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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12470	22 29110
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	12470	25 29110
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12470	27 29110

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 Sister Cities Int'l of Hartford sponsored a public meet and greet for the general public. Complimentary hors-d'oeuvres were provided. SCIH provided support for programs and events of the various sister cities. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 100
29 The Italian American Committee provided support for various Italian festivals in greater Hartford. It awarded scholarships to students entering their first year of college. Its purpose is to raise awareness of US Italian heritage, culture, & history. Interaction with sister city of Florida, Sicily. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 24066
30 Supported Americans doing volunteer work in Ghana by covering travel expenses. Fundraiser to support programs in Dalive village, Ghana. Pays salaries for educators in the Dalive kindergarten and for the director and educational programs affiliated with 3 libraries in the Dalive area. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 13071
31 Other program services (describe in Schedule O). (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 37237

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marla Ludwig 550 Main Street, Hartford, CT 06103	President 4 hours	0	0	0
Sarah Hambrick 550 Main Street, Hartford, CT 06103	Vice-President 4 hours	0	0	0
Thomas Cuthbertson 550 Main Street, Hartford, CT 06103	Treasurer 2 hours	0	0	0
Linda King-Corbin 550 Main Street, Hartford, CT 06103	Asst Treasurer 1 hour	0	0	0
Gaetano Bazzano 550 Main Street, Hartford, CT 06103	At Large Director 1 hour	0	0	0
Brian Smith 550 Main Street, Hartford, CT 06103	At Large Director 1 hour	0	0	0
Jolly Lux 550 Main Street, Hartford, CT 06103	At Large Director 1 hour	0	0	0
Fernando Marroquin 550 Main Street, Hartford, CT 06103	At Large Director 1 hour	0	0	0
The Honorable Pedro Segarra, Mayor 550 Main Street, Hartford, CT 06103	Honorary Chair 0 hours	0	0	0

X Check here if the organization is not required to attach
Schedule B. You must also sign the declaration at the end of
this letter.

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Jan. 25, 2013 LTR 2695C 0 R
22-3072541 201206 67
00024528

SISTER CITIES INTERNATIONAL OF
HARTFORD CONNECTICUT INC
550 MAIN STREET
HARTFORD CT 06103



DECLARATION

009079

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Thom C
Signature of officer or trustee
Treasurer
Title

2/20/13
Date