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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER HARTFORD ARTS COUNCIL INC		D Employer identification number 23-7111486
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 100 PEARL STREET	Room/suite	E Telephone number (860) 525-8629
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06103		G Gross receipts \$ 3,789,223
	F Name and address of principal officer CATHERINE MALLOY 100 PEARL STREET HARTFORD, CT 06103		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW LETSGOARTS ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1971
			M State of legal domicile CT

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE GREATER HARTFORD ARTS COUNCIL ("GHAC") PROVIDES LEADERSHIP FOR THE FINANCIAL SUCCESS AND ORGANIZATIONAL STABILITY OF THE ARTS, CULTURAL, AND HERITAGE COMMUNITY GHAC IS THE LARGEST INDEPENDENT ARTS COUNCIL IN NEW ENGLAND, COMBINING THE FUNDRAISING AND GRANT MAKING FUNCTIONS OF A UNITED ARTS AGENCY WITH A WIDE RANGE OF PROGRAMS AND SERVICES THAT ARE OFTEN FOUND IN A STATE OR MUNICIPAL CULTURAL COMMISSION		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	25	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	16	
6 Total number of volunteers (estimate if necessary)	6	200	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,413,502	Current Year 3,337,739
	9 Program service revenue (Part VIII, line 2g)	692,186	333,095
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,406	13,958
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,383	62,959
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,185,477	3,747,751
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,802,815	1,627,219
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,040,676	992,764
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 402,273		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,258,235	1,166,278
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,101,726	3,786,261
	19 Revenue less expenses Subtract line 18 from line 12	83,751	-38,510
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,079,874
21 Total liabilities (Part X, line 26)		1,533,753	1,663,961
22 Net assets or fund balances Subtract line 21 from line 20		1,546,121	1,507,611

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<div>*****</div> <div>Signature of officer</div>	<div>2014-06-11</div> <div>Date</div>			
	<div>CATHERINE MALLOY CEO</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	<div>Print/Type preparer's name KENNETH A KRON CPA</div>	<div>Preparer's signature</div>	<div>Date 2014-06-11</div>	<div>Check <input type="checkbox"/> if self-employed</div>	<div>PTIN P00412073</div>
	<div>Firm's name MAHONEY SABOL & COMPANY LLP</div>			<div>Firm's EIN</div>	
	<div>Firm's address 95 GLASTONBURY BOULEVARD STE 201 GLASTONBURY, CT 060334453</div>			<div>Phone no (860) 541-2000</div>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

THE GREATER HARTFORD ARTS COUNCIL ("GHAC") PROVIDES LEADERSHIP FOR THE FINANCIAL SUCCESS AND ORGANIZATIONAL STABILITY OF THE ARTS, CULTURAL, AND HERITAGE COMMUNITY GHAC IS THE LARGEST INDEPENDENT ARTS COUNCIL IN NEW ENGLAND, COMBINING THE FUNDRAISING AND GRANT MAKING FUNCTIONS OF A UNITED ARTS AGENCY WITH A WIDE RANGE OF PROGRAMS AND SERVICES THAT ARE OFTEN FOUND IN A STATE OR MUNICIPAL CULTURAL COMMISSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,926,396 including grants of \$ 1,626,819) (Revenue \$)

GRANTS RAISE FUNDS THROUGH THE ANNUAL UNITED ARTS CAMPAIGN TO FUND PROGRAMMING AT ARTS, CULTURAL, AND HERITAGE ORGANIZATIONS IN ADDITION TO GENERAL OPERATING SUPPORT GRANTS, 2013 AWARDS WERE MADE TO SUPPORT CULTURAL ORGANIZATIONS, ARTS PROGRAMMING AND PROJECTS, SUMMER ARTS EDUCATION PROGRAMS, AND ARTS BASED JOB CREATION PROGRAMS IN THE CITY OF HARTFORD

4b

(Code) (Expenses \$ 551,959 including grants of \$) (Revenue \$)

CULTURAL PROMOTIONS AND SERVICES PROVIDES UMBRELLA MARKETING YEAR-ROUND TO OVER 150 ARTS AND CULTURAL ORGANIZATIONS, THROUGH OUR LETSGOARTS.ORG WEBSITE, COMPREHENSIVE ONLINE CULTURAL CALENDAR, WEEKLY DISCOUNT INFORMATION VIA EMAIL CALLED 7 DAY ARTS AND ENTERTAINMENT FORECAST (35,000 READERS PER WEEK), LET'S GO ARTS DISCOUNT PROGRAM, OPERATION OF THE REGION'S PRIMARY VISITOR CENTER, CONSULTING SERVICES TO ARTS ORGANIZATION, STRATEGIC PLANNING AND ADVOCACY ON-BEHALF OF THE REGION'S ARTS AND CULTURAL ORGANIZATIONS GHAC OPERATES AN ART GALLERY, WHICH SHOWCASES THE WORK OF THE AREA'S VISUAL ARTISTS

4c

(Code) (Expenses \$ 821,411 including grants of \$) (Revenue \$ 333,095)

ARTS EDUCATION HOUSES THE "HARTFORD PERFORMS" PROGRAM, WHICH IS MANAGED JOINTLY WITH THE HARTFORD PUBLIC SCHOOLS HARTFORD PERFORMS WORKS TO ENSURE THAT ALL HARTFORD PUBLIC SCHOOLS STUDENTS HAVE ACCESS TO QUALITY ARTS EDUCATION THE PROGRAM USES ARTS-BASED INSTRUCTION TO SUPPORT LITERACY AND NUMERACY GOALS AT EACH GRADE LEVEL GHAC ALSO RUNS "NEIGHBORHOOD STUDIOS", A TEEN ARTS APPRENTICESHIP SUMMER PROGRAM IN WHICH TEENS ARE PAID TO WORK WITH MASTER TEACHING ARTISTS WHILE OBTAINING VALUABLE CAREER SKILLS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)



















4e

Total program service expenses

3,299,766

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	91	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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	16
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b 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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section 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	25	
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	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶CATHERINE MALLOY 100 PEARL STREET HARTFORD,CT 06103 (860) 525-8629

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

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** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	165,000		10,994

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	43,670			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	757,733			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,536,336			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,337,739			
Program Service Revenue	2a	ARTS EDUCATION	Business Code 711300	333,095	333,095		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		333,095			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,958		13,958
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 43,670 of contributions reported on line 1c) See Part IV, line 18					
		a	89,918				
		b	Less direct expenses	b	41,472		
c		Net income or (loss) from fundraising events		48,446		48,446	
9a		Gross income from gaming activities See Part IV, line 19					
		a					
		b	Less direct expenses	b			
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
		a					
		b	Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	OTHER	900099	14,513		14,513		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		14,513				
12	Total revenue. See Instructions		3,747,751	333,095		76,917	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,604,144	1,604,144		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	23,075	23,075		
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.				
5	Compensation of current officers, directors, trustees, and key employees.	175,994	115,034	8,862	52,098
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	696,228	546,395	35,814	114,019
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	56,940	42,616	2,841	11,483
10	Payroll taxes.	63,602	46,504	3,627	13,471
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	27,442	20,525	1,467	5,450
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	565,196	562,980	2,187	29
12	Advertising and promotion.	43,855	27,895	70	15,890
13	Office expenses.	110,502	68,438	6,006	36,058
14	Information technology.	56,223	40,481	3,340	12,402
15	Royalties.				
16	Occupancy.	132,448	106,760	6,731	18,957
17	Travel.	20,282	16,899	6	3,377
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	7,894	4,640	1,905	1,349
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	37,729	25,279	2,640	9,810
23	Insurance.	13,181	8,989	889	3,303
24	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 O).				
a	MISCELLANEOUS	80,468	33,351	7,837	39,280
b	BAD DEBT EXPENSE	57,931			57,931
c	PREMIUMS	6,441	1,978		4,463
d	PHOTOGRAPHY	5,011	2,808		2,203
e	All other expenses	1,675	975		700
25	Total functional expenses. Add lines 1 through 24e.	3,786,261	3,299,766	84,222	402,273
26	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,091,409	1	1,592,398
	2	Savings and temporary cash investments			67,461	2	67,499
	3	Pledges and grants receivable, net			1,304,656	3	901,998
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,183	9	26,208
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	266,625	96,782	10c	79,063
	b	Less accumulated depreciation	10b	187,565			
	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			498,383	15	504,406
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,079,874	16	3,171,572	
Liabilities	17	Accounts payable and accrued expenses			232,366	17	214,514
	18	Grants payable			1,270,629	18	1,273,502
	19	Deferred revenue			30,758	19	104,356
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 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 Schedule D				25	71,589
	26	Total liabilities. Add lines 17 through 25			1,533,753	26	1,663,961
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			743,550	27	957,090
	28	Temporarily restricted net assets			747,222	28	495,172
	29	Permanently restricted net assets			55,349	29	55,349
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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			1,546,121	33	1,507,611
	34	Total liabilities and net assets/fund balances			3,079,874	34	3,171,572

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,747,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,786,261
3	Revenue less expenses Subtract line 2 from line 1	3	-38,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,546,121
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,507,611

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 23-7111486

Name: GREATER HARTFORD ARTS COUNCIL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIAN ACKER BOARD MEMBER	1 00	X						0	0	0
JILL ADAMS BOARD MEMBER	1 00	X						0	0	0
MICHAEL ALBANO BOARD MEMBER	1 00	X						0	0	0
ROBERT ANNON BOARD MEMBER	1 00	X						0	0	0
FRANK APPICELLI BOARD MEMBER	1 00	X						0	0	0
JULIANNE AVALLONE BOARD MEMBER	1 00	X						0	0	0
MORRIS BANKS BOARD VICE P	5 00	X		X				0	0	0
JAMES BEDARD BOARD MEMBER	1 00	X						0	0	0
JAY BENET FORMER BOARD	5 00	X		X				0	0	0
KAREN BOOTH BOARD MEMBER	1 00	X						0	0	0
GREGORY BOYKO BOARD MEMBER	1 00	X						0	0	0
SCOTT BRAUNSTEIN BOARD MEMBER	1 00	X						0	0	0
DERMOTH BROWN BOARD MEMBER	1 00	X						0	0	0
STACY BRUSA BOARD SECRET	5 00	X		X				0	0	0
JULIE ALLEYNE BOARD MEMBER	1 00	X						0	0	0
SARAH BARR BOARD MEMBER	1 00	X						0	0	0
JENNIFER BOSWORTH BOARD MEMBER	1 00	X						0	0	0
MATTHEW BROMBERG BOARD MEMBER	1 00	X						0	0	0
JOHN BYRNES BOARD MEMBER	1 00	X						0	0	0
MIKE CANTOR BOARD MEMBER	1 00	X						0	0	0
RICHARD CAPORASO BOARD MEMBER	1 00	X						0	0	0
AMY CARLOUGH BOARD MEMBER	1 00	X						0	0	0
FRANCINE CHRISTIANSEN BOARD MEMBER	1 00	X						0	0	0
CHRISTOPHER CLOUD BOARD PRESID	1 00	X		X				0	0	0
HALSEY COOK BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TARA COSTANZO BOARD MEMBER	1 00	X						0	0	0
CYNTHIA CUDWORTH BOARD MEMBER	1 00	X						0	0	0
CHAD CZERWINSKI BOARD MEMBER	1 00	X						0	0	0
EILEEN DADLEZ BOARD MEMBER	1 00	X						0	0	0
ERIC DANIELS BOARD MEMBER	1 00	X						0	0	0
JENNIFER DIBELLA BOARD MEMBER	1 00	X						0	0	0
VALERIE DUNCAN BOARD MEMBER	1 00	X						0	0	0
SHARON EBERMAN BOARD MEMBER	1 00	X						0	0	0
PAUL EDDY BOARD MEMBER	1 00	X						0	0	0
WILLIAM FAIRCHILD BOARD MEMBER	1 00	X						0	0	0
WILLIAM FISH JR BOARD MEMBER	1 00	X						0	0	0
ROBERT FIRGER BOARD MEMBER	1 00	X						0	0	0
AARON FLAGG BOARD MEMBER	1 00	X						0	0	0
J SCOTT FOX BOARD MEMBER	1 00	X						0	0	0
EDWIN FRIDERICI III BOARD MEMBER	1 00	X						0	0	0
HELEN KEHOE FRYE BOARD MEMBER	1 00	X						0	0	0
CAROL GARLICK BOARD MEMBER	1 00	X						0	0	0
ELIOT GERSTEN BOARD MEMBER	1 00	X						0	0	0
EMILY GIANQUINTO BOARD MEMBER	1 00	X						0	0	0
JEFFREY GIANTONIO BOARD MEMBER	1 00	X						0	0	0
CHARLES GILL BOARD CHAIR	5 00	X		X				0	0	0
GENA GLICKMAN BOARD MEMBER	1 00	X						0	0	0
PAULA GREENBERG BOARD MEMBER	1 00	X						0	0	0
R NELSON GRIEBEL BOARD MEMBER	1 00	X						0	0	0
ERIC GRONDAHL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY GROVER BOARD MEMBER	1 00	X						0	0	0
JASON GUTCHEON BOARD MEMBER	1 00	X						0	0	0
PAUL GUZZARDI BOARD TREASURER	5 00	X		X				0	0	0
DAN KLAU BOARD MEMBER	1 00	X						0	0	0
EMMA LADD BOARD MEMBER	1 00	X						0	0	0
MADELYN LANKTON BOARD MEMBER	1 00	X						0	0	0
DEBORAH LAVIERO BOARD MEMBER	1 00	X						0	0	0
JOHN LAWRENCE BOARD MEMBER	1 00	X						0	0	0
DAVID LENTINI BOARD MEMBER	1 00	X						0	0	0
JOHN LIVINGSTONE BOARD MEMBER	1 00	X						0	0	0
MARY MARTIN BOARD MEMBER	1 00	X						0	0	0
MARJORIE MORRISSEY BOARD MEMBER	1 00	X						0	0	0
JOHN NEALON BOARD MEMBER	1 00	X						0	0	0
WILFREDO NIEVES BOARD MEMBER	1 00	X						0	0	0
EARL O'GARRO JR BOARD MEMBER	1 00	X						0	0	0
LESLIE PERRY BOARD MEMBER	1 00	X						0	0	0
CLAIRE PRYOR BOARD MEMBER	1 00	X						0	0	0
JOHN RATHGEBER BOARD MEMBER	1 00	X						0	0	0
ERIC REMINGTON BOARD MEMBER	1 00	X						0	0	0
JAMES REMIS BOARD MEMBER	1 00	X						0	0	0
KELVIN ROLDAN BOARD MEMBER	1 00	X						0	0	0
DAVID ROSENTHAL BOARD MEMBER	1 00	X						0	0	0
DAVID ROTH BOARD MEMBER	1 00	X						0	0	0
SUSAN ROTTNER BOARD MEMBER	1 00	X						0	0	0
KEN SAFFT BOARD MEMBER	1 00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization GREATER HARTFORD ARTS COUNCIL INC	Employer identification number 23-7111486
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

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)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,628,995	3,980,822	4,313,266	3,413,502	3,337,739	16,674,324
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	103,707	165,896	83,655	19,476		372,734
4 Total. Add lines 1 through 3	1,732,702	4,146,718	4,396,921	3,432,978	3,337,739	17,047,058
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						17,047,058

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,732,702	4,146,718	4,396,921	3,432,978	3,337,739	17,047,058
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,596	8,384	3,785	11,406	13,958	44,129
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,911	27,256	13,535	102,522	104,431	272,655
11 Total support (Add lines 7 through 10)						17,363,842
12 Gross receipts from related activities, etc. (see instructions)					12	333,095
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14 98 180 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15 89 990 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
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	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
PART II, LINE 10	168,224

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GREATER HARTFORD ARTS COUNCIL INC	Employer identification number 23-7111486
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	802,571	1,001,429	208,256	246,854	457,419
b Contributions	1,481,438	1,462,056	1,998,788	1,805,977	1,335,941
c Net investment earnings, gains, and losses	39	12,113			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,733,527	1,673,027	1,205,615	1,844,575	1,546,506
f Administrative expenses					
g End of year balance	550,521	802,571	1,001,429	208,256	246,854

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment 10 000 %
- c

Temporarily restricted endowment 90 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		21,433	5,046	16,387
d Equipment		207,762	165,717	42,045
e Other		37,430	16,799	20,631
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				79,063

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,809,631
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,408
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	41,472
e	Add lines 2a through 2d	2e	61,880
3	Subtract line 2e from line 1	3	3,747,751
4	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	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,747,751

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,848,141
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	20,408
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	41,472
e	Add lines 2a through 2d	2e	61,880
3	Subtract line 2e from line 1	3	3,786,261
4	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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,786,261

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	GHAC RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. GHAC HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN ITS COMBINED FINANCIAL STATEMENTS.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUES 41,472
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUES 41,472

[illegible]

Part II 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>BIG RED</u>	<u>WINE DINNER</u>	<u>1</u>		
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	67,425	49,000	17,163	133,588	
2	Less Contributions	. .	20,920	16,800	5,950	43,670	
3	Gross income (line 1 minus line 2)	. . .	46,505	32,200	11,213	89,918	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	1,672		2,309	3,981
	7	Food and beverages	.	1,861	16,108	837	18,806
	8	Entertainment	. . .	700		1,040	1,740
	9	Other direct expenses	.	7,132	3,316	6,497	16,945
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(41,472)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					48,446

Part III Gaming. 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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?

☐ Yes ☐ No


13


Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 



Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?


☐ Yes ☐ No


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 

16

Gaming manager information

Name 

Gaming manager compensation  \$ _____

Description of services provided 

☐ Director/officer

☐ Employee

☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
GREATER HARTFORD ARTS COUNCIL INC

Employer identification number
23-7111486

Part I

General Information on Grants and Assistance

- 1

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 criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

67

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
(1) HARTFORD JOBS GRANT	1	23,075		FAIR VALUE	

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	SCHEDULE I, PART I, LINE 2 - ALL GRANTEEES UNDERGO A RIGOROUS REVIEW PROCESS WHICH INCLUDES COMPLETING A DETAILED APPLICATION ABOUT THEIR ORGANIZATION, PROPOSED USE OF FUNDS, FINANCIAL INFORMATION, ETC GRANT APPLICATIONS ARE REVIEWED BY BOTH PROFESSIONAL STAFF AND VOLUNTEER PANELS OF COMMUNITY MEMBERS REPRESENTING A BROAD SPECTRUM OF THE GENERAL PUBLIC AFTER GRANTS ARE AWARDED, FINAL REPORTS ARE REQUIRED, DETAILING USE OF FUNDS, OBJECTIVES ACHIEVED, PROJECT BUDGETS, ETC FOR MOST OF OUR GRANT PROGRAMS, FINAL GRANT PAYMENTS (GENERALLY 20% OF THE GRANT AMOUNT), ARE CONTINGENT UPON THE SUBMISSION OF ACCEPTABLE FINAL REPORTS

Additional Data

Software ID:
Software Version:
EIN: 23-7111486
Name: GREATER HARTFORD ARTS COUNCIL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD CENTER FOR ART & CULTURE INC 600 MAIN STREET HARTFORD,CT 06103	22-2849122	501C3	20,000				NEIGHBORHOOD STUDIO
AMISTAD CENTER FOR ART AND CULTURE 600 MAIN STREET HARTFORD,CT 06103	06-0653111	501C3	38,075				HARTFORD JOBS GRANT
ARTISTS COLLECTIVE 1200 ALBANY AVENUE HARTFORD,CT 06112	06-0889475	501C3	58,500				GENERAL OPERATING
ARTISTS COLLECTIVE INC 1200 ALBANY AVENUE HARTFORD,CT 06112	06-0889475	501C3	20,000				NEIGHBORHOOD STUDIOS
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD,CT 06106	06-1026597	501C3	24,000				GENERAL OPERATING
CONCORA 233 PEARL STREET HARTFORD,CT 06103	22-2755473	501C3	11,500				GENERAL OPERATING
CONNECTICUT CLASSICAL GUITAR SOCIETY PO BOX 1528 HARTFORD,CT 061441528	22-2768662	501C3	7,750				GENERAL OPERATING
CONNECTICUT LANDMARKS 225 MAIN STREET HARTFORD,CT 06106	06-0789151	501C3	15,000				IGNITION GRANT
CONNECTICUT LANDMARKS 225 MAIN STREET HARTFORD,CT 06106	06-0789151	501C3	26,450				HARTFORD JOBS GRANT
CPA PRISON ARTS 110 BARTHOLOMEW AVENUE HARTFORD,CT 06106	06-0646592	501C3	8,000				GENERAL OPERATING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST NIGHT HARTFORD INC 83 STEELE ROAD WEST HARTFORD,CT 06119	22-2970922	501C3	20,000				HARTFORD EVENT GRANT
HARRIET BEECHER STOWE CENTER 77 FOREST STREET HARTFORD,CT 06105	06-6042822	501C3	15,000				IGNITION GRANTS
HARRIET BEECHER STOWE CENTER 77 FOREST STREET HARTFORD,CT 06105	06-6042822	501C3	29,600				HARTFORD JOBS GRANT
HARTBEAT ENSEMBLE 360 FARMINGTON AVENUE HARTFORD,CT 06105	06-1633100	501C3	9,000				IGNITION GRANT
HARTBEAT ENSEMBLE 360 FARMINGTON AVENUE HARTFORD,CT 06105	06-1633100	501C3	36,000				HARTFORD JOBS GRANT
HARTFORD CHORALE INC 233 PEARL STREET 17 HARTFORD,CT 06103	06-0884892	501C3	10,500				GENERAL OPERATING
HARTFORD CITY BALLET PO BOX 260060 HARTFORD,CT 06126	03-0566472	501C3	23,075				HARTFORD JOBS GRANT
HARTFORD JAZZ SOCIETY INC 116 COTTAGE GROVE ROAD BLOOMFIELD,CT 06002	06-6102327	501C3	15,721				JAZZ GRANT
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD,CT 06103	06-0790484	501C3	141,500				GENERAL OPERATING
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD,CT 06103	06-0790484	501C3	38,075				HARTFORD JOBS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD,CT 06103	06-0790484	501C3	20,000				NEIGHBORHOOD STUDIOS
HARTFORD SYMPHONY ORCHESTRA 100 PEARL STREET 2ND FLOOR HARTFORD,CT 06103	06-0637319	501C3	113,000				GENERAL OPERATING
HILL-STEAD MUSEUM 35 MOUNTAIN ROAD FARMINGTON,CT 06032	06-0646673	501C3	25,000				GENERAL OPERATING
INSTITUTE FOR COMMUNITY RESEARCH 2 HARTFORD SQ WSTE 100 HARTFORD,CT 06106	06-0653116	501C3	45,000				HARTFORD JOBS GRANT
JUDY DWORIN PERFORMANCE PROJECT 233 PEARL STREET HARTFORD,CT 06103	22-2064328	501C3	15,500				GENERAL OPERATING
KNOX INC 75 LAUREL STREET HARTFORD,CT 06106	06-0985421		34,500				HARTFORD JOBS GRANT
LITTLE THEATER OF MANCHESTER CHENNEY HALL 117 HARTFORD ROAD MANCHESTER,CT 06040	23-7169063	501C3	9,000				GENERAL OPERATING
MARK TWAIN HOUSE AND MUSEUM 351 FARMINGTON AVENUE HARTFORD,CT 06105	06-0685118	501C3	43,000				GENERAL OPERATING
MARK TWAIN HOUSE AND MUSEUM 66 FOREST STREET HARTFORD,CT 06105	06-0685118	501C3	38,075				HARTFORD JOBS GRANT
MARK TWAIN HOUSE AND MUSEUM 66 FOREST STREET HARTFORD,CT 06105	06-0685118	501C3	20,000				NEIGHBORHOOD STUDIOS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN,CT 06052	06-1422234	501C3	37,000				GENERAL OPERATING
REAL ART WAYS INC 56 ARBOR STREET HARTFORD,CT 06106	06-0958072	501C3	20,000				NEIGHBORHOOD STUDIOS
REAL ART WAYS INC 56 ARBOR STREET HARTFORD,CT 06106	06-0958072	501C3	60,000				GENERAL OPERATING
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD HARTFORD,CT 06106	06-1045653	501C3	30,000				HARTFORD EVENT GRANT
SANKOFA KUUMBA CULTURAL ARTS CONSORTIUM PO BOX 1255 HARTFORD,CT 06143	06-1393320	501C3	15,000				IGNITION GRANT
THE BUSHNELL CENTER 166 CAPITOL AVENUE HARTFORD,CT 06106	06-6066211	501C3	108,000				GENERAL OPERATING
THE VERNON COMMUNITY ARTS CENTER 709 HARTFORD TURNPIKE VERNON,CT 06066	26-3069097	501C3	11,000				IGNITION GRANTS
THEATERWORKS 233 PEARL STREET HARTFORD,CT 06103	06-1172413	501C3	36,000				GENERAL OPERATING
THEATERWORKS INC 233 PEARL STREET HARTFORD,CT 06103	06-1172413	501C3	38,075				HARTFORD JOBS GRANT
UNIFIED THEATER INC 15 LEWIS STREET SUITE 207 HARTFORD,CT 06103	38-3689243	501C3	9,000				IGNITION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WADSWORTH ATHENEUM MUSEUM 600 MAIN STREET HARTFORD,CT 06103	06-0653111	501C3	128,000				GENERAL OPERATING
WINDSOR HISTORICAL SOCIETY 96 PALISADO AVENUE WINDSOR,CT 06095	06-0851583	501C3	6,500				IGNITION GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREATER HARTFORD ARTS COUNCIL INC

Employer identification number
23-7111486

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHERINE MALLOY CEO	(i) (ii)	165,000				10,994	175,994	

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
GREATER HARTFORD ARTS COUNCIL INC

Employer identification number
23-7111486

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE GREATER HARTFORD ARTS COUNCIL ("GHAC") PROVIDES LEADERSHIP FOR THE FINANCIAL SUCCESS AND ORGANIZATIONAL STABILITY OF THE ARTS, CULTURAL, AND HERITAGE COMMUNITY GHAC IS THE LARGEST INDEPENDENT ARTS COUNCIL IN NEW ENGLAND, COMBINING THE FUNDRAISING AND GRANT MAKING FUNCTIONS OF A UNITED ARTS AGENCY WITH A WIDE RANGE OF PROGRAMS AND SERVICES THAT ARE OFTEN FOUND IN A STATE OR MUNICIPAL CULTURAL COMMISSION
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE MANAGER, THE CHIEF EXECUTIVE OFFICER AND THE AUDIT COMMITTEE PRIOR TO FILING IN ADDITION, THE FORM 990 IS DISTRIBUTED ELECTRONICALLY FOR REVIEW TO THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PAGE 6, PART VI, LINE 12C	ALL BOARD MEMBERS, EMPLOYEES AND GRANT-REVIEW PANELS ARE PROVIDED A WRITTEN CONFLICT OF INTEREST POLICY EACH YEAR AND ARE REQUIRED TO SIGN A FORM DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST THOSE WITH CONFLICTS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON OR BECOMING INVOLVED WITH ORGANIZATIONS OR ISSUES WITH WHICH THEY HAVE A CONFLICT THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORMS EACH YEAR TO ENSURE COMPLIANCE
FORM 990, PAGE 6, PART VI, LINE 15A	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY THE BOARD PRESIDENT COMPARABLE COMPENSATION LEVELS FOR SIMILIAR POSITIONS IN THE REGION ARE CONSIDERED THE RECOMMENDED SALARY IS PRESENTED TO THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL THROUGH A FORMAL VOTE THE DELIBERATION AND DECISION REGARDING THE CEO'S COMPENSATION IS DOCUMENTED IN A CONTRACT
FORM 990, PAGE 6, PART VI, LINE 15B	ALL COMPENSATION FOR EMPLOYEES OTHER THAN THE CHIEF EXECUTIVE OFFICER IS APPROVED BY THE CHIEF EXECUTIVE OFFICER AND IS DOCUMENTED AS PART OF THE ANNUAL REVIEW PROCESS
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT ANY TIME UPON REQUEST AND MAY ALSO BE FOUND ON THE ORGANIZATION'S WEBSITE
FORM 990, PART IX, LINE 11G	OTHER 210,908 2,187 29 ARTIST FEES 352,072 0 0
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUES 41,472 SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUES -41,472

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREATER HARTFORD ARTS COUNCIL INC

Employer identification number
23-7111486

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HARTFORD PROUD AND BEAUTIFUL 100 PEARL STREET HARTFORD, CT 06103 22-3115001	INACTIVE	CT	501C3	PF	GHAC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HARTFORD PROUD AND BEAUTIFUL	D	383,517	

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment
Sequence No **179**

Name(s) shown on return
GREATER HARTFORD ARTS COUNCIL INC

Business or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

23-7111486

Part I

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	37,729

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV

Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	37,729
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year . . .												
32 Total other personal(noncommuting) miles driven . . .												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? . . .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	