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 $\mathsf{Form}\,990$

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| <u>A</u> | For the | 2011 calendar year, or tax year beginning JUL 1, 2011 and | ending J | UN 30, 2012 | |
|-----------------------------|---------------------------|---|--|-----------------------------|--------------------------------|
| В | Check if applicable | THE HASTY PUDDING - INSTITUTE OF 1//0, | , | D Employer identifi | cation number |
| L | Addres | INC. | | _ | |
| | Name change Initial | | | † | 425590 |
| | return Termin- ated | PO BOX 381940 | Room/suite | E Telephone numbe | 495-5205 |
| | Amend | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 612,854. | |
| | Applica | CAMBRIDGE, MA 02230 | | H(a) Is this a group re | |
| | pending | F Name and address of principal officer:MARK SZPAK | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | cluded? Yes No |
| | | mpt status: X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) c | or 527 | If "No," attach a | list. (see instructions) |
| | | e: ► WWW.HASTYPUDDING.ORG | | H(c) Group exemption | |
| | | organization X Corporation | L Year | of formation 1934 | M State of legal domicile MA |
| ø | 1 E | Briefly describe the organization's mission or most significant activities: ${ m TO}~{ m FC}$ | OSTER | AND EXPAND | THE |
| Activities & Governance | = | INTEREST AND OPPORTUNITIES IN THE PERFORM | MING A | ND CREATIVE | ARTS. |
| er. | 2 (| Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | e than 25% of its net as | ssets. |
| ŏ | 3 1 | lumber of voting members of the governing body (Part VI, line 1a) | | 3 | 4 |
| જ | 4 1 | lumber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 4 |
| es | 5 7 | otal number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 0 |
| Ĭ. | 6 7 | otal number of volunteers (estimate if necessary) | | 6 | 60 |
| Act | 7a 1 | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | 1 d | let unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| ē | 8 (| Contributions and grants (Part VIII, line 1h) | | 115,742. | 197,898. |
| Revenue | 9 F | Program service revenue (Part VIII, line 2g) | | 379,529. | |
| ě | 10 h | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 725. | 385. |
| _ | 11 (| Other revenue (Part VIII, column (<u>A), lines 5, 6d, 8c, 9c, 10c; and 11</u> e) | <u> </u> | <1,653. | |
| | | otal revenue - add lines 8 through 11 (mustiequal-Part Mill, column (A), line 12) | | 494,343. | 586,765. |
| | | Grants and similar amounts paid (Part-IX-column (A)-lines-1-9) | | 0. | 15,000. |
| | | senetits paid to or for members (Hart IX, column (A), Ine 4)13 | ļ | 0. | 0. |
| Ses | 15 8 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line-11e) | <u> </u> | 0. | 0. |
| X | ьт | | 82. | 202 007 | 424 002 |
| - | 17 (| Other expenses (Part IX, column (A), lines-11a-11d, 11f-24e) | <u> </u> | 393,827. | 434,993. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 393,827. | 449,993. |
| | 19 F | Revenue less expenses. Subtract line 18 from line 12 | | 100,516. | 136,772. |
| Net Assets or Fund Balances | | | Be | ginning of Current Year | End of Year |
| SSE | 20 1 | otal assets (Part X, line 16) | · | 487,195. | 623,967. |
| et d | 21 7 | otal liabilities (Part X, line 26) | - | 106,816. | 106,816. 517,151. |
| | 22 N art II | let assets or fund balances. Subtract line 21 from line 20 Signature Block | | 380,379. | 517,151. |
| | | | | | us knowledge and belief it in |
| | | ies of perjury, I declare that I have examined this return, including accompanying schedules , and complete Declaration of preparer (other than officer) is based on all information of wh | | | ly knowledge and belief, it is |
| true | , correct | and complete Declaration of preparer (other mail officer) is based on all information of wife | iich preparei | I lias ally kilowieuge | 14 301/2 |
| Sig | _ | Signature of officer | | Date | 14, 2013 |
| He | | MARK SZPAK, OPERATING BOARD MEMBER | 2/00 | RK | |
| 110 | | Type or print name and title | y | ./// | <u>.</u> |
| _ | | Print/Type preparer's name Preparer's signature | 7 | Date Check | PTIN |
| Pai | | ALFONSO PERILLO | | 05/13/13 if self-employ | |
| | | Firm's name EDELSTEIN AND COMPANY, LLP | | Firm's EIN | 04-2442519 |
| | - | Firm's address 160 FEDERAL STREET, 9TH FLOOR | | 1.1111 3 2.114 | <u> </u> |
| | 1 | BOSTON, MA 02110-1772 | | Phone no 6 | 17-227-6161 |
| Ma | y the IR | S discuss this return with the preparer shown above? (see instructions) | | 1 | X Yes No |
| | 001 01-23 | | ons. | | Form 990 (2011) |

132002 02-09-12

4e

Form **990** (2011)

379,294.

Total program service expenses

) (Revenue \$

Form 990 (2011) Part IV Checklist of Required Schedules

| ************************************** | 1 1000 1110 | 1110111011 | <i>-,,</i> ,,, | |
|--|-------------|------------|--------------------|------------|
| INC. | | | | 04-1425590 |

| | , | | Yes | No |
|-----|--|-----------|--|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | _ | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | _4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | Х |
| • | 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 | | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | |] |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | ., |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | _v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | х | |
| 100 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 120 | Schedule D. Parts XI, XII, and XIII | 12a | х | |
| ь | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | ١,, |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | v |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | ŀ | x |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | _ | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | х | |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | <u>''</u> | | |
| 18 | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | † <u></u> |
| | The state of the s | | 990 | (2011) |

| | 990 (2011) INC. 04-142 | 5590 | Р | age 4 |
|-----|---|------|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | _ | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| _ | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | - | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| · | any tax-exempt bonds? | 24- | | |
| a | | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 208 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 1 | | v |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 1 | | 3,7 |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | ļ | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | ļ | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | ٠,, |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | • | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 1 | } | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | _X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

Form **990** (2011)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | <u> </u> | | | |
|---------|--|-----------|------------------------|-----------|----------------|---------------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 8 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u>1b</u> | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and re- | eporta | ble gamıng | | | |
| | (gambling) winnings to prize winners? | | 1 | 1c | X | |
| 2a | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, | | _ | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | • | 2b_ | | ,,,, ,,, |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | ;) | | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | _3a | _ | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | х | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | nt)'? | 4a | ^ | |
| b | If "Yes," enter the name of the foreign country: ► BERMUDA | | -4- | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accou | nts. | E | | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | -412 | | 5a | | $\frac{x}{x}$ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | Guon? | | 5b_ 5c | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e ora | anization ediicit | <u> </u> | | |
| va | any contributions that were not tax deductible? | ie orge | anzation solicit | 6a | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions o | r aifts | -54 | | |
| - | were not tax deductible? | | . J | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | vices (| provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | · | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we | as req | uıred | | | |
| | to file Form 8282? | | | 7c | | X |
| d | if "Yes," indicate the number of Forms 8282 filed during the year | 7d_ | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontrac | ct? | 7e_ | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | | 7f | _ | Х |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | ļ _. | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | | | | • | |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any tin | ne during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| | 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? | | | 96 | | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | 10a | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | | 1 | | |
| В 11 | Section 501(c)(12) organizations. Enter: | | l | 1 | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | · · · · | | 1 | | |
| - | amounts due or received from them.) | 11b | | 1 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | L | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | ļ | | |
| С | Enter the amount of reserves on hand | 13c | | ļ | ļ | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | <u> </u> | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | | 14b | <u> </u> | L |
| | | | | Form | gan . | (2011) |

Form 990 (2011)

INC.

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

| | Check if Schedule O contains a response to any question in this Part VI | | | | X | | | | | | | |
|------------|---|-------------|---------|----------|----|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | - | | | | | | | | | | |
| | | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 4 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 4 | | | | | | | | | | |
| 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 | | X | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisi | on | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | 3 | | X | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | 6 | <u>X</u> | | | | | | | | |
| 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 | X | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | v | | | | | | | |
| | persons other than the governing body? | | 7b | | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | v | | | | | | | | |
| | The governing body? | | _8a_ | X | | | | | | | | |
| | Each committee with authority to act on behalf of the governing body? | | 8b_ | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | Х | | | | | | | |
| <u></u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | | | | | | | | |
| <u>sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No | | | | | | | |
| 100 | Did the organization have local chapters, branches, or affiliates? | | 10a | 162 | X | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | 100 | | | | | | | | | |
| U | and branches to ensure their operations are consistent with the organization's exempt purposes? | 1 | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | form? | 11a | | Х | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X | ĺ | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 12b | Х | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | | |
| | in Schedule O how this was done | | 12c | X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13_ | | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independen | t | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | X | | | | | | | |
| b | Other officers or key employees of the organization | | 15b | | X | | | | | | | |
| | 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 | | X | | | | | | | |
| b | if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | n | İ | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | ١ | | 1 | | | | | | | |
| | exempt status with respect to such arrangements? | | 16b | | | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filled MA | 3)0 0-10 | ovodet | lo. | - | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)) | ojs only) i | avallac | ii C | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request | | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest | nolicy an | d finar | ncıəl | | | | | | | | |
| 10 | statements available to the public during the tax year. | poncy, an | u miai | ioidi | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | organiza | tion: | • | | | | | | | | |
| | LENA DEMASHKIEH & WILLIAM DECHERD - 617-495-5205 | J. 941 1120 | | | | | | | | | | |
| | 2 GARDEN STREET, CAMBRIDGE, MA 02138 | | | | | | | | | | | |
| 17777 | | | | | | | | | | | | |

01-23-12

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Name and Title | | | | | C) | | | (D) | (E) | (F) | | |
|-------------------------|---|------------------|--|---------|----------|------------------------------|------|--|--|---|--|--|
| Name and The | Average hours per | box | Positi (do not check m box, unless pers- officer and a dire | | | than o | n an | Reportable compensation | Reportable compensation | Estimated amount of | | |
| | week (describe hours for related organizations in Schedule O) | stee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | | |
| (1) WILLIAM DECHERD | | | | | | | | | | _ | | |
| PRESIDENT/DIRECTOR | 5.00 | X | L. | X | | | | 0. | 0. | 0 | | |
| (2) LENA DEMASHKIEH | | | | | | | | _ | | | | |
| TREASURER/DIRECTOR | 5.00 | X | | Х | | | | 0. | 0. | 0 | | |
| (3) MARK SZPAK | | | | | | | | | | | | |
| CLERK/DIRECTOR | 5.00 | X | ļ | X | <u> </u> | | | 0. | 0. | 0 | | |
| (4) ANDREA OLSHAN | | | | | | | | • | | • | | |
| VICE PRESIDENT/DIRECTOR | 5.00 | X | | X | | | | 0. | 0. | 0 | | |
| | | | | | | | | | | | | |
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Form **990** (2011)

| | 990 (2011) INC. | | | | | | | | | 04-14 | 255 | 90 | Pa | ige 8 |
|----------|--|---|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------|--|--|--|----------------------------|--------------------------------------|---------------|
| Par | VII Section A. Officers, Directors, Tra | | mplo | yee | | | High | est | | | | | | |
| | (A) Name and title | (B) Average hours per week | box | not c | Pos heck | erson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | ation | | (F) mate unt c ther | |
| | | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | C) | fror organ and organ | n the nzati relate | e on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1 b | Sub-total Sub-total | | | <u>.</u> | | | | | 0. | | 0. | | | 0 |
| | Total from continuation sheets to Part V Total (add lines 1b and 1c) | | • | | | | > | | 0. | | 0. | | | 0 |
| 2 | Total number of individuals (including but recompensation from the organization | not limited to t | hose | liste | ed a | bov | e) wl | no r | eceived more than \$10 | 0,000 of reportable | 1 | | 4 1 | (|
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | | | e, ke | еу өі | mplo | oyee | , or | highest compensated e | employee on | [| 3 | res | No X |
| 4 | For any individual listed on line 1a, is the s and related organizations greater than \$15 | um of reportation,000? <i>If</i> "Yes | ole co | mpl | ete : | Sch | edul | e J | for such individual | | | 4 | | Х |
| 5 Sec | Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," contion B. Independent Contractors | | | | | | | elat | ted organization or indiv | vidual for services | | 5 | | Х |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pensat | ion fro | om | |
| | (A) Name and business | | | ON | | | | | (B) Description of | | Со | (C) mpens | | n |
| | | | .= | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organ | | not li | mite | ed to | | se li O | ste | d above) who received i | more than | ······································ | orm 0 | | |

| rar | t VII | I Statement of Rever | nue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|----------|--|-------------------|----------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | 310, 01 314 |
| <u> </u> | b | Membership dues | 1b | | | | | |
| A P | C | Fundraising events | 1c | | | | | |
| اقِ قَ | d | Related organizations | 1d | | | | | |
| Sig | | Government grants (contribut | | | | | | |
| ig a | f | All other contributions, gifts, gran | | 107 000 | | | | |
| E 8 | | similar amounts not included abo | | 197,898. | | | | |
| 52 | 9 | | 1a-1f \$ | | 197,898. | | | |
| - | <u> </u> | Total. Add lines 1a-1f | | Business Code | 197,090. | | | <u> </u> |
| | 2 a | TICKET SALES | | Business Code 711110 | 239,854. | 239,854. | | |
| ξ | 2 b | | LUB DUE | 900099 | 92,355. | 92,355. | | |
| Ser | c | CONCESSIONS | DOD DOD | 711110 | 56,489. | 56,489. | | |
| e a | d | | | | 00,000 | | | |
| Program Service Revenue | e | | | | | | | |
| مة | f | All other program service reve | enue | | | | | |
| | 9 | Total. Add lines 2a-2f | | > | 388,698. | | | |
| | 3 | Investment income (including | dividends, inter- | est, and | | | | |
| - 1 | | other sımılar amounts) | | ▶ | 385. | | | 385. |
| | 4 | Income from investment of tax | x-exempt bond p | oroceeds 🕨 | | | | |
| 1 | 5 | Royalties | | • | **** | | | |
| | | | (i) Real | (II) Personal | | | | |
| | 6 a | Gross rents | | ļ | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | L | | | | | |
| | d | | | P | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | • | | |
| | | Net gain or (loss) Gross income from fundraising | a avanta (not | | | | | |
| Other Revenue | 0 a | | of | | | | | |
| eve | | contributions reported on line | | | | | | |
| Ř. | | Part IV, line 18 | a (0). 000 | 25,873. | | [| | |
| t t | b | Less: direct expenses | b | 0.000 | | | | |
| 0 | | Net income or (loss) from fund | draising events | • | <216. | > | | <216. |
| | | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ning activities | • | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances . | а | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| <u> </u> | С | Net income or (loss) from sale | | <u> </u> | | | | ļ |
| | | Miscellaneous Revenu | le | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | C | All | | | | | | ļ |
| | d | , | • | | | <u> </u> | | |
| | | Total. Add lines 11a-11d | | ₹ | 586,765. | 388,698. | 0. | 169. |
| 132009 01-23-1 | 12_ | Total revenue. See instructions | | | 300,703. | 300,030. | | Form 990 (2011) |

Form 990 (2011)

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).

| Do n | Check if Schedule O contains a response of include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|------|--|----------------|--------------------------|---------------------------------|----------------------|
| | b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| | Grants and other assistance to governments and | 15 000 | 15 000 | | |
| | organizations in the United States See Part IV, line 21 | 15,000. | 15,000. | · | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | ····· |
| 4 | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(8) | | | | |
| 7 | Other salaries and wages . | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | | | | |
| | Other employee benefits | | | | |
| | Payroll taxes . | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 1 | | 15 000 | |
| C | Accounting . | 15,000. | | 15,000. | · |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | 60 041 | | |
| 9 | Other | 60,241. | 60,241. | 0.500 | |
| 12 | Advertising and promotion | 2,500. | | 2,500. | |
| 13 | Office expenses | 65,938. | 2 <u>3,</u> 756. | 42,182. | |
| 14 | Information technology | | | | |
| 15 | Royalties . | | 10 070 | | |
| 16 | Occupancy | 13,872. | 13,872. | | |
| 17 | Travel | 80,615. | 80,615. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates . | | | | <u> </u> |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 5,163. | 5,163. | | |
| | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) | | | | |
| | SHOW COSTUMES LABOR AND | 103,781. | 103,781. | | |
| _ | FOOD, BEVERAGES, CONCES | 77,648. | 76,866. | | 782 |
| | BANK AND CREDIT CARD PR | 10,235. | | 10,235. | |
| d | | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 449,993. | 379,294. | 69,917. | 782 |
| | Joint costs. Complete this line only if the organization | | · · · · · · | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | 1 | |

Form **990** (2011)

Form 990 (2011)

INC.

| Part X | Balance Sheet | (A) | | (B) |
|----------------------------------|---|-------------------|-----|-------------|
| | | Beginning of year | | End of year |
| 1 | Cash · non-interest-bearing | 8,798. | 1 | 4,781 |
| 2 | Savings and temporary cash investments | 478,397. | 2 | 619,186 |
| 3 | Pledges and grants receivable, net | - | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II | | | |
| | of Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | employees' beneficiary organizations (see instructions) | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 7 8 | Inventories for sale or use | | 8 | |
| . 9 | Prepaid expenses and deferred charges | | 9 | |
| 108 | a Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a | | | |
| | Less: accumulated depreciation 10b | Ī | 10c | |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 487,195. | 16 | 623,967 |
| 17 | Accounts payable and accrued expenses . | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | · = |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 2 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 21 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| <u>;</u> | highest compensated employees, and disqualified persons. Complete Part II | | | |
| j | of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| i | Schedule D | 106,816. | 25_ | 106,816 |
| 26 | Total liabilities. Add lines 17 through 25 | 106,816. | 26 | 106,816 |
| | Organizations that follow SFAS 117, check here X and complete | | | |
| g | lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 380,379. | 27 | 517,151 |
| 28 | Temporarily restricted net assets | | 28 | |
| 29 | Permanently restricted net assets | | 29 | |
| 27 28 29 30 31 32 | Organizations that do not follow SFAS 117, check here and | | | |
| ; | complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 380,379. | 33 | 517,151 |
| 34 | Total liabilities and net assets/fund balances | 487,195. | 34 | 623,967 |

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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

THE HASTY PUDDING — INSTITUTE OF 1770,

Employer identification number 04-1425590

| Pa | rt I | Reason | for Public Cha | rity Status (All organiz | ations mus | st complet | e this par | t.) See inst | ructions. | | | | | |
|-------|--------|--|----------------------------|---|--|-------------------|--------------------|---|---|-------------------------|-----------------|---------|------|--|
| The o | organı | zation is not a | private foundation | because it is: (For lines 1 | 1 through 1 | 1, check | only one b | ox.) | | | | | | |
| 1 | | A church, cor | nvention of churche | es, or association of chur | ches descr | nbed in se | ction 170 | (b)(1)(A)(i) | • | | | | | |
| 2 | | A school des | cribed in section 1 | 70(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | | |
| 3 | | A hospital or | a cooperative hosp | oital service organization o | described i | n section | 170(b)(1) | (A)(iii). | | | | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | pital desci | ribed in se | ction 170 | (b)(1)(A)(ii | ii). Enter the | e hospital | 's nam | e, | |
| | | 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.) | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
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| 8 | | | | | | | | | | | | | | |
| | X | - | | ceives: (1) more than 33 | | • | rom contri | butions, m | nembershi | p fees, and | d aross red | celots | from | |
| • | | | | inctions · subject to certa | | | | | | | | | | |
| | | | | taxable income (less sect | | | | | | | | | | |
| | | | 509(a)(2). (Complet | | | , | | | , | | | | | |
| 10 | | | | perated exclusively to te | st for publi | c safety. S | See sectio | n 509(a)(4 | 1). | | | | | |
| 11 | | _ | _ | perated exclusively for the | - | - | | | | v out the p | urposes o | f one | or | |
| | | | | ations described in secti | | | | | | | | | | |
| | | | | g organization and compl | | | | -, | | ,,-,- | | | | |
| | | a Type I | | <u> </u> | | | tionally int | tegrated | | d 🔲 | Type III - 0 | Other | | |
| е | | | | at the organization is not | | | • | _ | r more dis | | | | n | |
| · | | | | than one or more publicly | | | | | | | | | | |
| f | | | | itten determination from | | | | | | - (-)(-) | | (-/(-/- | | |
| • | | - | rganization, check 1 | | | | pc 1, 1, pc | 11, 01 1, 01 | | | | | | |
| 9 | | | • | organization accepted ar | ny aift or ca | ontribution | from any | of the follo | owing per | sons? | | | | |
| 9 | | - | | directly controls, either al | • - | | - | | | | | Yes | No | |
| | | | | supported organization? | one or tog | Ollioi Willi | polocilo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | () aa , | (, 40.011, | 11g(i) | 1.55 | | |
| | | - | · · | on described in (i) above? | • | | | | | | 11g(ii) | | | |
| | | • | • | a person described in (i) o | | 2 | | | | | 11g(iii) | - | | |
| h | | | - | n about the supported or | | | | | | | 1.8() | · - | | |
| h | | Flovide the it | ollowing illiornation | i about the supported of | garnzation | (5). | | | | | | | | |
| (i) | | of supported nization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | (iv) is the o in col (i) lis governing o | sted in your | | u notify the tion in col r support? | (vi) Is organizati (i) organiz U S | on in col zed in the | (vii) An sup | nount o | of | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
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| Tota | | | | | | | | | | | - | | | |
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132021

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

| Pŧ | art II Support Schedule for | Organizations | Described in | Sections 170 | (b)(1)(A)(iv) an | d 170(b)(1)(A)(v | vi) |
|----------|--|---|------------------------|-------------------------|---|--|----------------|
| | (Complete only if you checked | the box on line 5 | 5, 7, or 8 of Part I o | or if the organization | on failed to qualify | under Part III. If the | e organization |
| | fails to qualify under the tests | listed below, plea | ase complete Part | III.) | | | |
| Se | ction A. Public Support | · | | | | | _ |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | ı | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | · | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | <u> </u> | | |
| | The portion of total contributions | | | | | | |
| • | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | ** ************************************ | | | *************************************** | ······································ | |
| | ction B. Total Support | | 1 | <u></u> | | <u> </u> | <u> </u> |
| | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | (a) 2007 | (0) 2000 | (0) 2003 | (4) 2010 | (6) 2011 | (1) TOTAL |
| | | | | | - | | |
| 0 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | İ | |
| | securities loans, rents, royalties | | | | | | |
| _ | and income from similar sources | | | | - | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | 1 | | | | | |
| | business is regularly carried on | | ļ | | · · · · · · · · · · · · · · · · · · · | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | 1 | | |
| 11 | Total support. Add lines 7 through 10 | <u> </u> | L | <u> </u> | 1 | <u> </u> | |
| | Gross receipts from related activities, | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for | - | s first, second, thi | rd, fourth, or fifth t | tax year as a section | on 501(c)(3) | . — |
| <u> </u> | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2011 (| | • | column (f)) | • | 14 | |
| | Public support percentage from 2010 | • | • | | | 15 | . % |
| 16 | a 33 1/3% support test - 2011. If the c | | | | e 14 is 33 1/3% or | more, check this b | ox and |
| | stop here. The organization qualifies | | | | | | ▶∟_ |
| ı | b 33 1/3% support test - 2010. If the c | organization did no | ot check a box on | line 13 or 16a, an | d line 15 is 33 1/39 | % or more, check t | |
| | and stop here. The organization qual | • | • • • | | | | . ▶□ |
| 178 | a 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | ts-and-circumstar | nces" test, check t | his box and stop | here. Explain in Pa | art IV how the orga | nization |
| | meets the "facts-and-circumstances" | _ | | | | | . ▶∟_ |
| ı | b 10% -facts-and-circumstances tes | t - 2010. If the org | ganization did not | check a box on lir | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circi | umstances" test, c | heck this box and | d stop here. Explai | n in Part IV how th | θ |
| | organization meets the "facts-and-cire | cumstances" test. | The organization | qualifies as a pub | licly supported org | janization | ▶∟ |

Schedule A (Form 990 or 990-EZ) 2011

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| | STERE Support Schedule for (| - | | · • | | | |
|-----|--|--------------------------|----------------------|---------------------------------------|--------------------|------------------------|---------------------------------------|
| | (Complete only if you checked | | | rganızatıon failed t | o qualify under Pa | rt II. If the organiza | ation fails to |
| _ | qualify under the tests listed b | elow, please comp | olete Part II.) | | | | · · · · · · · · · · · · · · · · · · · |
| | ction A. Public Support | | | | | | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 0-1 000 | | | | | |
| | include any "unusual grants.") | 251,929. | 249,826. | 215,431. | 232,872. | 290,253. | 1,240,311. |
| 2 | 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 | 224,402. | 263.542. | 273.197. | 298 - 894 - | 322,216. | 1,382,251, |
| 3 | Gross receipts from activities that | 221/102. | 203/342. | 2/3/13/1 | 230,034. | 322,210. | 1,302,231. |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | İ | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| R | Total. Add lines 1 through 5 | 476,331. | 513,368. | 488,628. | 531,766. | 612,469. | 2,622,562. |
| | Amounts included on lines 1, 2, and | 1,0,331. | 313/300. | 100,020. | 331/700. | 012/403. | 2,022,302. |
| • | 3 received from disqualified persons | | | | 2,000. | 100,000. | 102,000. |
| t | 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 | | | | 2,000. | 100,000. | 0. |
| , | Add lines 7a and 7b | | - | | 2,000. | 100,000. | 102,000. |
| | Public support (Subtract line 7c from line 6) | | " | | 2,000. | 100,000. | 2,520,562. |
| | ction B. Total Support | <u> </u> | <u> </u> | · · · · · · · · · · · · · · · · · · · | | <u> </u> | 2,320,302. |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | 476,331. | 513,368. | 488,628. | 531,766. | 612,469. | 2,622,562. |
| | dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 10,695. | 187. | 120. | 725. | 385. | 12,112. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 10,695. | 187. | 120. | 725. | 385. | 12,112. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 487,026. | 513,555. | 488,748. | 532,491. | 612,854. | 2,634,674. |
| | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectio | | |
| | check this box and stop here | | | | | ,,,,, | ▶□ |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | · | | |
| | Public support percentage for 2011 (I | | | olumn (f)) | | 15 | 95.67 % |
| | Public support percentage from 2010 | | | | | 16 | 98.95 % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | · · | | e 13, column (f)) | | 17 | .46 % |
| | Investment income percentage from 2 | =' | ** | | | 18 | .97 % |
| | 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box at 23 1/3% | nd stop here. The | organization quali | fies as a publicly s | supported organiz | ation . | $\triangleright X$ |
| 0 | 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che | | | | | | |
| | | on this box and St | COLUCIO: IIIE OIUM | inzauon uuaiines a | is a DudiiCIV SUDD | oneo oroanization | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE HASTY PUDDING - INSTITUTE OF 1770, INC.

Employer identification number 04 - 1425590

| Pa | Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | Is or Accounts. Complete if the |
|----|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor adv | ised funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can b | e used only |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Pa | Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990. | |
| 1 | Purpose(s) of conservation easements held by the organizati | , | · · · · · · · · · · · · · · · · · · · |
| | Preservation of land for public use (e.g., recreation or e | · | istorically important land area |
| | Protection of natural habitat | · — | rtified historic structure |
| | Preservation of open space | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | • | 2b |
| c | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | • • | |
| _ | listed in the National Register | arter of 17700, and not on a matoric struc | 2d |
| 3 | Number of conservation easements modified, transferred, rel | leased extinguished or terminated by ti | |
| • | year ▶ | icased, extinguished, or terminated by the | To organization during the tax |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | f |
| | violations, and enforcement of the conservation easements i | • • | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | - | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | _ |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | re causi, are requirements or cooker | Yes No |
| 9 | In Part XIV, describe how the organization reports conservati | ion easements in its revenue and expens | : : |
| - | include, if applicable, the text of the footnote to the organization | • | |
| | conservation easements. | | o. ga.,. <u>-</u> |
| Pa | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| | If the organization elected, as permitted under SFAS 116 (AS | | ement and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ext | • | |
| | the text of the footnote to its financial statements that descri | , | , |
| b | If the organization elected, as permitted under SFAS 116 (AS | | nt and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | | |
| | relating to these items: | | and the second state of th |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for finance | |
| | the following amounts required to be reported under SFAS 1 | | and gain, provide |
| а | Development and subsidiary France COO. Devel VIII. he and | to vice equipment in these items. | ▶ \$ |
| h | Assets included in Form 990, Part X | · | \$ |
| J | , , , , , , , , , , , , , , , , , , , | • | Ψ |

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Schedule D (Form 990) 2011

20

Schedule D (Form 990) 2011

0.

b Buildings

d Equipmente Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(8) (9) (10)

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12

Schedule D (Form 990) 2011

THE HASTY PUDDING - INSTITUTE OF 1770, 04-1425590 Page 4 INC. Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 586,765. Total revenue (Form 990, Part VIII, column (A), line 12) 449,993. Total expenses (Form 990, Part IX, column (A), line 25) 2 136,772. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 136,772. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 759,854. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 97,000. 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 76,089. 2d d Other (Describe in Part XIV.) 173,089. e Add lines 2a through 2d 2e 586,765. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 586,765. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 564,139. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 97,000. a Donated services and use of facilities 2a 2b **b** Prior year adjustments Other losses 2c 2d 26,089. d Other (Describe in Part XIV.) 123,089. e Add lines 2a through 2d 2e 441,050. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,943. 4ь **b** Other (Describe in Part XIV.) 8,943. c Add lines 4a and 4b 4c 449,993. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information

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 X, line 2; 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.

PART X, LINE 2: THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS TAKEN

ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON RETURNS FOR

THE YEAR ENDED JUNE 30, 2012. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX

AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS

BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. TAX RETURNS FOR TAX YEARS

BEGINNING WITH THOSE FILED FOR 2009 ARE OPEN TO EXAMINATION.

Schedule D (Form 990) 2011

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open To Public Inspection

| Name of the organization ${	t THE \; HAS^{\circ}}$ | TY PUDDING - INSTI | TUT | Е О | F 1770, | 04-14 | identification number 25590 |
|---|---|---|--|--|--|-----------------------------|
| Part I Fundraising Activities. required to complete this part | Complete if the organization answer | ered "Y | es" to | Form 990, Part IV, I | ne 17. Form 99 | 0-EZ filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | ed funds through any of the following Solicitate Solicitate Solicitate Solicitate Solicitate Special Special Special ser oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursur | tion of tion of fundra (includation | non-g gover using ding o ional f | overnment grants nment grants events fficers, directors, trus undraising services? | stees or | Yes No |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have co or con contribe | ustody trol of | (iv) Gross receipts from activity | (v) Amount pa to (or retained fundraiser listed in col. (| to (or retained by) |
| | | Yes | No | | . | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | • | — | | | |
| List all states in which the organizatio or licensing. | n is registered or licensed to solicit | contrib | | s or has been notified | I it is exempt fro | m registration |
| | <u>.</u> | | _ | | | |
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

THE HASTY PUDDING - INSTITUTE OF 1770, Schedule G (Form 990 or 990-EZ) 2011 INC. 04-1425590 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MAN OF THE NONE (add col. (a) through YEAR/WOMAN O col. (c)) (event type) (event type) (total number) 25,873. 25,873. Gross receipts Less: Charitable contributions 25,873. 25,873. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 5,290. 5,290. Food and beverages 1,070. 1,070. Entertainment . 19,729. 19,729. Other direct expenses 26,089; 10 Direct expense summary. Add lines 4 through 9 in column (d) <216.> Net income summary. Combine line 3, column (d), and line 10 Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states?

| Mere any of the | organization's gaming licenses revoked, suspended or terminated during the tax year? | Yes No. |
|-----------------|--|---------|
| • | : | Tes 140 |

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

THE HASTY PUDDING - INSTITUTE OF 1770, Schedule G (Form 990 or 990-EZ) 2011 INC. 04-1425590 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a 13b **b** An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address -Gaming manager information: Name ▶ Gaming manager compensation ▶ \$_____ Description of services provided ___ Independent contractor Director/officer 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 🕨 💲 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

Employer identification number 04 - 1425590Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance 201 X Yes PERFORMING ARTS 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. Part il can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. - INSTITUTE OF 1770, (d) Amount of cash grant 15,000. (c) iRC section if applicable 501(C)(3) THE HASTY PUDDING 04-6001383 Part : General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CAMBRIDGE PUBLIC SCHOOLS or government 159 THORNDIKE STREET Name of the organization CAMBRIDGE, MA 02141 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partil

2

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

•

THE HASTY PUDDING - INSTITUTE OF 1770, INC.

Page 2

04-1425590

Schedule I (Form 990) (2011)

Part it Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part it Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
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| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | n required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THE ORGANI | GANIZATI | IZATION MONITORS | S THAT A RECIPIENT | ECIPIENT IS | |
| AN ELIGIBLE ENTITY (I.E, TAX EXEMPT ORGANIZATION, GOVERNMENT, ETC.), AND | T ORGANI | ZATION, GC | VERNMENT, | ETC.), AND | |
| THAT THE RECIPIENT'S PROGRAMMATIC ACTIVITIES ALIGN WITH | ACTIVITI | ES ALIGN W | | THE GOALS OF THE | |
| ORGANIZATION. | | | | | |

132102 01-27-12

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

THE HASTY PUDDING - INSTITUTE OF 1770,

Employer identification number 04-1425590

| 110. |
|---|
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| CREATIVE ARTS. |
| |
| FORM 990, PART VI, SECTION A, LINE 6: SEE EXPLANATION TO PART VI, SECTION |
| A, LINE 7A |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE GOVERNING BODY MAY |
| BE ELECTED BY DESIGNATED ADVISORY BOARDS OF THE ORGANIZATION, TO THE EXTENT |
| STATED IN THE BY-LAWS. MEMBERS OF THE GOVERNING BODY MAY OTHERWISE BE |
| ELECTED BY THE GOVERNING BODY. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN |
| INDEPENDENT ACCOUNTING FIRM AND A DRAFT OF THE FORM 990 IS REVIEWED BY THE |
| CLERK AND TREASURER BEFORE FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS ARE REQUIRED TO DISCLOSE |
| ANY CONFLICTS OF INTEREST AND MEMBERS DISCLOSING A CONFLICT ARE REQUIRED TO |
| RECUSE THEMSELVES FROM DISCUSSION OR FROM VOTING ON THE MATTER. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE TO THE PUBLIC |
| UPON WRITTEN REQUEST. |
| |
| FORM 990, PART I, LINE 6 |
| VOLUNTEER ACTIVITIES |
| THE VOLUNTEERS OVERSEE AN ANNUAL THEATRICAL PRODUCTION PERFORMED BY THE |
| ORGANIZATION. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 |

| Name of the organization | THE HASTY | PUDDING - | - INSTITUTE | OF 1770, | Employer identification number 04-1425590 |
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SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 04-1425590Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. - INSTITUTE OF 1770, ► Attach to Form 990. THE HASTY PUDDING Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part III Part t

(g) Section 512(b)(13) controlled entity? Š × Yes Direct controlling entity status (if section Public charity 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) ত্ত Legal domicile (state or foreign country) DELAWARE TO EXPAND INTEREST IN THE PERFORMING AND CREATIVE Primary activity **ARTS** 654 INSTITUTE, INCORPORATED") - 20-3999018, INCORPORATED (FORMERLY "THE HPC MADISON AVENUE, NEW YORK, NY 10065 Name, address, and EIN of related organization HPC,

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

THE HASTY PUDDING - INSTITUTE OF 1770,

Schedule R (Form 990) 2011 INC.

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

• •

Page 2

04-1425590

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Yes No Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Q e 33 Primary activity Direct controlling entity <u>e</u> ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

THE HASTY PUDDING - INSTITUTE OF 1770, INC.

Page 3 -

04-1425590

Schedule R (Form 990) 2011

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| art V |

| Note Complete line 1 # any entity is listed in Parts II. III. or IV of this schedule. | | | | Yes |
|---|----------------------------|-----------------------------|--|----------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more r | elated organizations listed | in Parts II-IV? | Server 1 |
| a Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity | | | | 1a X |
| b Gift, grant, or capital contribution to related organization(s) | | | | db X |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c X |
| d Loans or loan guarantees to or for related organization(s) | | | | 7d × |
| e Loans or loan guarantees by related organization(s) | | | | 1e X |
| | | | | ········ |
| f Sale of assets to related organization(s) | | | | 4 ; |
| g Purchase of assets from related organization(s) | | | | |
| h Exchange of assets with related organization(s) | | | | ± × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | 1; X |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | 1j X |
| k Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | 1k X |
| I Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | -+ |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | lon(s) | | | X X |
| n Sharing of paid employees with related organization(s) | | | | -t X |
| Reimbursement paid to related organization(s) for expenses | | | | - 0 - X |
| | | | | T _p |
| | | • | | |
| q Other transfer of cash or property to related organization(s) | | | | 1q X |
| Other transfer of cash or property from related organization(s) | | | | 1r X |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on v | who must complete t | his line, including covered | nation on who must complete this line, including covered relationships and transaction thresholds. | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | |
| (1) | | | | |
| (2) | | : | | |
| (3) | | | | |
| (4) | | | | |
| (9) | | | | |
| 9 | | | | |
| 101 32163 M-23-12 | 34 | | Schedul | Schedule B (Form 990) 2011 |

04-1425590 Page 4-c

Schedule R (Form 990) 2011 IN

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| Primary activity Legal domicile Predominal motine persesses shall be excluded from that country) under section 512-514 types to recome excluded from the exc | Frimary activity Legal conduction frequential friends and country) under section 51/2-91/1 March 2011 Mar | (a) (b) (c) (d) | (q) | (2) | (p) | (e) | | (6) | Œ | 6 | 5 | (K) |
|--|--|----------------------------------|------------------|----------------------------------|--|-----------------------------------|----|----------------------|---------------------|---|-----------------------------------|-------------------------|
| under section 512-514) Yes No Income assets | under section 512-514) Yes No Income assets | Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income pa (related, unrelated, excluded from tax | urhers sec 501(c)(3) orgs ? | ,, | Share of end-of-year | tonate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | General o managing partner? | Percentage ownership |
| | Schedule R Form 990) 2011 | | | | under section 512-514) Y | es No | | assets | Yes No | (Form 1065) | Yes No | |
| | Sehedule R (Form 990) 2011 | | | | | | | | | | | |
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FEDERAL IDENTIFICATION no. 04-1425590 Fee: \$15.00

Examina

The Commonwealth of Massachusetts William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

044

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Name Approved

| We,William Decherd | , President / XXXXXXXXX |
|--|--------------------------------------|
| and Mark P. Szpak | , *Clerk / * XXXXXXXXXXXXXXXX |
| ofThe Hasty Pudding Club - The Institute of 1770 (Exact name of corporation) | |
| located at2 Garden Street, Cembridge, MA 02138 (Address of corporation in Massachusetts) | • |
| do hereby certify that these Articles of Amendment affecting articles numbered: | |
| Article 1 and Article 4 (Number those articles 1, 2, 3, and/or 4 being amended) | |
| of the Articles of Organization were duly adopted at a meeting held on August 4 | 20_12, by vote of: |
| four out of four of its members, directors, or | shareholders**, |
| Being at least two-thirds of its members legally qualified to vote in meetings of the cor | poration; OR |
| Being at least two-thirds of its directors where there are no members pursuant to Gene Chapter 180, Section 3; OR | ral Laws, |
| In the case of a corporation having capital stock, by the holders of at least two-thirds o the right to vote therein. | f the capital stock having |
| Article 1 is amended so that the name by which the corporation shall be known | is: |
| The Hasty Pudding – Institute of 1770, Inc. | |
| Article 4, section (p) is replaced in its entirety by the following language: | |
| (p) These articles of organization and the by-laws may only be amended under the corporation's by-laws as may be amended from time to time. | or repealed as provided |
| [Continued on next page] | |
| | |

1

C

R.A.

*Delote the inapplicable words.

**Cleck only one box that applies.

Note: If the space provided under any article or tiem on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

J-110-1934

[Continued from previous page]

Article 4, section (w) is replaced in its entirety by the following language:

(w) The "members" of the corporation for purposes of Massachusetts General Laws, Chapter 180 or any other chapter of the General Laws of the Commonwealth of Massachusetts, are as designated in the corporation's by-laws as may be amended from time to time.

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than thirty days after such filing, in which evens the amendment will become effective on such later date. Later effective date:_ SIGNED UNDER THE PENALTIES OF PERJURY, this 2 *Delete the inapplicable words.

THE COMMONWEALTH OF MASSACHUSETTS

SEP 2.8 2012
SEP 2.8 2012
SEP 2.8 2012

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

1593

| I hereby approve the within Aramount of \$ | having been paid, | said articles are deemed |
|--|-------------------|--------------------------|
| to have been filed with me this. | _ | Sept. |
| . Effective date: | | |

Delle Frening Ballin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

N.C.

TO BE FILLED IN BY CORPORATION

Contact information:

| Benjamin P. Damsky, Esq. |
|--|
| Ropes & Gray LLP, Prudential Tower, 800 Boylston Street |
| Boston, MA 02199-3600 |
| Telephone: (617) 951-7000 |
| Email: benjamin.damsky@ropesgray.com |
| A copy this filing will be available on-line at www.state.ma.us/sec/cor once the |

document is filed.