Form **8868**

(Rev. January 2022)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print HARTFORD PUBLIC LIBRARY 06-6026029 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 500 MAIN STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions HARTFORD, CT 06103 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) BRIDGET E. QUINN The books are in the care of ► 500 MAIN STREET - HARTFORD, CT 06103 Telephone No. ▶ 860-695-6285 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , $\underline{\hspace{0.5cm}}$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	\cdot 2022 calendar year, or tax year beginning $$ J UL $$ L $$, $$ $$ 2 U 2 2 $$ $$ and $$ c	ل ending	UN 30, 2023				
В с	heck if oplicable	C Name of organization		D Employer identific	cation number			
	Addres	HARTFORD PUBLIC LIBRARY						
	Name change	Doing business as		06-60260	29			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 500 MAIN STREET	Room/suite	E Telephone number 860-695-6366				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,484,984.			
	Ameno return			H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: BRIDGET E. QUINN		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: $1935 _{ m extbf{N}}$	State of legal domicile: CT			
Pa	rt I	Summary						
a	1	Briefly describe the organization's mission or most significant activities: ${ m f PUBL}$	IC LIB	RARY				
an c								
Governance		Check this box if the organization discontinued its operations or dispos		I				
Š				3	18 18			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			10			
Activities		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			187			
Ĭ		Total number of volunteers (estimate if necessary)			0.			
۱		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
\dashv	<u> </u>	Net difference busiliess taxable income from Form 990-1, Fait 1, life 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		17,502,195.	14,676,117.			
Jue -		Program service revenue (Part VIII, line 2g)		41,763.	69,269.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,056,675.				
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		980,423.	902,979.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,581,056.	16,930,009.			
\neg		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,000.	4,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ွ	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 411, 42	28.					
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,090,334.	14,325,983.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,094,334.				
_		Revenue less expenses. Subtract line 18 from line 12		6,486,722.	2,600,026.			
Net Assets or Fund Balances				ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		35,044,167.	39,910,488.			
EX S	21	Total liabilities (Part X, line 26)		0.	0.			
		Net assets or fund balances. Subtract line 21 from line 20		35,044,167.	39,910,488.			
	rt II				. I.m.alandara anad halinf ikin			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	lias any knowledge.				
C:		Signature of officer		I Date				
Sigr		BRIDGET E. QUINN, PRESIDENT AND CEO		Duto				
Here	е	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		LORI BUDNICK LORI BUDNICK		2/11/23 of self-employ				
Prep		Firm's name CLIFTONLARSONALLEN LLP	 		1-0746749			
Use		Firm's address 29 SOUTH MAIN STREET, 4TH FLOOR		THIII S LIN	_ 0,10,10			
		WEST HARTFORD, CT 06107		Phone no. (8	60)561-4000			
N/0)/	the IE	25 discuss this return with the preparer shown above? See instructions		1. 110110 110. (0	X Ves No			

Form 990 (2022) HARTFORD PUBLIC LIBRARY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		<u> X</u>
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? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,		7.7	
	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		<u> </u>
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the appropriation projection of the specific project of the light of the United Obstaco	14a		X
b		174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

232003 12-13-22

Pa	rt IV Checklist of Required Schedules _(continued)					
			Yes	No		
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		Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
			х			
•	Schedule J	23	Λ			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x		
	Schedule K. If "No," go to line 25a					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	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					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete					
		25b		x		
26	,	200				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- v		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l		
	entity (including an employee thereof) 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 the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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					
00		30		x		
24	contributions? If "Yes," complete Schedule M			X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v		
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l		
	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			1		
	Part V, line 1	34	Х	<u> </u>		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		Х		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	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 on Schedule O for Part VI, lines 11b and 19?	ٽ' ا		_ <u></u>		
55		38	х	1		
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 3 6	Δ			
. u	Check if Cabadula O contains a vacanage or note to any line in this Dout V					
	Check if Schedule O contains a response or note to any line in this Part V					
_			Yes	No		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29					
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х	<u></u>		

232004 12-13-22

022) HARTFORD PUBLIC LIBRARY

Statements Regarding Other IRS Filings and Tax Compliance (continued) 06-6026029 Page **5** Form 990 (2022) Part V

			Ī		169	140			
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	2 a	0						
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b 3a					
	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
D	b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	iired	7c		х			
	to file Form 8282?								
	If "Yes," indicate the number of Forms 8282 filed during the year								
_	Pid the constitution desired the constitution of the constitution								
f			20 as required?	7f 7g		_X_			
g h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:	ı	ı						
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	١	I						
	Gross income from members or shareholders	11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446							
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b))	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		ıza					
	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							
				14a		_X_			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х			
	excess parachute payment(s) during the year?								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incon	ne?	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	ii iCON	ne?	16		-25			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
					200				

232005 12-13-22

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 18							
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	This couldn't requests information assure policies not required by the internal restorate code.		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	• •						
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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 books and records							
	BRIDGET E. QUINN - 860-695-6285							
	500 MAIN STREET, HARTFORD, CT 06103							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organiza (A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do		Pos	itior		nne	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of	
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	Individual trustee or director	Institutional trustee		ee/	m pen		1099-NEC)	1099-NEO)	and related	
	below	dual t	ntiona	_	Key employee	st col	<u></u>	10001120)		organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				
(1) BRIDGET E. QUINN	40.00										
PRESIDENT AND CEO				Х				0.	176,342.	82,382.	
(2) MARY TZAMBAZAKIS	40.00								-		
CHIEF ADMINISTRATIVE OFFIC				Х				0.	137,509.	47,933.	
(3) LETICIA COTTO	40.00								-		
CUSTOMER EXPERIENCE OFFICE						X		0.	109,554.	66,100.	
(4) BRENDA MILLER	40.00										
EXECUTIVE DIRECTOR CULTURE						X		0.	104,197.	64,024.	
(5) HOMA NAFICY	40.00										
EXECUTIVE DIRECTOR THE AME						X		0.	108,159.	40,818.	
(6) DAVID BARRETT	1.00										
CHAIR		Х		Х				0.	0.	0.	
(7) KAREN TAYLOR	1.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(8) RICK COSTELLO	1.00										
TREASURER		Х		Х				0.	0.	0.	
(9) STEVEN M. HARRIS	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(10) ARUNAN ARULAMPALAM	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) MELVYN COLON	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) ANDREA COMER	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) CARLOS GALDAMEZ	1.00										
DIRECTOR		Х						0.	0.	0.	
(14) FLOYD W. GREEN III	1.00										
DIRECTOR		Х						0.	0.	0.	
(15) SUZANNE M. HOPGOOD	1.00										
DIRECTOR		Х						0.	0.	0.	
(16) SARA LASHETSKI	1.00										
DIRECTOR		Х						0.	0.	0.	
(17) SARAH G. NEEDHAM	1.00										
DIRECTOR		Х						0.	0.	0.	
232007 12-13-22	<u> </u>									Form 990 (2022)	

232007 12-13-22

Form 990 (2022) HARTFORD	РОВПІС		חם.	AL.	. т				00-0020	UZ9 Page C
Part VII Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	empensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DANIEL P. O'SHEA DIRECTOR	1.00	х						0.	0.	0.
(19) MARK OVERMYER-VELAZQUEZ DIRECTOR	1.00	х						0.	0.	0.
(20) PHYLLIS SHIKORA DIRECTOR	1.00	х						0.	0.	0.
(21) MARGARET SWEETLAND PATRICELLI DIRECTOR	1.00	х						0.	0.	0.
(22) TYRONE WALKER DIRECTOR	1.00	х						0.	0.	0.
(23) LUKE BRONIN EX OFFICIO	1.00	х						0.	0.	0.
1b Subtotal c Total from continuation sheets to Part V								0.	635,761.	301,257.
d Total (add lines 1b and 1c)								0.	635,761.	301,257.
2 Total number of individuals (including but i								ceived more than \$100		-

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation
CONSTRUCTION	624,013.
WATER REMEDIATION	375,000.
FF&E	281,235.
DESIGN SERVICES	223,236.
SUPPLIES	214,386.
d above) who received more than	
	200
	Description of services CONSTRUCTION WATER REMEDIATION FF&E DESIGN SERVICES SUPPLIES

Form 990 (2022)

0

06-6026029

Form 990 (2022) HARTFOR
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
υυ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	91,414.				
fts,		d Related organizations 1d	,				
ig je		Government grants (contributions)	9,654,140.				
Sir			3,031,110.				
utio	1	All other contributions, gifts, grants, and	4,930,563.				
ë		similar amounts not included above 1f	4,550,505.				
out		Noncash contributions included in lines 1a-1f		14 676 117			
<u>0</u> 8		n Total. Add lines 1a-1f	D	14,676,117.			
		DD00D1V 0DDVI0D	Business Code	60.060	50.050		
Se	2	PROGRAM SERVICE	900099	69,269.	69,269.		
ē Š	ı	·					
S c	(
ev ev	•	d					
Program Service Revenue	(
₫	1	All other program service revenue					
		Total. Add lines 2a-2f		69,269.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		958,049.			958,049.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
	ı	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 6,826,643.	.,				
	ı	Less: cost or other basis					
ø		and sales expenses 7b 6,503,048.					
ne l		Gain or (loss) 7c 323,595.					
ther Revenue		d Net gain or (loss)		323,595.			323,595.
놂		a Gross income from fundraising events (not		323,333			222,223
Ĕ.	0	including \$ 91,414. of					
0		l l					
		contributions reported on line 1c). See	125,963.				
		Part IV, line 18 8a Less: direct expenses 8b	51,927.				
			31,327.	74,036.			74,036.
		Net income or (loss) from fundraising events		74,030.			74,030.
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 (a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\dashv	(Net income or (loss) from sales of inventory					
<u>2</u>			Business Code	000.015			222 212
Miscellaneous Revenue	11 :	OTHER	900099	828,943.			828,943.
an en	ı	·					
Sel Se		•					
Mis	•	d All other revenue					
	•	Total. Add lines 11a-11d		828,943.			
	12	Total revenue. See instructions		16,930,009.	69,269.	0.	2184623.

232009 12-13-22

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,000. 4,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 96,178. 72,134. 21,159. 2,885. Legal 28,875. 21,656. 6,353. 866. Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,271. 423. 154. 3,848. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 40,437. 1,347,912. 1,010,934. 296,541. column (A), amount, list line 11g expenses on Sch O.) 82,881. 49,729. 8,288. 24,864. Advertising and promotion 12 128,839. 114,667. 10,307. 3,865. Office expenses 13 240,264. 213,835. 24,026. 2,403. Information technology 14 15 Royalties 23,566. 2,619. 261,847. 235,662. 16 Occupancy 32,604. 26,409. 5,543. 652. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 42,828. 27,838. 14,990. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,420,120. 1,577,911. 142,012. 15,779. Depreciation, depletion, and amortization 22 1,720,822. 1,531,532. 172,082. 17,208. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 845,177. 230,503. 7,683,431. 6,607,751. PURCHASED SERVICES- CIT 466,301. LIBRARY PROGRAMS 365,580. 37,304. 63,417. 298,686. 281,779. 11,271. 5,636. REPAIRS AND MAINTENANCE 172,801. 172,801. d LIBRARY SUPPLIES 139,955. 77,714.62,101. 140. e All other expenses 14,329,983. 12,237,412. 1,681,143. 411,428. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Part	[X	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	857,453.	1	885,890		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in		6			
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,385,980.			
	b	Less: accumulated depreciation	10b	15,077,018.	8,128,540.	10c	7,308,962 31,715,636
	11	Investments - publicly traded securities			26,058,174.	11	31,715,636
	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 3	3)	35,044,167.	16	39,910,488
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	rt IV c	of Schedule D		21	
တ္က	22	Loans and other payables to any current or former	office	er, director,			
≝│		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these	perso	ns		22	
- :	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
					•	25	
-	26	Total liabilities. Add lines 17 through 25			0.	26	0
<u>"</u>		Organizations that follow FASB ASC 958, check	here	X			
Š		and complete lines 27, 28, 32, and 33.			20 060 046		24 100 051
<u>a</u>	27				30,862,846.	27	34,180,251
i ğ	28	Net assets with donor restrictions			4,181,321.	28	5,730,237
<u> </u>		Organizations that do not follow FASB ASC 958	, che	ck here			
<u> </u>		and complete lines 29 through 33.					
ا <u>ر</u> و	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equi				30	
-	31	Retained earnings, endowment, accumulated inco			25 044 165	31	20 010 400
	32	Total net assets or fund balances			35,044,167.	32	39,910,488
	33	Total liabilities and net assets/fund balances			35,044,167.	33	39,910,488

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,93	0,0	09.		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	2,60				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,04				
5	Net unrealized gains (losses) on investments	5	1,29				
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 on Schedule O)	9	96	8,0	38.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	39,91	0,4	88.		
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 on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ь		
			Form	990	(2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

ZUZZOpen to Public

Inspection

Employer identification number

HARTFORD PUBLIC LIBRARY 06-6026029 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III notionally integrated, or Type III pon functionally integrated supporting organization

functionally integrated, of	or Type III non-functi	onally integrated supporti	ng organiza	ation.		
f Enter the number of supported	organizations					
g Provide the following information	n about the suppor	ted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						
LHΔ For Panerwork Reduction Act	Notice see the Ins	tructions for Form 990 o	- 990-F7	232021 12	00.22 Sche	dule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2532582.	10281096.	11041480.	17502195.	14676117.	56033470.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2532582.	10281096.	11041480.	17502195.	14676117.	56033470.	
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,							
							30753073.	
6	Public support. Subtract line 5 from line 4.						25280397.	
	ction B. Total Support						232003371	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4				17502195.	14676117.	56033470.	
	Gross income from interest,							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	406 559	355 662.	304 367.	313 023.	958 049.	2337660.	
۵	Net income from unrelated business	400,333.	333,002.	304,307.	313,023.	330,043.	23370001	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						58371130.	
	Total support. Add lines 7 through 10					12	503/1130•	
	Gross receipts from related activities,	•	,					
13	First 5 years. If the Form 990 is for the							
Sec	organization, check this box and stop ction C. Computation of Publi			<u></u>				
	Public support percentage for 2022 (I			oolumn (f))		14	43.31 %	
						15	E 4 E 4	
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o							
104		-						
L	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
L.								
47.	and stop here. The organization qualifies as a publicly supported organization							
1/a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
_	meets the facts-and-circumstances te	-	•	*	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2022	

232022 12-09-22

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Eh		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	000	2000

232024 12-09-22

Pai	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	men 277 m 1, pe m eupper mig ergamanene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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 on line 2, above, did the organization's supported organizations have a			
	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

232025 12-09-22

3b

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

HARTFORD PUBLIC LIBRARY

Employer identification number 06-6026029

Par			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts				
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2 3	Aggregate value of contributions to (during year) 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 v	writing that the assets held in donor advis	eed funds				
J	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 o						
Par							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		l l				
			I I				
	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a	•					
•	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax				
4	year Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
Ŭ	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
			,				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the				
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats				
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form		and below as also also solve				
па	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pub	, ,	'				
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
D	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical trea						
_	the following amounts required to be reported under FASB A		J , F				
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022				

Par	t III Organizations Maintaining C	ollections of Art	, Histori	ical Tre	asures, or	Othe	r Si	milar	Assets	(continu	ued)	<u> 190 – </u>
3	Using the organization's acquisition, accession									,		
	collection items (check all that apply):											
а												
b	X Scholarly research	е		her								
С	X Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	how they	further th	e organizatio	n's exer	mpt r	ourpos	se in Part	XIII.		
5	During the year, did the organization solicit o	•	•		ū			•				
	to be sold to raise funds rather than to be ma									Yes	X	No
Par	t IV Escrow and Custodial Arran											
	reported an amount on Form 990, Par			J					,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for cor	ntributions	or other ass	ets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											,
-	The root, oxplaint the arrangement in rail rail.	and complete the folk	ownig tab				ſ			Amount		
c	Beginning balance						ŀ	1c				
	Additions during the year						- 1	1d				
	Distributions during the year							1e				
f							"	1f				
	Ending balance						L li+√2			Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						iity :			_ 1 C3]
Par							10					
	Complete	(a) Current year	(b) Prio		(c) Two years			Three v	ears back	(e) Four	vears	back
19	Beginning of year balance	18,081,637.		72,906.	17,618		<u> </u>		31,776.			232.
				,,,,,,,		,			,			
0	b Contributions						045					
٦	Net investment earnings, gains, and losses	2,215,007.	-,-		2,000	, •						
d	Grants or scholarships											
е	Other expenditures for facilities	703,463.	6	65,767.	599	,975.		4	86,055.		486	660.
	and programs	95,796.		92,138.		,687.			51,946.			841.
	Administrative expenses	19,432,245.		81,637.	21,772				18,527.	17		776.
g	End of year balance	, , , , , , , , , , , , , , , , , , ,				,,,,,,,,		17,0.	10,327.		,,,	770.
2	Provide the estimated percentage of the curr	77.4257	-	olumn (a)) neid as:							
a	Board designated or quasi-endowment Permanent endowment 22.5743		_%									
b		%										
С		%										
_	The percentages on lines 2a, 2b, and 2c short	•										
Зa	Are there endowment funds not in the posses	ssion of the organizat	tion that a	re neid an	a administere	ea for tr	те			Г	Yes	No
	organization by:										163	No X
	(i) Unrelated organizations									3a(i)	\longrightarrow	X
	(ii) Related organizations									3a(ii)	\longrightarrow	
	If "Yes" on line 3a(ii), are the related organiza									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment tune	as.								
ı aı	Complete if the organization answered		Dort IV li	no 110 S	00 Form 000	Dort V	lino	10				
					i i							
	Description of property	(a) Cost or ot		(b) Cost	I			nulate iation	d	(d) Book	value	€
		basis (investm	ierit)	basis (ue	prec	iatiON		100	- 3	
	Land				8,200.	1	100	\	20			00.
	Buildings		- .		3,838.			5,53				99.
	Leasehold improvements		-		8,282.			3,03		$\frac{4,510}{1,693}$		
d	Equipment				1,512.			7,93		1,683		
	Other			-	4,148.	٥,	σ4.	L,50		902 7.308		43.
I otal	Add lines 1a through 1e (Column (d) must o	aual Form 000 Part V	/ column	(D) line 10)				ı	7.508	. 91	04.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HARTFORD PUB	LIC LIBRARY	06	-6026029 Page 3
Part VII Investments - Other Securities.	n Farm 000 Part IV line	11h Coo Form 000 Dort V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(4) Financial desiration	(b) Book value	(c) Method of Valdation. Cost of en	u-or-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" o	n 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	d-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(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" o	n 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)			1

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022 HARTFORD PUBLIC LIBRARY 06
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Thevende per ne	tui i i	
1				1	20,817,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,298,257. 2,545,387.		
	Donated services and use of facilities	2b	2,545,387.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	139,392.		
е	Add lines 2a through 2d			2e	3,983,036.
3	Subtract line 2e from line 1			3	16,834,213.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,796.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	95,796.
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statemer	nto Wi	th Evnances per D	5 Potur	16,930,009.
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	iilə vvi	iii Expelises per r	vetur	II.
1	Total expenses and losses per audited financial statements			1	16,660,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				10,000,231
	Donated services and use of facilities	2a	2,545,387.		
		2b	2/313/30/1		
	Prior year adjustments Other losses	2c			
	Other losses Other (Describe in Part XIII.)		-119,320.		
	Add lines 2a through 2d			2e	2,426,067.
	Subtract line 2e from line 1			3	14,234,187.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ů	11/201/10/1
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,796.		
	Other (Describe in Part XIII.)	4b	3377301		
				4c	95,796.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,329,983.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part	X, line 2; Part XI,
PAR	T III, LINE 4:				
THE	LIBRARY'S COLLECTION CONSISTS OF ART WORK	AND	BOOKS. THE	COL	LECTION
	TETLIC MIE MICCION MO DROVIDE EDEC DECOURCE	ec mi	IAM TAICHTEE	י אידו כד	DING
FUL	LFILLS THE MISSION TO PROVIDE FREE RESOURCE	ES TI	HAT INSPIRE	KEA	DING,
LEA	RNING AND ENCOURAGE INDIVIDUAL EXPLORATION	•			
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
REC	ONCILIATION FROM ACCRUAL TO CASH FOR 990 PR	REPAI	RATION		87,465.
FUN	DRAISING EXPENSES NETTED WITH REVENUE ON 99	90			51,927.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				139,392.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
REC	ONCILIATION FROM ACCRUAL TO CASH FOR 990 PR	REPAI			-171,247.
232054	09-01-22			Sche	dule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HARTFOR	D PUBLIC LIBRARY					Employer ide	ntification number ∩ 2 9
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
T.1.1		1					
Total List all states in which the organization or licensing.	n is registered or licensed to solicit o		 utions	or has been notified	it is e	exempt from re	gistration
or ilderising.							

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

Schedule G (Form 990) 2022

Pa			ne organization answered	"Yes" on Form 990, Pa	art IV, line 18, or reported	more than \$15,000
		or lundraising event contributions and gr	(a) Event #1 BEYOND WORDS	(b) Event #2	(c) Other events NONE 0	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	Coi. (c)
Revenue	1	Gross receipts	217,377.			217,377.
	2	Less: Contributions	91,414.			91,414.
	3	Gross income (line 1 minus line 2)	125,963.			125,963.
	4	Cash prizes				
m	5	Noncash prizes			_	
bense	6	Rent/facility costs	47,078.			47,078.
Direct Expenses	7	Food and beverages				
О	8	Entertainment				
	9	Other direct expenses				4,849.
	10	,	. ,			51,927.
Pa	11 rt I	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization			r rangeted mare than	74,036.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, line 19, 0	r reported more than	
		¥ · · · , · · · · · · · · · · · · · · · · · · ·	(a) Din na	(b) Pull tabs/instant	(a) Other paracipa	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	4	Grass rayonua				
		Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	5	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted conducted to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			x year?	Yes No
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 HAR'I'F'ORD PUBLIC LIBRARY 06	-602	6029	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\square	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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13	a	%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		- 1	,,,
•	Enter the hame and address of the person who propares the organization organization organization.			
	Name			
	- Name			
	Address			
	Address			
45-			Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🖵	_ 1es	NO
	TOWNS III II I			
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	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:			
	•			
a	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		7 ٧	□ Na
	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 in the	!		
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule Girorm 2001 HARTFORD PUBLIC LIBRARY 06-6026029 Page 4 Part W Supplemental Information (continued)	Schedule G (Form 990)	HARTFORD PUBLIC LIBRARY	06-6026029 Page 4
	Part IV Supplemental Info	rmation _(continued)	
			_
			_

SCHEDULE J (Form 990)

Compensation Information

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

Attach to Form 990.

Open to Public

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

06-6026029

OMB No. 1545-0047

HARTFORD PUBLIC LIBRARY

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract X Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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 W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRIDGET E. QUINN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	176,342.	0.	0.	45,517.	36,865.	258,724.	0.
(2) MARY TZAMBAZAKIS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,509.	0.	0.	34,274.	13,659.	185,442.	0.
(3) LETICIA COTTO	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	109,554.	0.	0.	29,235.	36,865.	175,654.	0.
(4) BRENDA MILLER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR CULTURE	ii)	104,197.	0.	0.	27,159.	36,865.	168,221.	0.
1	(i)							
(ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	ii)						<u> </u>	

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 2021.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HARTFORD PUBLIC LIBRARY

Employer identification number 06-6026029

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

REQUIRED ELEMENT OF ORGANIZATIONAL INCORPORATION, HARTFORD PUBLIC LIBRARY AMBASSADORS RATIFY THE APPOINTMENT OF MEMBERS TO THE BOARD OF DIRECTORS.

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 B, LINE 15A:

THE BOARD COMPLETED A COMPREHENSIVE PERFORMANCE EVALUATION OF THE CEO WHICH INCLUDED PARTICIPATION FROM ALL BOARD MEMBERS. THE COMPENSATION WAS DISCUSSED AS PART OF THE PERFORMANCE EVALUATION AND ALL BOARD MEMBERS WERE INVITED TO PROVIDE INPUT AND FEEDBACK REGARDING THE RECOMMENDED CEO COMPARABILITY DATA FOR OTHER NON-PROFIT EXECUTIVES IN COMPENSATION. SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS WAS CONSIDERED AS PART OF THIS PROCESS.

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

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND UPON REQUEST.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization HARTFORD PUBLIC LIBRARY	Employer id	entification number 026029
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PU	BLIC ON	THEIR
WEBSITE AND UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
INSURANCE PROCEEDS, NETQ		968,038.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HARTFORD PUBL	IC LIBRARY				06-6026	029	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "	Yes" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) eme End-of-year		(f) controlling entity	3
	_						
	_						
Libertification of Dalated Tay France Occasion		ion annual Weell on Form 200	N Port IV line 04 l				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizat	ion answered "Yes" on Form 990	, Part IV, line 34, i	because it had one o	or more related tax-exe	∍mpt	
(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 501(c)(3))	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?
CITY OF HARTFORD				301(0)(0))		Yes	No
550 MAIN STREET HARTFORD, CT 06103	MUNICIPALITY	CONNECTICUT					х
		SSAN2011001					21
For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	•	•	,	Schedule R	(Form 99	90) 2022

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

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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 country)	(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		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		_ X					
					1b		X					
С	Gift, grant, or capital contribution from related organization(s)				1c	Х						
					1d		Х					
					1e		Х					
	, , , , , , , , , , , , , , , , , , , ,											
f	f Dividends from related organization(s)											
g	g Sale of assets to related organization(s)											
h	Purchase of assets from related organization(s)				1h		X					
i	Exchange of assets with related organization(s)				1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X					
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets from related organization(s) g Sale of assets to related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) g 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) p Reimbursement paid to related organization(s) for expenses 1 Perimanse of services or membership or fundraising solicitations by related organization(s) 1 Other transfer of cash or property to related organization(s) for expenses 1 Other transfer of cash or property to related organization(s)												
р	Reimbursement paid to related organization(s) for expenses				1p		X					
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		X					
2												
	Name of related organization			Method of determining amount in	/olved							
		type (a-s)										
1) (CITY OF HARTFORD	С	8,663,336.	CASH								
2)												
3)												
4)												
5)												
6)												
3216	3 09-14-22			Schedule	R (For	n 990	2022					

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000