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DLN: 93493184003122

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Department of the Treasury

### **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)

OMB No 1545-0047

Open to Public

Internal	Revenue				Inspection
A Fo	or the 2		d ending 12-31-2011	D Employer	identification number
_	-	pplicable C Name of organization GREATER HARTFORD ARTS COUNCIL INC			
_	dress ch	Doing Business As		23-7111 E Telephone	
_	me char			_ (860)52	5-8629
Ind	tıal retur	Number and street (of P O box if mail is not delivered to str	reet address) Room/suit	e	ots \$ 4,960,636
Te	rmınated	d 100 PEARL STREET		2 51555 15551	
M Am	nended r	return City or town, state or country, and ZIP + 4 HARTFORD, CT 06103	•	_	
П Ар	plication	pending		_	
		F Name and address of principal officer		<b>H(a)</b> Is this a group ret	urn for
		CATHY MALLOY CEO 100 PEARL STREET		affiliates?	ΓYes <b>Γ</b> No
		HARTFORD,CT 06103		H(b) Are all affiliates incl	uded?
				If "No," attach a lı	st (see instructions)
<b>I</b> Ta	ıx-exem	npt status	)(1) or 527	<b>H(c)</b> Group exemption	number 🟲
J W	ebsite	e: ► www.LetsGoArts org			
<b>K</b> For	m of org	ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		L Year of formation 1971	<b>M</b> State of legal domicile C
Pa	rt I	Summary		•	
	1 E	Briefly describe the organization's mission or most significar	nt activities		
Governance	2 (	Check this box দ if the organization discontinued its opera	ations or disposed of	more than 25% of its net	assets
	3 1	Number of voting members of the governing body (Part VI, Ii	ne 1a)	3	64
<u> </u>	4 1	Number of independent voting members of the governing bod	ly (Part VI, line 1b)	4	64
Activities &		Total number of individuals employed in calendar year 2011	5	2(	
<u>ې</u>		Total number of volunteers (estimate if necessary)		6	
		Total unrelated business revenue from Part VIII, column (C		78	
	Ь	Net unrelated business taxable income from Form 990-T, lin	16 34	7t	
		Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b> 3,980,821	Current Year
9	8	Program service revenue (Part VIII, line 2g)		153,177	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and		212,041	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		69,247	·
	12	Total revenue—add lines 8 through 11 (must equal Part V			
	1.5	12)		4,415,286	
	13	Grants and similar amounts paid (Part IX, column (A), line	•	1,663,754	
	14 15	Benefits paid to or for members (Part IX, column (A), line 4 Salaries, other compensation, employee benefits (Part IX,	·		0
8	13	5-10)	column (A), mies	1,070,686	1,107,880
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line 11	e)	0	C
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 545,697			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-		1,230,805	
	18	Total expenses Add lines 13–17 (must equal Part IX, col		3,965,245	
. 00	19	Revenue less expenses Subtract line 18 from line 12 .		450,041	1,193,767
७ॐ	1			Beginning of Current Year	End of Year
ŊŒ					
ssets Jafam	20	Total assets (Part X, line 16)		1,731,040	2,893,883
et Assets nd Balan	20 21	Total assets (Part X, line 16)		1,731,040 1,462,436	
Net Assets Fund Balam					1,431,513
Pa	21 22 11 II	Total liabilities (Part X, line 26)		1,462,436 268,604	1,431,513 1,462,370
Pa Unde know	21 22 rt III r penal	Total liabilities (Part X, line 26)	ing accompanying sch	1,462,436 268,604 nedules and statements, and	1,431,513 1,462,370
Unde know	21 22 rtilli r penal	Total liabilities (Part X, line 26)	ing accompanying sch	1,462,436 268,604 nedules and statements, and	1,431,513 1,462,370
Pa Unde know know	21 22 rt III r penali ledge a ledge.	Total liabilities (Part X, line 26)	ing accompanying sch	1,462,436 268,604 nedules and statements, and is based on all information	1,431,513 1,462,370
Pa Unde know	21 22 rt III r penali ledge a ledge.	Total liabilities (Part X, line 26)	ing accompanying sch	1,462,436 268,604 nedules and statements, and is based on all information	1,431,513 1,462,370

GRANT THORNTON LLP

125 HIGH ST 21ST FLOOR

BOSTON, MA 021102704

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Firm's name (or yours if self-employed), address, and ZIP + 4

Preparer's

**Use Only** 

Phone no 🕨 (617) 226-7000

Forn	1990 (2	(011)						Page
Pai	t III		Program Service O contains a respo	-		art III		দ
1	Briefl	y describe the orga	nızatıon's mıssıon					
gran com culti	tmakıng mıssıon ıral com	functions of a Uni In addition to pro- imunity with umbre		h a wide rang anizations an cacy, arts ed	e of programs and artists, we als ucation, adviser	nd services that o connect the p	are often found in a ublic with the arts a	a state or municipal cultura and support the region's
2	the pr	or Form 990 or 99			ervices during th	ie year which we	re not listed on	┌ Yes ┌ No
	If "Yes	s," describe these i	new services on Sc	hedule O				
3	servic	es?	se conducting, or m changes on Schedu		nt changes in ho • • • •	w it conducts, a	ny program • • • •	√ Yes  No
_		•	-					
4	expen	ses Section 501(d	n's program service	organization	s and section 49	947(a)(1) trusts	are required to rep	
4a	(Code		) (Expenses \$	1,707,357	including grants o	of \$ 1,4	93,514 ) (Revenue \$	291,044 )
	additio arts eo accoui possib	on to General Operating ducation programs, arts ntability in Greater Hart	g Support grants, 2011 a s-based job-creation pro tford's cultural communi programming that educa	awards were ma ograms in the cit ty, which is touto	de to suport arts pro by of Hartford, and s ed as a key econom	ogramming and pro staff positions at her nic driver in central (	jects, community event rtage organizations GH Connecticut GHAC's gra	d the work of individual artists. I is in the City of Hartford, summe AC is a source of stability and ants and services help make connection, and helps to define
4b	(Code		) (Expenses \$	798,922	ıncludıng grants o	of \$	0 ) (Revenue \$	137,584 )
	compr entert advoc	ehensive online cultura ainment program, work acy for the cultural com		il to 12,000 subs ks," presentation il and state level	scribers, monthly pri ns to civic groups an ls, as well as counse	int and web advertised of the r	sing, special promotions region's primary visitor	
	(Code		) (Expenses \$	477,433	ıncludıng grants o	 of \$	0 ) (Revenue \$	79,376 )
	Hartfo level	rd Public School studen	nts have access to qualit borhood Studios," a tee	y arts education	The program uses	arts-based instructi	on to support literacy a	rms works to ensure that all nd numeracy goals at each grad aster Teaching Artists while
	Othe	r program services	(Describe in Sche	dule O )				
		enses \$	•	udıng grants (	of \$	0 )(Re	evenue \$	21,166 )
4e	Total	program service e	xpenses <b>&gt;</b> \$	3,097,05	54			

Form 990 (	<u> </u>
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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 😼	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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	1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	· · · · · · · · · · · · · · · · · · ·			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
ט	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	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	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		110
u	11 res, indicate the number of forms 5252 med during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
		8		
' _	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter  Instruction food and capital contributions included on Part VIII. line 12			
	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  10b	1		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other	1		
-	sources against amounts due or received from them )	]		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans	1		
С	Enter the aggregate amount of reserves on hand 13c			
		ı		
<b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		<b>V</b>	NI-
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	104		INO
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	_04		
	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		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶CT			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARIE POIRIER-CAMPBELL
  100 PEARL STREET
  HARTFORD, CT 06103
  (860) 525-8629

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

#### 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, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	mor unles an	on (d e tha s per offic	(C) (do not check han one box, person is both fficer and a tor/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	me and Title  A verage hours more than one box, compensation from the week (describe director/trustee)  A verage hours more than one box, compensation from the organization (W-2/1099-MISC)  A verage hours position (do not check compensation compensation from relation (W-2/1099-MISC)								Reportable compensatior from related organizations (W- 2/1099-	on amount of other d compensation is from the		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC		organiza	
See A	ddıtıonal Data Table												
1b					•	•		<b>&gt;</b>			_		
d	Total from continuation sheet:  Total (add lines 1b and 1c) .					<u> </u>		<u>-</u>	246,625		0		25,094
2	Total number of individuals (inc \$100,000 of reportable compe	luding but not lin	nited to	thos	e lıs			) who	received more th	an	ı		
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? If "Yes," complete So					eye	mploy •	ee, c	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organi										4		
5	Did any person listed on line 1s services rendered to the organ									or individual for	5		No No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fiv \$100,000 of compensation fro or within the organization's tax	e highest comper m the organizatio											
	-	(A) ame and business add	dress						Des	(B) cription of services		(C Comper	
NONE											$\dashv$		
											$\dashv$		
											+		
											-+		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	444	Statement of Revenue		-			
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
発	1a	Federated campaigns 1a					
亞黃	ь	Membership dues 1b					
<u>"</u> ≣	c	Fundraising events 1c	28,695				
£	d	Related organizations <b>1d</b>					
<u>~</u>	e	Government grants (contributions) <b>1e</b>	1,150,617				
<u>۾</u> .۾	f	All other contributions, gifts, grants, and <b>1f</b>	3,133,954				
重量		similar amounts not included above					
皇を	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ \frac{30,000}{1} <b>Total.</b> Add lines 1a-1f	<b>▶</b>	4,313,266			
ပဏ				1,313,200			
<u>a</u>			Business Code				
ē Ē	2a	PROGRAM REVENUE	711300	529,170	529,170		
æ	b						
9	С						
<b>5</b>	d						
ğ	e						
Program Serwce Revenue	f	All other program service revenue					
ာို န							
	g	Total. Add lines 2a-2f		529,170			
	3	Investment income (including dividends,	. F				
		and other similar amounts)	<b>⊢</b>	3,785			3,785
	4	Income from investment of tax-exempt bond pro-	<b> </b>	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount					
		from sales of assets other					
	Ь	than inventory Less cost or					
	ן ו	other basis and					
	l c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶	0			
	8a	Gross income from fundraising	· · · ·				
Other Revenue		s28,695 of contributions reported on line 1c) See Part IV, line 18					
<u>-</u>		a	100,880				
Ě	ь	Less direct expenses b	39,778				
0	C	Net income or (loss) from fundraising eve	ents 🟲	61,102			61,102
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activit	ies	0			
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of invent	ory ►	ol			
			Business Code				
	11a	MISCELLANEOUS	900099	13,535			13,535
	ь						
	°						
		All other revenue					
	d	All other revenue					
	12	Total Add lines 11a-11d		13,535			
	12	<b>Total revenue.</b> See Instructions	•	4,920,858	529,170		78,422

### 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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

C	neck if Schedule O contains a response to any question in this Part IX	<u></u>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,123,376	1,123,376		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	370,138	370,138		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	460,423	391,360	46,042	23,021
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	513,064	244,744	10,189	258,131
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	0			
9	Other employee benefits	71,770	48,207	3,927	19,636
10	Payroll taxes	62,623	40,978	3,608	18,037
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	25,500	16,320	1,530	7,650
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	501,452	461,878	1,516	38,058
12	Advertising and promotion	80,339	77,131		3,208
13	Office expenses	177,922	118,501	6,085	53,336
14	Information technology	52,374	33,318	3,439	15,617
15	Royalties	0			
16	Occupancy	118,658	94,226	4,072	20,360
17	Travel	25,164	21,841	186	3,137
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,023	2,809	507	707
20	Interest	678	434	41	203
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,336	11,095	1,040	5,201
23	Insurance	24,031	15,380	1,442	7,209
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	50,000			50,000
b	PREMIUMS	15,799			15,799
c	DESIGN	1,289			1,289
d	SIGNAGE	5,647	3,384		2,263
e					
f	All other expenses	25,485	21,934	716	2,835
25	Total functional expenses. Add lines 1 through 24f	3,727,091	3,097,054	84,340	545,697
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				000 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 330,305 501,836 1 1 10.846 10.837 2 2 3 830,143 1,785,840 3 0 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 0 8 19.582 9 9 20.245 Prepaid expenses and deferred charges . . . . 227,597 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 147,676 10c b Less accumulated depreciation . . . . . 42,884 79,921 0 11 11 0 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 0 13 13 Investments—program-related See Part IV, line 11 . . 0 0 14 14 497,280 495,204 15 15 1,731,040 2,893,883 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 205,538 17 236,887 17 Accounts payable and accrued expenses . 18 1,175,862 18 1,133,536 19 81,036 19 61,090 20 0 20 Ω 21 0 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 0 25 D . . . . 26 1,462,436 26 1,431,513 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 60,348 27 460,941 Unrestricted net assets . . . . 152,907 28 946,080 28 Temporarily restricted net assets . . . . . Fund 29 55,349 29 55,349 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 268.604 33 1,462,370 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 1.731.040 34 2.893.883

	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4 9	20,85
2	Total expenses (must equal Part IX, column (A), line 25)	2			27,09
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	.93,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	268,60
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,4	162,37
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
		-		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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 in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readult or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

## OMB No 1545-0047

OMB NO 1545-004

2011

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# 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. See separate instructions.

Employer identification number

GREATER HARTFORD ARTS COUNCIL INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organizati col (i) of	(v) Old you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 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.)

	under Part III. II the	e organización	ians to quanty u	nuer me tests	isted below, pie	ase co	ilpiete i	Part III.)
	ection A. Public Support	1					-	
Cal	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2	011	(f) Total
1	ın) Gıfts, grants, contributions, and							
-	membership fees received (Do not	4 534 36	4 256 202	4 620 005	2 000 022		242.266	10 700 700
	include any "unusual	4,521,36	4,256,292	1,628,995	3,980,822	4	,313,266	18,700,739
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf						-	
3	The value of services or facilities	94,02	7 108,583	103,707	165,896		83,655	555,868
	furnished by a governmental unit to the organization without charge	34,02	7	103,707	103,030		05,055	333,000
4	<b>Total.</b> Add lines 1 through 3	4,615,39	1 4,364,875	1,732,702	4,146,718	4	,396,921	19,256,607
5	The portion of total contributions	.,,	.,,	_,,	.,=,.=-		,,	
,	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							3,231,437
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							16,025,170
_	from line 4							
	ection B. Total Support							
Car	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
7	A mounts from line 4	4,615,391	4,364,875	1,732,702	4,146,718	4	,396,921	19,256,607
8	Gross income from interest,	1,013,331	1,501,075	1,732,702	1,110,710	•	,550,521	15,250,007
8	dividends, payments received on							
	securities loans, rents, royalties	6,673	-267	6,596	8,384		3,785	25,171
	and income from similar	ŕ		·	·			
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part	8,096	0 226	24,911	27,256		12 525	82,034
	IV ) Do not include gain or loss from the sale of capital assets	8,090	8,236	24,911	27,230		13,535	62,034
11	Total support (Add lines 7							
	through 10)							19,363,812
12	Gross receipts from related activiti	es, etc (See ins	tructions )	•	•	12		1,642,838
13	First Five Years If the Form 990 is			third fourth or f	ifth tay year ac a F		2) organiz	
LJ	check this box and <b>stop here</b>	ior the organizat	ion s mst, second,	tillia, louitil, or i	iitii tax yeai as a .	01(0)(0	) organiz	<b>▶</b> □
								• •
S	ection C. Computation of Pul	olic Support I	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		82 758 %
15	Public Support Percentage for 2010	•				15		83 070 %
	-		•	ran lina 12 and l	.no.14 .o.22 1/20/		- h l · +	
LOA	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more	, check t	nis dox <b>►</b> ✓
b	<b>33 1/3% support test—2010.</b> If the		, , ,		a, and line 15 is 3	3 1/3%	or more.	
_	box and <b>stop here.</b> The organization	_			u, u 10 10 10 1	2 1,5 75	,	<b>▶</b> □
17a	10%-facts-and-circumstances test				e 13, 16a, or 16b	and line	14	•
	ıs 10% or more, and ıf the organıza							
	ın Part IV how the organization mee	ets the "facts and	d cırcumstances" '	test The organiza	ation qualifies as a	a publicl	y support	ed
-	organization					. =		<b>▶</b> □
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the organiza			•		-		
	Explain in Part IV how the organiza supported organization	tion meets the "	acis and circumst	ances test ine	organization quali	iiies d5 a	a haniicià	<b>▶</b> □
18	Private Foundation If the organization	ion did not check	ca box on line 13	16a.16b.17a.o.	17b, check this h	oox and	see	-1
	instructions	ala not check	Ca box on fine 15,	104, 100, 174 0	1. b, eneck tills t	JON UNU		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Page **4** 

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
,	Explanation
EXPLANATION	FOR OTHER INCOME MISCELLANEOUS REVENUES

Schedule A (Form 990 or 990-EZ) 2011

# Software ID: Software Version:

**EIN:** 23-7111486

Name: GREATER HARTFORD ARTS COUNCIL INC

### Form 990, Special Condition Description:

### **Special Condition Description**

(A) Name and Title	(B) Average	Posi	(i	C <b>)</b> (che	ck a	 		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
realite dile i ricie	hours per week		at Institutional Trustee		y)	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Shirley M Payne BOARD PRESIDENT	5 0	Х		х				0	0	0
J Scott Fox BOARD VICE PRESIDENT	5 0	Х		х				0	0	0
Morris W Banks BOARD VICE PRESIDENT	5 0	Х		х				0	0	0
Jason T Gutcheon BOARD VICE PRESIDENT	5 0	Х		х				0	0	0
Robert Firger BOARD SECRETARY	5 0	Х		Х				0	0	0
Jay S Benet BOARD CHAIRMAN	5 0	Х		х						
Paul E Guzzardı BO ARD TREASURER	5 0	Х		х						
James Bedard BOARD MEMBER	1 0	Х						0	0	0
Peter G Kelly BOARD MEMBER	1 0	Х						0	0	0
Eliot B Gersten BOARD MEMBER	1 0	Х						0	0	0
Lee G Kuckro BOARD MEMBER	1 0	Х						0	0	0
Scott Braunstein BOARD MEMBER	1 0	Х						0	0	0
Leslie G Perry BOARD MEMBER	1 0	Х						0	0	0
David B Rosenthal BOARD MEMBER	1 0	Х						0	0	0
Carol E Terry BOARD MEMBER	1 0	Х						0	0	0
Richard Voigt BOARD MEMBER	1 0	Х						0	0	0
Robert M Annon BOARD MEMBER	1 0	Х						0	0	0
Stacy Brusa BOARD MEMBER	1 0	Х						0	0	0
Karen F Booth BOARD MEMBER	1 0	Х						0	0	0
David G Carter BOARD MEMBER	1 0	Х						0	0	0
Halsey Cook BOARD MEMBER	1 0	Х						0	0	0
Richard P Caporaso BOARD MEMBER	1 0	Х						0	0	0
Howard L Carver BOARD MEMBER	1 0	Х						0	0	0
Paul E Connery BOARD MEMBER	1 0	Х						0	0	0
Tara Costanzo BOARD MEMBER	1 0	Х						0	0	0

Compensated Employees, and	Independ	lent C	ontr	act	tors	•				
(A) Name and Title	(B) Average hours per		tion (		/)	_	<b>.</b>	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustice or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Eric D Daniels BOARD MEMBER	1 0	X						0	0	0
Christopher R Cloud BOARD MEMBER	1 0	Х						0	0	0
Jennifer DiBella BOARD MEMBER	1 0	X						0	0	0
Carol Garlick BOARD MEMBER	1 0	Х						0	0	0
Robert J Graulich BOARD MEMBER	1 0	Х						0	0	0
Paula P Greenberg BOARD MEMBER	1 0	X						0	0	0
Nancy D Grover BOARD MEMBER	1 0	Х						0	0	0
Michael Grunberg BOARD MEMBER	1 0	Х						0	0	0
Cynthia Cudworth BOARD MEMBER	1 0	X						0	0	0
William Fairchild BOARD MEMBER	1 0	X						0	0	0
Stephen M Mulready BOARD MEMBER	1 0	X						0	0	0
John H Lawrence BOARD MEMBER	1 0	Х						0	0	0
John T Livingstone BOARD MEMBER	1 0	Х						0	0	0
Joshua Mamis BOARD MEMBER	1 0	Х						0	0	0
Maynard Mcalpin BOARD MEMBER	1 0	Х						0	0	0
Marjorie E Morrissey BOARD MEMBER	1 0	Х						0	0	0
Gena Glickman BOARD MEMBER	1 0	X						0	0	0
Claire M Pryor BOARD MEMBER	1 0	X						0	0	0
Kelvin Roldn BOARD MEMBER	1 0	X						0	0	0
Robert E Smith BOARD MEMBER	1 0	X						0	0	0
Margery Steinberg BOARD MEMBER	1 0	Х						0	0	0
Raymond E Tubbs BOARD MEMBER	1 0	Х						0	0	0
Joseph R Voelker BOARD MEMBER	1 0	Х						0	0	0
R Nelson Griebel BOARD MEMBER	1 0	Х						0	0	0
Calvin E Woodland BOARD MEMBER	1 0	Х						0	0	0

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion ( that a		/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Kathleen M Hopko BOARD MEMBER	1 0	Х						0	0	0
Mary S Martin BOARD MEMBER	1 0	Х						0	0	0
Kathleen Monnes BOARD MEMBER	1 0	Х						0	0	0
John Nealon BOARD MEMBER	10	Х						0	0	0
David Panagore BOARD MEMBER	1 0	Х						0	0	0
Eric Remington BOARD MEMBER	1 0	Х						0	0	0
Jennifer Smith Turner BOARD MEMBER	1 0	Х						0	0	0
David Troy BOARD MEMBER	1 0	Х						0	0	0
Francine Christiansen BOARD MEMBER	1 0	Х						0	0	0
Lori Rittman Clark BOARD MEMBER	1 0	Х						0	0	0
Kathryn Cox BOARD MEMBER	1 0	Х						0	0	0
Chad Czerwinski BOARD MEMBER	1 0	Х						0	0	0
Anıta A Ferrante BOARD MEMBER	1 0	Х						0	0	0
Walter L Harrison BOARD MEMBER	1 0	Х						0	0	0
Deborah Laviero BOARD MEMBER	1 0	Х						0	0	0
Shannon Niezelski BOARD MEMBER	1 0	Х						0	0	0
David M Roth BOARD MEMBER	1 0	Х						0	0	0
David G Woods BOARD MEMBER	1 0	Х						0	0	0
Michael Zaleski BOARD MEMBER	1 0	Х						0	0	0
Christopher M Dadlez BOARD MEMBER	1 0	Х						0	0	0
Marian Acker BOARD MEMBER	1 0	Х						0	0	0
Philip Barr BOARD MEMBER	1 0	Х						0	0	0
Paul L Bordeau BOARD MEMBER	1 0	Х						0	0	0
Gregory A Boyko BOARD MEMBER	1 0	Х						0	0	0
Dermoth H Brown BOARD MEMBER	1 0	Х						0	0	0

Compensated Employees, and	muepend	lent C	onu	acı	.OFS					
(A) Name and Title	(B) Average hours		() ition ( that a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
John F Byrnes BO ARD MEMBER	1 0	Х						0	0	0
Paul Eddy BOARD MEMBER	1 0	Х						0	0	0
Edwin Friderici III BOARD MEMBER	1 0	Х						0	0	0
Helen Kehoe Frye BOARD MEMBER	1 0	Х						0	0	0
Andrew Olivastro BOARD MEMBER	1 0	Х						0	0	0
John Rathgeber BOARD MEMBER	1 0	Х						0	0	0
James Remis BOARD MEMBER	1 0	Х						0	0	0
Susan Rottner BOARD MEMBER	1 0	Х						0	0	0
Lawrence Samplatsky BOARD MEMBER	1 0	Х						0	0	0
Ileen P Swerdloff BOARD MEMBER	1 0	Х						0	0	0
Donald R Seifel Jr BOARD MEMBER	1 0	Х						0	0	0
MARIE POIRIER-CAMPBELL CHIEF OPERATING OFFICER	40 0			Х				123,067	0	8,879
CATHY MALLOY CHIEF EXECUTIVE OFFICER	40 0			Х				31,731	0	5,238
JUDY WEINSTEIN DIRECTOR OF WORKPLACE GIVING	40 0					Х		91,827	0	10,977

DLN: 93493184003122

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

**Supplemental Financial Statements** 

ntema	al Revenue Service	► Attach to Fo	Inspection							
	me of the organiz			Employer identif	fication numbe	er				
GR	EATER HARTFORD AR	TS COUNCIL INC		23-7111486						
Pa	art I Organi	zations Maintaining Donor Ac	dvised Funds or Other Similar F		nts. Complet	e if the				
	organiz	ation answered "Yes" to Form 99		T						
	<del>-</del>		(a) Donor advised funds	(b) Funds ar	nd other accou	nts				
1	Total number at	·								
2		ributions to (during year)								
3 4	Aggregate grant	ts from (during year)								
	55 5	′ '								
5	funds are the or	rganization's property, subject to the o	sors in writing that the assets held in dor organization's exclusive legal control?		☐ Yes	┌ No				
6	used only for ch		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a		┌ Yes	┌ No				
Pa			ıf the organızatıon answered "Yes" t	to Form 990, Part	t IV, line 7.					
2	Preservation Protection Preservation Complete lines	of natural habitat on of open space	on or pleasure)	certified historic st		a				
		c rube day of the tax your		Held at 1	the End of the	Year				
а	Total number of	f conservation easements		2a						
b	Total acreage r	restricted by conservation easements		2b						
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c						
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d						
3 4	the taxable yea	servation easements modified, transfe  or   es where property subject to conserva	rred, released, extinguished, or terminate	ed by the organizati	on during					
5	Does the organi	, ,	the periodic monitoring, inspection, han	dling of violations,	and <b>Yes</b>	┌ No				
6	Staff and volunt	eer hours devoted to monitoring, insp	ecting and enforcing conservation easen	ments during the yea	ar ▶					
7	A mount of expe ► \$		ng, and enforcing conservation easement	s during the year						
8	Does each cons		(d) above satisfy the requirements of sec	ction	┌ Yes	┌ No				
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financia nents							
Par			ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Simila	ar Assets.					
1a	art, historical tr	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of		<del>)</del> ,				
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i							
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$						
	(ii) Assets incli	uded ın Form 990, Part X								
2	If the organizati	•	orical treasures, or other similar assets f S 116 relating to these items							
а	<del>-</del>	ded in Form 990, Part VIII, line 1		<b>►</b> \$						

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	<u>toric</u>	al Tre	easur	es, or O	ther	Similar A	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e follo	wing th	nat are	a significa	ant us	e of its colle	ction		
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they	further	the or	ganızatıon	's exe	empt purpos	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								lar	Γ,	<b>f</b> es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	rganız	ation			es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for co	ntrıbut	ions oi	r other ass	ets n	ot	Γ,	ſes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ng tal	ole		_					
							L			mou	nt	
C	Beginning balance						<u> </u>	1c				
d	Additions during the year						L	1d				
e	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Γ,	<b>fes</b>	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>(</i>										
Pai	t V Endowment Funds. Complete		n ans	were	d "Yes							
		(a)Current Year	(b)	Prior Ye		<b>(c)</b> Two	Years Back		Three Years Bac		Four Y	ears Back
1a	Beginning of year balance	208,256			46,854		457,41	+	513,5	_		
b	Contributions	1,998,788		1,8	05,977		1,335,94	1	1,615,7	03		
С	Investment earnings or losses											
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs	1,205,615		1,8	44,575		1,546,50	6	1,671,8	57		
f	Administrative expenses							1				
' g	End of year balance	1,001,429		2	08,256		246,85	4	457,4	19		
-	•	, ,			,			1	,.			
2	Provide the estimated percentage of the year	rend balance neid a	15									
а	Board designated or quasi-endowment											
b	Permanent endowment ► 5 500 %											
С	Term endowment ► 94 500 %											
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation 1	that ar	e held	and ac	dministere	d for t	:he	ı	Yes	No
	(i) unrelated organizations			_					3	a(i)	165	No
	(ii) related organizations									a(ii)		No
b	If "Yes" to 3a(II), are the related organization		d on S	chedu	le R?				· · · · ·	3b		
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	ent fun	ds							
Par	VI Land, Buildings, and Equipme	<b>ent.</b> See Form 99	0, Pa	rt X,	line 10	0.						
	Description of property				Cost or s (invest		(b)Cost or basis (oth		(c) Accumula depreciatio		( <b>d)</b> Bo	ook value
<b>1</b> a l	and											
Ь	Buildings											
	easehold improvements					0	2	1,433		757		20,676
	Equipment					0		6,164	14	6,919		59,245
	Other											,
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line 1	!0(c).)							79,921
	· · · · · · · · · · · · · · · · · · ·	·							Schedule	D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	i-year market value
(2)Closely-held equity interests			
Other			
<b>-</b>	_		
(-,	<u>* </u>	12	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
(a) Descri	ption		(b) Book value
(1) ENDO WMENT			55,349
(2) ASSETS HELD BY FOUNDATION			34,792
(3) OTHER ASSETS			21,546
(4) DUE FROM AFFILIATE (HPABF)			383,517
(4) DOETROM ATTIEIATE (HEADI)			363,317
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15 )		495,204
		<del>.</del>	493,204
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability		<u> </u>	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
	1	-	
		1	
	1	1	
	1		
	1	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1	1	
	1	Ī.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	4,920,858
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	3,727,091
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	1,193,767
4	Net unrealized gains (losses) on investments	4	0		
5	Donated services and use of facilities			5	0
6	Investment expenses			6	0
7	Prior period adjustments			7	0
8	Other (Describe in Part XIV )			8	0
9	Total adjustments (net) Add lines 4 - 8			9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 ar	nd 9		10	1,193,767
Par	Reconciliation of Revenue per Audited Financial Stat		nts With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	5,044,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	83,655		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	39,778		
e	Add lines <b>2a</b> through <b>2d</b> .			2e	123,433
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,920,858
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, lin			5	4,920,858
Part	<u> </u>	teme	ents With Expenses	per	
1	Total expenses and losses per audited financial statements			1	3,850,524
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	83,655		
b	Prior year adjustments	2b	0	1	
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	39,778		
e	Add lines <b>2a</b> through <b>2d</b>			2e	123,433
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,727,091
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, li	ne 18	)	5	3,727,091
Pai	t XIV Supplemental Information				
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and	9, Pa	rt III, lines 1a and 4, P	art IV ,	lines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART X, LINE 2		The Arts Council accounts for uncertainty in income taxes in accordance with the applicable accounting guidance. Using this guidance, tax positions are initially recognized in the combined financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. As of December 31, 2011 and 2010, the Arts Council has no uncertain tax positions that qualify for either recognition or disclosure in the combined financial statements. The Arts Council's federal informational returns generally remain open for the last three years.
PART XII, LINE 2D AND PART XIII, LINE 2D		SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES

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As Filed Data -

DLN: 93493184003122

OMB No 1545-0047

Inspection

**Employer identification number** 

Open to Public

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

REATER HARTFORD ARTS C	OUNCILINC			23-7111486	;
Part I Fundraising Ac	tivities. Complete	e ıf the organı	zation answered "Yes"	to Form 990, Part IV	/, line 17.
Indicate whether the organ  Mail solicitations  Internet and e-mail so  Phone solicitations  In-person solicitation  Did the organization have or key employees listed in to be compensated at leas	olicitations s a written or oral agre i Form 990, Part VII st paid individuals or	ement with any ) or entity in cor	e Solicitation of not form Solicitation of good good Special fundraision of good good solicitation of good good solicitation of good good good solicitation with professional issers) pursuant to agreen	en-government grants overnment grants ing events ers, directors, trustees fundraising services? nents under which the fu	
(i) Name and address of Individual or entity (fundraiser)  otal	(ii) Activity	(iii) Did fundraiser have custody or control of contributions  Yes No	7	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  BIG RED (event type)	(b) Event #2  WINE DINNER (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
ΞŒ	1	Gross receipts	60,835	68,740	0	129,575
Revenue	2	Less Charitable contributions	15,930	12,765	0	28,695
	3	Gross income (line 1 minus line 2)	44,905	55,975	0	100,880
	4	Cash prizes	C	0	0	0
မှာ	5	Non-cash prizes	280	669	0	949
Expenses	6	Rent/facility costs	3,552	450	0	4,002
ă	7	Food and beverages	C	12,210	0	12,210
Direct	8	Entertainment	750	0	0	750
Δ	9	Other direct expenses .	6,865	15,002	0	21,867
Dan	10 11	Direct expense summary Add lin  Net income summary Combine lii  Gaming. Complete if the or	nes 3 and 10 in column (	d)	rt IV line 19 or reno	(39,778) 61,102
I GII		\$15,000 on Form 990-EZ, lir		103 10 101111 330, 1 4	111 <b>v</b> , iiile 19, 61 Tepo	Ted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မွ	2	Cash prizes				
pens	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
₽ E	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>	
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eac	n of these states?		
		re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493184003122

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number GREATER HARTFORD ARTS COUNCIL INC 23-7111486 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

33

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Infor	mation. Complete this	part to provide the info	ormation required in Par	t I, line 2, and any other a	additional information.
Identifier Return Refe	rence Ex	planation			

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		All Grantees undergo a rigorous review process which includes completing a detailed application about their organization, proposed use of funds, financial information, etc. Grant applications are reviewed by both professional staff and volunteer panels of community members representing a broad spectrum of the general public. After grants are awarded, final reports are required, detailing use of funds, objective achieved, project budgets, etc. For most of our grant programs, final grant payments (generally 20% of the grant amount), are contingent upon the submission of acceptable final reports.

Software ID: Software Version:

**EIN:** 23-7111486

Name: GREATER HARTFORD ARTS COUNCIL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United St										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
The Artists Collective 1200 ALBANY AVENUE HARTFORD,CT 06112	06- 0889475	501(C)(3)	58,330	0		N/A	General Operating Support			
Bushnell Memorial166 CAPITOL AVENUE HARTFORD,CT 06106	06- 0662112	501(C)(3)	104,823	0		N/A	General Operating Support			
Hartford Stage Company 50 CHURCH STREET HARTFORD,CT 06103	06- 0790484	501(C)(3)	141,172	0		N/A	General Operating Support			
Hartford Symphony Orchestra99 PRATT STREET SUITE 500 HARTFORD, CT 061031629	06- 0637319	501(C)(3)	105,628	0		N/A	General Operating Support			
Hill-Stead Museum35 MOUNTAIN ROAD FARMINGTON, CT 06032	06- 0646673	501(C)(3)	19,818	0		N/A	General Operating Support			
Mark Twain House and Museum351 FARMINGTON AVENUE HARTFORD,CT 06105	06- 0685118	501(C)(3)	36,584	0		N/A	General Operating Support			
New Britain Museum of American Art56 LEXINGTON STREET NEW BRITAIN, CT 06052	06- 1422234	501(C)(3)	32,615	0		N/A	General Operating Support			
Real Art Ways Inc56 ARBOR STREET HARTFORD,CT 06106	06- 0958072	501(C)(3)	59,677	0		N/A	General Operating Support			
TheaterWorks233 PEARL STREET HARTFORD,CT 06103	06- 1172413	501(C)(3)	35,543	0		N/A	General Operating Support			
Wadsworth Atheneum600 MAINSTREET HARTFORD,CT 06103	06- 0653111	501(C)(3)	118,466	0		N/A	General Operating Support			
Charter Oak Cultural Center21 CHARTER OAK AVENUE HARTFORD,CT 06106	06- 1026597	501(C)(3)	22,267	0		N/A	General Operating Support			
CONCORAConnecticut Choral Artists Inc233 PEARL STREET HARTFORD, CT 06103	22- 2755473	501(C)(3)	9,082	0		N/A	General Operating Support			
Hartford Children's Theatre360 FARMINGTON AVENUE HARTFORD,CT 06105	22- 2965023	501(C)(3)	12,500	0		N/A	General Operating Support			
Little Theatre of ManchesterCheney Hall 177 HARTFORD ROAD MANCHESTER, CT 06040	23- 7169063	501(C)(3)	10,000	0		N/A	General Operating Support			
CPAPrison Arts110 BARTHOLOMEW AVE SUITE 3010 HARTFORD, CT 06106	06- 0646592	501(C)(3)	7,000	0		N/A	General Operating Support			
CT Guitar SocietyPO BOX 1528 HARTFORD,CT 061441528	22- 2768662	501(C)(3)	8,000	0		N/A	General Operating Support			
Hartford Chorale Inc233 PEARL STREET 17 HARTFORD,CT 06103	06- 0884892	501(C)(3)	10,000	0		N/A	General Operating Support			
Judy Dworin Performance Project Inc233 PEARL STREET HARTFORD, CT 06103	22- 3064328	501(C)(3)	11,500	0		N/A	General Operating Support			
Riverfront Recapture50 COLUMBUS BLVD 1ST FLOOR HARTFORD, CT 061061984	06- 1045653	501(C)(3)	30,000	0		N/A	Community Events Grant, Round I			
First Night Hartford57 PRATT STREET SUITE 802 HARTFORD,CT 06103	22- 2970922	501(C)(3)	25,000	0		N/A	Community Events Grant, Round II			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, C	Grants and O	ther Assista	nce to Gove	rnments and	Organization	ns in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Artists Collective1200 ALBANY AVENUE Hartford, CT 06112	06- 0889475	510(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
Asylum Hill Congregational Church814 Asylum Avenue Hartford, CT 06105	06- 0646544	501(C)(3)	7,320	0		N/A	Hartford Arts & Heritage Jobs Grant
Billings Forge Community Works 140 Russ Street N110 Hartford, CT 06106	26- 1412551	501(C)(3)	9,150	0		N/A	Hartford Arts & Heritage Jobs Grant
Charter Oak Cultural Center21 CHARTER OAK AVENUE Hartford, CT 06106	06- 1026597	501(C)(3)	30,463	0		N/A	Hartford Arts & Heritage Jobs Grant
Connecticut Landmarks255 Main Street 4 Hartford,CT 06106	06- 0789151	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
HartBeat Ensemble 233 Pearl Street Hartford, CT 06103	06- 1633100	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
Hartford Children's Theatre360 FARMINGTON AVENUE Hartford, CT 06105	22- 2965023	501(C)(3)	12,200	0		N/A	Hartford Arts & Heritage Jobs Grant
Hartford City Ballet 420 New Park Ave Hartford, CT 06106	03- 0566472	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
Hartford Symphony Orchestra99 PRATT STREET SUITE 500 Hartford, CT 061031629	06- 0637319	501(C)(3)	11,156	0		N/A	Hartford Arts & Heritage Jobs Grant
Institute for Community Research 2 Hartford Square Suite 100 Hartford, CT 06106	06- 0653116	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
Judy Dworin Performance Project Inc233 PEARL STREET Hartford, CT 06103	22- 3064328	501(C)(3)	15,168	0		N/A	Hartford Arts & Heritage Jobs Grant
Mark Twain House and Museum351 FARMINGTON AVENUE Hartford, CT 06105	06- 0685118	501(C)(3)	59,475	0		N/A	Hartford Arts & Heritage Jobs Grant
Real Art Ways Inc56 ARBOR STREET Hartford, CT 06106	06- 0958072	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
Sea Tea ImprovPO Box 230221 Hartford, CT 061230221	22- 2965023	501(C)(3)	11,706	0		N/A	Hartford Arts & Heritage Jobs Grant
Trinity College300 Summit Street Hartford, CT 06106	06- 0646927	501(C)(3)	30,500	0		N/A	Hartford Arts & Heritage Jobs Grant
The Artists Collective1200 ALBANY AVENUE Hartford, CT 06112	06- 0889475	501(C)(3)	15,000	0		N/A	Neighborhood Studios
Real Art Ways Inc56 ARBOR STREET Hartford, CT 06106	06- 0958072	501(C)(3)	20,000	0		N/A	Neighborhood Studios
Hartford Stage Company50 CHURCH STREET Hartford,CT 06103	06- 0790484	501(C)(3)	20,000	0		N/A	Neighborhood Studios
Charter Oak Cultural Center21 CHARTER OAK AVENUE Hartford,CT 06106	06- 1026597	501(C)(3)	20,000	0		N/A	Neighborhood Studios
The Amistad Center for Art and Culture 600 Main Street Hartford, CT 061032990	06- 0653111	501(C)(3)	20,000	0		N/A	Neighborhood Studios

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hartford Jazz Society Inc116 Cottage Grove Road Room 202 Bloomfield, CT 060023200	06- 6102327	501(C)(3)	16,123	0		N/A	Heritage Advancement (Staff Directed)

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DLN: 93493184003122

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

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

**NonCash Contributions** 

Name of the organization GREATER HARTFORD ARTS COUNCIL INC

**Employer identification number** 

23-7111486

Рa	rt I Types of Property								
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı			
1	Art—Works of art			19					
	Art—Historical treasures .								
	Art—Fractional interests								
	Books and publications								
	Clothing and household								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .								
	Securities—Closely held stock .								
	Securities—Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
	3								
25	COMPUTER		,	30,000	MARKET				
	Other ► (SERVERS)	X	1	30,000	MARKET				
	O ther ► ()								
	Other ► () Other ► ( )								
20 29	Number of Forms 8283 received	hy the era	anization during the tax ve	r for contributions					
29	for which the organization compl				29				
			,	•	•		Yes	No	
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it				
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used				
	for exempt purposes for the enti	re holding p	period?			30a		No	
b	b If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?								
b	If "Yes," describe in Part II								
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,				

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493184003122

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization GREATER HARTFORD ARTS COUNCIL INC **Employer identification number** 

23-7111486

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 3		The organization ceased being the fiscal agent for the Connecticut Veterans Day Parade, along with transferring fiscal responsibility for Hartford Festival of Light to another organization. Both of these programs were part of the organization's cultural programs and program services
FORM 990, PART VI, SECTION A, LINE 1A		The full Board meets quarterly, the Executive Committee meets in all months that the Board does not meet. Our by-laws state "Between meetings of the Board, the Executive Committee may exercise all the powers of the Board of Directors except those powers specifically delegated to other committees and those powers which by law or under these by-laws are reserved exclusively to the Board."
FORM 990, PART VI, SECTION B, LINE 11B		The chief financial officer reviews the Form 990 with tax advisors from a national accounting firm. The Form 990 is reviewed by the Audit and Executive Committees, and distributed electronically to the full Board of Directors, in advance of filing.
FORM 990, PART VI, SECTION B, LINE 12C		All Board members, employees and grant-review panels are given the written Conflict of Interest Policy each year and required to sign a form disclosing any potential conflicts. Those with conflicts are required to recuse themselves from voting on or becoming involved with organizations or issues with which they have a conflict. The Audit Committee reviews the Conflict of Interest forms each year to ensure compliance.
FORM 990, PART VI, SECTION B, LINE 15		During the CEO search conducted in 2011, the Search Committee reviewed comparability data to set the salary level. The recommended salary was presented to the Executive Committee for discussion and approval through a formal vote. Also, the Chief Operating Officer's compensation is based on comparability data, approved by members of the Executive Committee through a formal vote. The deliberation and decision regarding compensation is contemporaneously documented in the committee minutes.
FORM 990, PART VI, SECTION C, LINE 19		ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT ANY TIME UPON REQUEST. THEY ARE ALSO POSTED ON THE ARTS COUNCIL WEBSITE.
FORM 990, PART VII, LINE 89		KATHLEEN LYNCH BOLDUC'S ROLE AS CHIEF EXECUTIVE OFFICER ENDED ON OCTOBER 14, 2011 CATHY MALLOY BECAME THE NEW CHIEF EXECUTIVE OFFICER ON OCTOBER 17, 2011

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DLN: 93493184003122

OMB No 1545-0047

Open to Public

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

► Attach to Form 990. ► See separate instructions. Inspection **Employer identification number** 

GREATER HARTFORD ARTS COUNCIL INC				23-711148	36		
Part I Identification of Disregarded Entities (Comple	te if the organizatio	on answered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II  Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete e tax year.)	I if the organization	n answered "Yes"	on Form 990, Pa	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling entity		( <b>g)</b> 512(b)(13 trolled nization
(1) HARTFORD PROUD AND BEAUTIFUL						Yes	No
100 DEADL STREET	NO ACTIVITY	СТ	501(C)(3)		7 GHAC	Yes	
HARTFORD, CT 06103 22-3115001	VO ACTIVITY	CI	301(0)(3)		<b>'</b>	163	
						_	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y		Schedule R (	Form 990'	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity  Primary activity  (state or foreign country)		, ·	Direct controlling (related unrelated		(g)  f total  Share of end-of- year assets		) rtionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No					
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO					
	ng the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-					
	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No					
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No					
	iff, grant, or capital contribution from related organization(s)			1d		No					
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No					
e L	oans or loan guarantees by related organization(s)			16	+	110					
f S	ale of assets to related organization(s)			1f		No					
	Purchase of assets from related organization(s)										
	xchange of assets with related organization(s)			1h		No					
	ease of facilities, equipment, or other assets to related organization(s)			1i		No					
j L	Lease of facilities, equipment, or other assets from related organization(s)										
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No					
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No					
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No					
n S	haring of paid employees with related organization(s)			1n		No					
<b>o</b> F	eimbursement paid to related organization(s) for expenses			10		No					
p F	eimbursement paid by related organization(s) for expenses			<b>1</b> p		No					
q	ther transfer of cash or property to related organization(s)			<b>1</b> q		No					
r C	ther transfer of cash or property from related organization(s)			1r		No					
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt					
1) 2)											
2)											
3)											
4)											
5)											
6)		1		I							

### 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		proprtionate allocations? Code V—UBI Ge amount in box ma		<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011