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990-EZ

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must like Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. . 2009, and ending . 20 A For the 2009 calendar year, or tax year beginning July 1st June 30 B Check if applicable: C Name of organization D Employer identification number Address chance Sister Cities International of Hartford, Connecticut, Inc. 22-3072541 label or Name change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Z Indial return 860-757-9500 550 Main St Mayor's off Terminated City or town, state or country, and ZIP + 4 F Group Exemption estruc Hartford CT 06106 Number ▶ Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ if the organization is not required to attach Schedule B (Form 990, I Website: ▶ 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 32082 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 0 1050 3 Membership dues and assessments 3 4 0 5a Gross amount from sale of assets other than inventory 50 ഗ 5b Less: cost or other basis and sales expenses €) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here ▶ □ 6 of contributions Gross revenue (not including \$ __ 14252 33479 6b Less: direct expenses other than fundraising expenses -19227 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 7a 381 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .

Other revenue (describe) V NONE 381 7c 8 8 14286 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) . 20205 10 10 Benefits Paid to or for members . . 11 0 11 0 Salaries, other compensation, and employee benefits . 12 12 Professional fees and puller payments to independent contractors 0 13 13 0 14 14 Occupancy, rent, utilities, and maintenance 3382 15 15 Other expenses (describe > communications/bank fees/dues/office supplies 16 16 319 23906 17 17 -9620 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 25185 ğ 20 0 20 Other changes in net assets or fund balances (attach explanation) . 15565 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (See the instructions for Part II.) (A) Beginning of year 25185 22 15565 22 Cash, savings, and investments 0 23 23 Land and buildings 0 0 24 Other assets (describe ▶ none 0 24 25185 25 15565 25 0 26 0 26 Total liabilities (describe ▶ 15565 25185 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

Form	990-6Z (2009)					Page 2	
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
Desc man	It is the organization's primary exempt purpose? cribe what was achieved in carrying out the organer, describe the services provided, the number of program title.		ses. In a clear a	nd concise	501(d organ 4947	ired for section (3) and 501(c)(4) izations and section (a)(1) trusts; optional hers.)	
28	Acted as sponsor of World Refugee Day at Hartford & educational materials by 5 of our sister cities with	over 300 visitors. Provided I	licro Loans to won				
	Ocotal, Nicaragua. Sister Cities of Htfd, support of p						
		includes foreign grants, ch		. ▶ 🗆	28a	7070	
29						•	
	awareness of US Italian heritage and contributions t			ps and	[
	add'I prizes to HS students attending college, suppo						
		includes foreign grants, ch		▶ ⊔	29a	8891	
30	Supported Americans doing work as volunteers by						
	Provided support for a delegation to visit sister city				1		
	educators in Dalive Village kindergarten and library.			olunteers			
	(Grants \$ 1250) If this amount	includes foreign grants, ch	eck here	▶ ∐_	30a	4244	
31	Other program services (attach schedule)			· · ·_			
_		includes foreign grants, ch	eck here	▶ 📙	31a		
	Total program service expenses (add lines 28a		<u> </u>	▶	32	20205	
Par	t IV List of Officers, Directors, Trustees, and Ke	,	, 	<u> </u>			
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred comper	ptans &	(e) Expense account and other allowances	
Alpi	nonse Marotta	Director 2					
550	Main St, Hartford CT 06103	Director 2	0		0	0	
Brig	id Allen	Director 3					
550	Main St, Hartford CT 06103		0		0	0	
Cec	elia Boamah	Treasurer					
550	Main St. Hartford CT 06103	Treasurer	0	<u>'</u>		0	
Sara	ıh Hambrick, Esq	Director 4					
550	Main St Hartford Ct 06103	Director 4	0		0	0 0	
Mari	a Ludwig	Vice-President					
550	Main St Hartford CT 06013	VICETTESIGENT	0		0	0	
Katt	nleen Lilley	President					
550	Main St, Hartford CT 06103				•	0	
	maii 54 Hardord CT 00105	1 resident	0		0		
Kare	en Will		0		U		
550	en Will Main St, Hartford CT 06103	Director 5	0		0	0	
550 Hon	en Will Main St, Hartford CT 06103 . Pedro E Segarra	Director 5				0	
550 Hon 550	en Will Main St, Hartford CT 06103 . Pedro E Segarra Main St, Hartford CT 06103					0	
550 Hon 550 Bria	en Will Main St, Hartford CT 06103 . Pedro E Segarra Main St, Hartford CT 06103 n R Smith, Esq	Director 5 Honorary Chair 0	0		0		
550 Hon 550 Bria 550	en Will Main St, Hartford CT 06103 Pedro E Segarra Main St, Hartford CT 06103 n R Smith, Esq Main St, Hartford CT 06103	Director 5	0		0		
550 Hon 550 Bria 550 Hon	en Will Main St, Hartford CT 06103 Pedro E Segarra Main St, Hartford CT 06103 n R Smith, Esq Main St, Hartford CT 06103 na Naficy	Director 5 Honorary Chair 0 At Large Director 6	0		0	0	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
ν.			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		7
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
ь	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶			
	Section 4911, section 4912, section 4958 excess benefit			
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Connecticut			
42a	The organization's books are in care of particular and a second process are in care of particular and a second particular and	860-32	4-046	1
	Located at ▶ 24 Cortland St, West Hartford CT ZIP + 4 ▶	06	110	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	T 4 4 4	Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
U	If "Yes," enter the name of the foreign country: ▶			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		99)-F7	1200001

Form **990-EZ** (2009)

candidates for public office? If "Yes," complete Schedule C, Part II	Part v	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt cha	exempt charitab ritable trusts mus	le trusts only. A t answer questio	ll sec ns 46	tion 3–49t)
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 49 bit the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 4 49 bit the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 4 49 bit the organization as control as described in section 170(b)(1)(A)(ii)? If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization from \$100,000 of compensation from the organization, if there is none, enter "None." 6) Name and address of each enployee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Warne and address of each enployee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 7) Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and address of each independent contractors each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and address of each independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Omplete this table for the organization from the organization. If there is none, enter "None." 6) Name and address of each independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Omplete this table for the organization's five highest compensate independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Omplete this table for the organization's five highest compensate independent contractors who each received more than \$100,000 of compensation from th				ties on behalf of or	in opposition to		Yes	No
48 Is the organization a school as described in section 170(b)(1)(4)(f) If "Yes," complete Schedule E	(candidates for public office? If "Yes," complete	Schedule C, Part I			46		✓
49a 14 17 17 17 17 17 17 17	47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Time and average devoted to position devoted to position devoted to position of the storage of the attendance of the attendan						48		√
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(a) Name and address of each employee paid more than \$100,000 devoted to position defended compensation devoted to position devoted to position defended compensation devoted to position devoted to position defended compensation devoted to position devoted to positio	50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated empl 000 of compensation from	loyees (other than on the organization. I	fficers, directors, t f there is none, en	truste ter "N	es an one."	з кеу
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Under persities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CECILIA BOAMAN TREASURER Preparer's Date Check if self-complete. Preparer's identifying number (See instructions) Firm's name (or yours) as eff-complete. Date Check if self-complete. Preparer's identifying number (See instructions) Check if self-complete. Check			hours per week	(c) Compensation	employee benefit plans &	acc	count a	nd
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Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CECILIA BOAMAH REASURER Preparer's Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed).					be of service	(c) Cor	npensa	tton
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CECILIA BOAMAH REASURER Preparer's Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed).								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign A								
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer CECILIA BOAMAH TREASURER Preparer's Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed). Firm's name (or yours if self-employed).	d	Total number of other independent contractors of	each receiving over \$100,	000 •		_		
Signature of officer Signature of officer Date Date		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and sta s based on all information	tements, and to the best of which preparer has	any kno	knowi	edge 3.
Type or print name and title Paid Preparer's Signature Firm's name (or yours if self-employed), Date Check if self-employed ▶ □ Preparer's identifying number (See instructions) EIN ▶	Sign Here	, - 		١	2/11/20 Datte	211		
Use Only yours if self-employed),	Paid	Type or print name and title Preparer's signature		setf	Preparer's identifying nur	nber (Se	e instruc	tions)
	· · · · ·	Firm 8 name (or		Ett	V -			
	USC UII			Ph	one no. 🕨			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

4947(a)(1) nonexempt charitable trust.

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

20**09**

Open to Public Inspection

Nam	Name of the organization Employer Identification number											
Sis	Global Glado di Halita di Maria						3072541					
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sch	edule E.)						
3		A hospital or	r a cooperative h	ospital service organ	ization d	escribed	in secti o	n 170(b)	(1)(A)(iii).	,		
4		A medical re	search organiza	tion operated in conj	unction v	with a hos	spital de	scribed in	n section	170(b)(1)(A)(iii). Enter	the
	hospital's name, city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described i section 170(b)(1)(A)(īv). (Complete Part II.)							ed in			
6	П			emment or governme	ental unit	describe	d in sect	ion 170(t)(1)(A)(v	١.		
7				receives a substantia							the general pu	ublic
•	_			1)(A)(vi). (Complete P								
8				l in section 170(b)(1)		omplete	Part II.)					
9	\square	An organizat	ion that normally	receives: (1) more that	an 331/3 %	of its su	pport fro	m contrib	utions, n	nembersh	ip fees, and g	ross
				d to its exempt funct								
				ent income and unre						1 511 tax	from busine	sses
	_	•	-	after June 30, 1975.								
10				nd operated exclusive								
11	Ш	An organizat	tion organized a	nd operated exclusivolicly supported organ	ely for the	ne benefi dosoribo	t of, to p	perform t	he functi	ions of, o	r to carry our	t the
		purposes of	heck the hox tha	t describes the type	of SUDDO	rtina oraz	nization	and com	plete line	es 11e thi	2002). Oee see Tough 11h.	.uori
		a Type				e III—Fund					Type III-Oth	er
a	П			ify that the organizat				_				
Ĭ	_	persons other	er than foundation	n managers and other	r than on	e or more	publicly	supporte	d organiz	zations de	scribed in sec	ction
			section 509(a)(2)						-			
f		If the organi	ization received	a written determinati	on from	the IRS 1	that it is	a Type!	, Type li	, or Type	III supporting	g
		0	, check this box									
g		•		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•		
		following pe				_					Yes	No.
				indirectly controls, e				th person	is descri	bed in (ii)	11g(i)	
			_	ning body of the supp		ganizatio	117 .				11g(ii)	
				rson described in (i) a of a person described		 (ii) above	 ?				11g(m)	
h				ation about the support							1.04.71	
		of supported	(ii) EIN	(iii) Type of organization		organization		rou notify	(vi)	is the	(vii) Amount	of .
	org	panization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. ized in the	support	
				(see instructions))	goranang			port?		S.?		
_		· · · · · ·			Yes	No	Yes	No	Yes	No		
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its hehalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2007 (d) 2008 (a) 2005 **(b)** 2006 (f) Total (e) 2009 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) _15 %_ Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box b 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □ Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	19101	20292	22526	33656	33132	128707
2	Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the				6163	14252	20415
	organization's tax-exempt purpose			-	0100	14232	20713
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on		ľ				
	its behalf						
=	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge	500	500	500	500	500	2500
6	Total. Add lines 1 through 5	19601	20792	23026	40319	47884	151622
-	•						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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		5800				5800
	amount on line 13 for the year		3000			 	
C	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from					1	145822
Sag	tine 6.)						140022
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		19601	20792	23026	40319	47884	145822
9	Amounts from line 6	19001	20/32	25020	40313	47004	140022
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar		ı				
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		l i				
	acquired after June 30, 1975						
C	Add lines 10a and 10b		ļ . <u></u>				
11	Net income from unrelated business		ĺ				
	activities not included in line 10b, whether or not the business is regularly	i					
	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
	• •	-					
13	Total support. (Add lines 9, 10c, 11, and 12.)						145822
14	First five years. If the Form 990 is for	the organization	on's first, seco	nd, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
• •	organization, check this box and stop			<u> </u>			▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin	ne 8, column (f	divided by lin	e 13, column	(f))	15	95 %
16	Public support percentage from 2008					16	N/A %
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				
17	Investment income percentage for 200	9 (line 10c. co	lumn (f) divide	d by line 13. c	olumn (f)) .	17	0 %
18	Investment income percentage from 20					18	N/A %
	33½ % support tests—2009. If the org	anization did n	ot check the b	ox on line 14.	and line 15 is n	nore than 33/2	%, and line
	17 is not more than 33% %, check this t	oox and stop h	ere. The organi	ization qualifies	as a publicly	supported orga	anization 🕨 🛭
b	33% % support tests—2008. If the organ	nization did not	check a hox or	line 14 or line	19a, and line 1	6 is more than	33/3 %. and
D	line 18 is not more than 33% %, check thi	is box and stop	here. The orga	nization qualifie	s as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization						
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Schedule A (F	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
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2009 Form 990-EZ

Line 35 Statement

The services accounted for in line 6a were all related to the purpose of our mission as a sister city with Floridia, Italy

7a. The sale of inventory shown in line 7a sold on behalf of our Dalive, Ghana initiative did not exceed the threshold requiring the filing of form 990-T

Sister Cities International of Hartford, Connecticut, Inc.

2009 Form 990-EZ

Line 10 Schedule

No one grant recipient received \$5,000 or more from Sister Cities International of Hartford, Connecticut in fiscal year 2009.