intial part of its support f	from a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor					-	-	
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	-				-		-
		organization(s). You mus			•				
с		Type III functionally inte			in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supported organization						, ,	
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct		• •	•		-		
е		Check this box if the orga						II. Type III	
		functionally integrated, or					JI / JI	, ,,	
f	Ente	er the number of supported of	• •		0 0				
q		vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								
		Paperwork Reduction Act N	Notice, see the Instr	ructions for Form 990 o	or 990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 HARTFORD PUBLIC LIBRARY

06-6026029 Page 2

Part II	Support Schedule for	Organizations	Described in Section	s 170(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)
		•			

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,776,020.	8,762,514.	9,846,733.	9,510,684.	13,225,672.	50,121,623.
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 \dots						
4	Total. Add lines 1 through 3	8,776,020.	8,762,514.	9,846,733.	9,510,684.	13,225,672.	50,121,623.
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.						50,121,623.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8,776,020.	8,762,514.	9,846,733.	9,510,684.	13,225,672.	50,121,623.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	272,130.	140,728.	234,325.	286,402.	163,108.	1,096,693.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						51,218,316.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	97.86 %
	Public support percentage from 2015					15	97.57 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or <u>17</u> t	o, check this box a	ind see instruction	s 🕨 🗌
					Sche	dule A (Form 990	or 990-E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 HARTFORD PUBLIC LIBRARY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (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						
2	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularity carried on						
2	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		1	1	1		
	First five years. If the Form 990 is for	the organization?	l s first socond thi	I rd fourth or fifth t	I ax yoar as a soctio	1 = 501(c)(3)(c)	
		-			-		
Ser	ction C. Computation of Publi					<u></u>	
	Public support percentage for 2016 (li			column (f))		15	9
<u>16</u>	Public support percentage from 2015 ction D. Computation of Inves					16	9
	-					47	
	Investment income percentage for 20					17	9
18	Investment income percentage from 2					18	9
19a	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2015. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
320	23 09-21-16			1 -	Sch	edule A (Fo	rm 990 or 990-EZ) 201
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Schedule A (Form 990 or 990-EZ) 2016 HARTFORD PUBLIC LIBRARY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 HARTFORD PUBLIC LIBRARY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	~		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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Schedule A (Form 990 or 990-EZ) 2016 HARTFORD PUBLIC LIBRARY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 HARTFORD PUBLIC LIBRARY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Saati	ion E. Distribution Allocations (cos instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	ion E - Distribution Allocations (see instructions)		PTe-2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016		Oshadala A	(Farma 000 an 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990-EZ) 2	2016 I	IARTF	ORD	PUBLIC	<u> </u>	BRARY		06-6	026029 Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	f orm es 1, 2, n D, line	ation. P , 3b, 3c, 4 es 2 and 3	rovide lb, 4c, s 3; Part	the explana 5a, 6, 9a, 9b IV, Section E	tions ro , 9c, 1 E, lines	equired by Part II, I 1a, 11b, and 11c; I 1c, 2a, 2b, 3a, and	Part IV, Sectio d 3b; Part V, lir	line 17a or 17b; Par n B, lines 1 and 2; P ne 1; Part V, Section	t III, line 12; art IV, Section C, B, line 1e; Part V,
	(See Instructions.)									
632028 09-21-	16						20		Schedule A (Forn	n 990 or 990-EZ) 2010
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Name of the organization

Organization type (check one)

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 www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

06-6026029

HARTFOR	D 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

06-6026029

HARTFORD PUBLIC LIBRARY

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Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF HARTFORD 550 MAIN STREET HARTFORD, CT 06103	\$ <u>7,860,851.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARTFORD FOUNDATION OF PUBLIC GIVING 10 COLUMBUS BLVD HARTFORD, CT 06106	\$391,872.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNIVERSITY OF CONNECTICUT 352 MANSFIELD ROAD MANSFIELD, CT 06269	\$4,049,058.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		\$ Schedule B (Form	Person Payroll Occupient Payroll Payroll Payroll Part II for Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
	22		

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06-6026029

HARTFORD PUBLIC LIBRARY

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

Part I <u>PRC</u>		(See instructions)	Date received
	OPERTY AND EQUIPMENT		
		\$ 4,049,058.	
(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 10-18-16		\$	90, 990-EZ, or 990-PF)

-	RD PUBLIC LIBRARY		06-6026029					
art III	the year from any one contributor. Complete	columns (a) through (e) and the followin	section 501(c)(7), (8), or (10) that total more than \$1,000 f g line entry. For organizations					
	completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition		s for the year. (Enter this info. once.) *					
) No. rom								
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
			— ———					
		(e) Transfer of gift	·					
	Turun faun ala manan adalahan a		Deletionekin of the seference to the sefere					
	Transferee's name, address, a	ING ZIP + 4	Relationship of transferor to transferee					
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rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
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		(e) Transfer of gift						
	Transferee's name, address, a	and $\mathbf{7ID} \pm 4$	Relationship of transferor to transferee					
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) No.		(a) Upp of sift	(d) Decemention of how with it hold					
artl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-			_					
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	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
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) No. 'om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
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			—					
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			<u> </u>					
. 		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
	Transferee's name, address, a		Relationship of transferor to transferee					
	Transferee's name, address, a		Relationship of transferor to transferee					

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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization HARTFORD PUBLIC LI	BRARY		Employer identification number $06-6026029$
Pa			or Other Similar Fund	
1 4	organization answered "Yes" on Form 990, Part IV, lin			
			onor advised funds	(b) Funds and other accounts
4	Total number at and of year			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	•		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
Do	impermissible private benefit?			
Pa				, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or	education)		storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conserva	ation contribution in the form	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic st			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated by t	he organization during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	i, handling of v	violations, and enforcing co	nservation easements during the year
_	·			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violat	ions, and enforcing conserv	ation easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo		•	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ation's financia	al statements that describe	s the organization's accounting for
De	conservation easements.		ariaal Traaauraa ar	Other Similar Acceta
Fai	t III Organizations Maintaining Collections of			other Similar Assets.
	Complete if the organization answered "Yes" on Form			
па	If the organization elected, as permitted under SFAS 116 (A		•	
	historical treasures, or other similar assets held for public ex			rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, e	education, or r	research in furtherance of p	bublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			N
2	If the organization received or held works of art, historical tre			ial gain, provide
	the following amounts required to be reported under SFAS ⁻	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 9	90.	Schedule D (Form 990) 2016

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2016.05070 HARTFORD PUBLIC LIBRARY

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Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Simi	lar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant	use of its	collection	n item	s
	(check all that apply):								
а	X Public exhibition	d	Loan or exc	hange programs					
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's ex	kempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of		,	,			-		1
	to be sold to raise funds rather than to be m		Y				Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other assets n	ot included	I	_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance					L			1
	Did the organization include an amount on F				• • • • • • •	L	Yes		J No ∃
Par	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete]
1 41		(a) Current year	(b) Prior year	(c) Two years back	1	veare back	(e) Four	Veare	hack
10	Beginning of year balance	14,668,564.	15,834,649.			968,239.		,240,	
	Contributions				•,		,	,	
	Net investment earnings, gains, and losses	1,898,435.	-439,999.	-184,605	. 2.	337,152.	1	379,	478.
	Grants or scholarships	, , -	, -	,	,	,	,	,	
	Other expenditures for facilities								
-	and programs	759,378.	593,921.	561,709		500,408.		562,	653.
f	Administrative expenses	50,621.	132,165.	107,623		116,397.			210.
g	End of year balance	15,757,002.	14,668,564.	15,834,649	. 16,	688,586.	14,	968,	239.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment	69.00	%						
b	Permanent endowment 31.00	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organ	ization	-		
	by:							Yes	No
	(i) unrelated organizations								X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza						. 3b		
	Describe in Part XIII the intended uses of the transformed transformed to the transformed to the transformation of transformation of transformation of the transformation of trans		wment funds.						
Fai			Dort IV line 110	Coo Form 000 Dort	V line 10				
	Complete if the organization answere								
	Description of property	(a) Cost or ot basis (investm			Accumulat lepreciatior		(d) Bool	(value	3
10	Land		,	8,200.	-opioolatio		199	3.2	00.
	Land				,107,7	96.		$\frac{5}{5}, 0$	
	Buildings Leasehold improvements				, <u>689,6</u>		8,41		
	Equipment			3,759.	879,8		1,33		
	Other				,582,8			7,9	
	. Add lines 1a through 1e. (Column (d) must e		-				0,96		
	~					Schedule			

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Complete if the organization answered "Yes" of	on 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 end-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" on 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 end-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" on 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) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	;
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		
0 1		<u>, , , , , , , , , , , , , , , , , , , </u>	

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) 2016

632053 08-29-16

Schedule D (Form 990) 2016 HARTFORD PUBLIC LIBRARY	06-	6026029 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	17,726,761.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments2a1,310,22b Donated services and use of facilities2b1,933,12	83.	
b Donated services and use of facilities 2b 1,933,14	40.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d 406, 3	43.	
e Add lines 2a through 2d	2e	3,649,766.
3 Subtract line 2e from line 1		14,076,995.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		14,076,995.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	12,616,843.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a 1,933,14	40.	
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.) 2d -86,4	82.	
e Add lines 2a through 2d	2e	1,846,658.
3 Subtract line 2e from line 1	3	10,770,185.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		0.
		0. 10,770,185.

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:

m	TTDDADVIG		CONTRACTOR	$\sim \pi$	300	LIODIZ	3 3 7 7	DOORG	(T) T T T T	
THE	LIBRARYS	COLLECTION	CONSISTS	OF.	AR'I'	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:	
RECONCILIATION FROM ACCRUAL TO CASH FOR 990 PREPARATION	361,331.
FUNDRAISING EXPENSES NETTED WITH REVENUE ON 990	45,012.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	406,343.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECONCILIATION FROM ACCRUAL TO CASH FOR 990 PREPARATION	-131,494.
632054 08-29-16	Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 HARTFORD PUBLIC LIBRARY Part XIII Supplemental Information (continued)	06-6026029 Page 5
FUNDRAISING EXPENSES NETTED WITH REVENUE ON 990	45,012.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-86,482.
632055 08-29-16 29	Schedule D (Form 990) 2016

Department of the Treasury	Complete if the o	ntal Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization		D PUBLIC LIBRARY		<u>, , , , , , , , , , , , , , , , , , , </u>				entification number 5029
Part I Fundraising	g Activities.	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	line 1		
 Indicate whether the o a Mail solicitation b Internet and em c Phone solicitati d In-person solicit 2 a Did the organization h key employees listed 	rganization rais s nail solicitations ons ations nave a written c in Form 990, P ghest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye	
(i) Name and address o or entity (fundrai		(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(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	No				
				L				
Total 3 List all states in which or licensing.	the organizatio	on is registered or licensed to solicit	contrib	bution:	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Redu	ction Act Noti	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2016

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Schedule G (Form 990 or 990 EZ) 2016 HARTFORD PUBLIC LIBRARY

06-6026029 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 BEYOND WORDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	123,707.			123,707
2	Less: Contributions	23,719.			23,719
3	Gross income (line 1 minus line 2)	99,988.			99,988
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
6	Food and beverages	38,381.			38,381
8	Entertainment				4,142
9	Other direct expenses				2,489
	Direct expense summary. Add lines 4 throu				45,012
art	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (ad
art	Gaming. Complete if the organization	n answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (d
art	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
art	Gross revenue	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (ad
art 1	Gross revenue	n answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
art	Gross revenue	n answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1 2 3 4 5	Gross revenue	(a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (ad col. (a) through col. (d
1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	<pre>990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo</pre>	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1 2 3 4 5 6	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming (c) Other gaming Yes% No ►	(d) Total gaming (ad col. (a) through col. (d

b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2016

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2016 HARTFORD PUBLIC LIBRARY	06-60	026	<u>02</u> 9	Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		<u> </u>	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor				
	Name 🕨				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt			
	of gaming revenue retained by the third party ▶ \$				
с	If "Yes," enter name and address of the third party:				
	, , , , , , , , , , , , , , , , , , , ,				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		_ ,	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent				
	organization's own exempt activities during the tax year 🕨 \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lin	es 9, 9	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	,	,	, ,
		C (F	000	- 000	E7) 0040
o320	83 09-12-16 Schedule 32	a (rorm	aan 0	1 990	-22) 20 10
161	22 וגספד זית דפוזס הסתידמאסעט 2016 15070 אוני 1001 100	vc	T 1	י דתו	01 1

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2016.05070 HARTFORD PUBLIC LIBRARY

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			Cabadula O	(Earm 000 at 000 EZ
32084 14-01-16			Schedule G	(Form 990 or 990-EZ)
		33		
060406 755449 HPL001	2016.05070) HARTFORD PUBLIC	C LIBRARY	HPL001_1

SC	HEDULE J	Compensation Information	(OMB No. 1	1545-00	47
		certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
ų. -		Compensated Employees		20	10)
_		ete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	(Open to	Publ	ic
	artment of the Treasury nal Revenue Service	about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Nan	ne of the organization	· · · · ·	Employer iden	tificati	on nu	mber
	HARTFO	ORD PUBLIC LIBRARY	06-602	2602	9	
Pa	art I Questions Regarding Co	ompensation				
					Yes	No
1a	Check the appropriate box(es) if the or	ganization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A, line 1a. Complete F	Part III to provide any relevant information regarding these items.				
	First-class or charter travel	Housing allowance or residence for perso	onal use			
	Travel for companions	Payments for business use of personal re	sidence			
	Tax indemnification and gross-up	payments Health or social club dues or initiation fee	:S			
	Discretionary spending account	Personal services (such as, maid, chauffe	eur, chef)			
b	-	ked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the	e expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantia	tion prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CE	O/Executive Director, regarding the items checked on line 1a?		2		L
3		the filing organization used to establish the compensation of the organization of the organiz				
		apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compensation of the CEO/Ex					
	Compensation committee	Written employment contract				
	X Independent compensation cons					
	X Form 990 of other organizations	[X] Approval by the board or compensation of	committee			
4	During the year did any nerson listed	on Form 000 Dart VIII. Contian A line to with respect to the filing				
4		on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization: Receive a severance payment or chan	as of control payment?		4a		x
a b		ge-of-control payment? n, a supplemental nonqualified retirement plan?				X
		i, a supplemental nonqualitied retirement plan?		40 4c		X
C		sons and provide the applicable amounts for each item in Part III.		τυ		
	Only section 501(c)(3), 501(c)(4), and	501(c)(29) organizations must complete lines 5-9.				
5		(II, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	contingent on the revenues of:					
а	0			5a		Х
				5b		X
	If "Yes" on line 5a or 5b, describe in Pa					
6	For persons listed on Form 990, Part V	II, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the net earnings of:					
а	The organization?			6a		Х
				6b		Х
	If "Yes" on line 6a or 6b, describe in Pa					
7	For persons listed on Form 990, Part V	II, Section A, line 1a, did the organization provide any nonfixed payment	S			
	not described on lines 5 and 6? If "Yes	s," describe in Part III		7		X
8		90, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exception described in	Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization	also follow the rebuttable presumption procedure described in				
			<u></u>	9		
LHA	A For Paperwork Reduction Act Notic	e, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2016 (

Schedule J (Form 990) 2016

06-6026029

Page 2

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 on 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 aren't 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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MARY TZAMBAZAKIS	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF ADMINISTRATIVE OFFIC	(ii)	124,832.	0.	0.	23,322.	9,460.	157,614.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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 BASED ON A COMPREHENSIVE REVIEW OF

MARKET AND COMPARABLE COMPENSATION FOR LIKE-SIZED AND TYPE ORGANIZATION.

THE LATEST SALARY/COMPENSATION STUDY WAS COMPLETED IN 2017.

Schedule J (Form 990) 2016

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

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

mber

Nam	ne of the organization				Employer identification nu
	HARTFORD PUE	BLIC LI	BRARY		06-6026029
Pa	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amount
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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 (PROPERTY AND)	X	0	4,151,516.	FAIR VALUE
26	Other (DONATED ITEMS)	Х	22	9,319.	FAIR VALUE
27	Other ► ()				
28	Other (

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

632141 08-23-16

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

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632142 08-23-16		Schodul	e M (Form 990) (2016)

SCHEDULE O

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

Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 6 Open to Public Inspection

Employer identification number 06-6026029

FORM 990, PART VI, SECTION A, LINE 7A:

A REQUIRED ELEMENT OF ORGANIZATIONAL INCORPORATION, CORPORATORS AT THE

HARTFORD PUBLIC LIBRARY ELECT THE BOARD OF DIRECTORS.

HARTFORD PUBLIC LIBRARY

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

MANAGEMENT AND THE BOARD OF DIRECTORS REVIEW FORM 990 BEFORE FILING.

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

THE HARTFORD PUBLIC LIBRARY REQUIRES AN ANNUAL REVIEW OF THE CONFLICT OF

INTEREST POLICY BY BOARD MEMBERS AND STAFF, WHO ARE ALSO REQUIRED TO

DISCLOSE ANY CONFLICTS OF INTEREST.

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

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

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

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

2016.05070 HARTFORD PUBLIC LIBRARY

39

SCH	EDULE 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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

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					х

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

06-6026029

Schedule R (Form 990) 2016 HARTFORD PUBLIC LIBRARY

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentag ^{ng} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	lo
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	4										
 Identification of Related Or 											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		235013		Yes	No
									\square
		┥							

Schedule R (Form 990) 2016 HARTFORD PUBLIC LIBRARY

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CITY OF HARTFORD	С	7,860,851.	CASH
(2) CITY OF HARTFORD	0	0.	САЅН
(3) CITY OF HARTFORD	Q	0.	CASH
<u>(</u> 4)			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2016 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501 (c org: Yes	e) all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(F Dispr tior alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) or Percentage ownership
				Tes	NO			105	NO			
	1											

Schedule R (Form 990) 2016

HARTFORD PUBLIC LIBRARY

Part VII	Supplementa	i Information.

Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-16

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sidentilly	ing number		
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) o						
print	HARTFORD PUBLIC LIBRARY					26029		
File by the	the te for Number, street, and room or suite no. If a P.O. box, see instructions.					er (SSN)		
due date for filing your								
instructions	turn. See							
Enter the	Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For	Code				
Form 990) or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 990)-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)		09			
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990)-T (trust other than above) BRIDGET QUINN-	06	Form 8870			12		
 If this box 1 1 refor for 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or Calendar year or tax year beginning JUL 1, 2016 ne tax year entered in line 1 is for less than 12 months, or	: Group Exe and atta MA • organizatio , an	emption Number (GEN) In the names and EINs on the name of the nam	If this is fo f all memb e the exen	r the whole opers the extension organiza	nsion is for.		
	Change in accounting period							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			0		
	nrefundable credits. See instructions.			3a	\$	0.		
-	imated tax payments made. Include any prior year over			3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.		
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	II (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	79-EO for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	3868 (Rev. 1-2017)		

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Entor filor's identifying number