## Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

Open to Public Inspection

A F	or the 2009 calendar year, or tax year beginning $ULI, 2009$ a	nd ending J'U	N 30,	2010				
B Ci	eck if please C Name of organization		D Employ	er identification number				
	Address use IRS change label or							
	Name change pnnt or GREATER HARTFORD LITERACY COUNCIL, INC 36-177							
	Initial return See Number and street (or P O box, if mail is not delivered to street address)	E Telephone number						
	Termin- Specific ONE UNION PLACE		(86	50)522-7323				
	Amended tions City or town, state or country, and ZIP + 4		F Group E	Exemption				
	Application HARTFORD, CT 06103		Numbe	г 🏲				
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comple	eted G Accoun	iting metho	od X Cash Accrual				
	Schedule A (Form 990 or 990-EZ).		specify)					
	ebsite: ►	····		if the organization is not				
	ix-exempt status (check only one) $ \times$ 501(c) (3) $\rightarrow$ (insert no) $\longrightarrow$ 4947(a)(1) or			hedule B (Form 990, 990-EZ, or 990-PF)				
	neck In the organization is not a section 509(a)(3) supporting organization and its gross rece							
. 0	Form 990 return is not required, but if the organization chooses to file a return, be sure			. 4-0,000 0 000 22 0.				
	id lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 insteal		<u></u>	\$ 0.				
Pa								
ra		1003 (See the instit						
	1 Contributions, gifts, grants, and similar amounts received		1					
	2 Program service revenue including government fees and contracts		2	<del></del>				
	3 Membership dues and assessments		3	<del></del>				
	4 Investment income		4	<u> </u>				
	5a Gross amount from sale of assets other than inventory 5a							
1	b Less cost or other basis and sales expenses 5b							
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5	C				
ne	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from ga	ımıng, check here ►						
en/en	a Gross revenue (not including \$ of contributions							
Revenue	reported on line 1) 6a							
_	b Less direct expenses other than fundraising expenses 6b							
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		61	r i				
	7a Gross sales of inventory, less returns and allowances 7a							
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		\ 70					
	8 Other revenue (describe	<del>-</del> -	\					
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>▶</b> 9					
	10 Grants and similar amounts paid (attach schedule)		10	<u> </u>				
	11 Benefits paid to or for members		11					
es	12 Salaries, other compensation, and employee benefits		12	2				
penses	13 Professional fees and other payments to independent contractors		13	3				
	14 Occupancy, rent, utilities, and maintenance	1/20	14	4				
Щ	16 Printing publications postage and chipping		15	5				
	16 Other expenses (describe ► NOV 9 9	781	) 18					
	17 Total expenses. Add lines 10 through 16	SAIN TOI	<b>▶</b> 17					
		191	18					
ets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column(A))  (Subtract area with and of year flavor reported on processories obtain)	115						
SS	(must agree with end-of-year figure reported on prior year's return)	, UT	19	g -2,670.				
Net Assets			20					
				2 2 2				
ž	21 Net assets or fund balances at end of year Combine lines 18 through 20	000	2					
_		· · · · · · · · · · · · · · · · · · ·						
_	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo		ryear	(B) End of year				
Pa	(See the instructions for Part II )	(A) Beginning of	1					
		(A) Reginning of		22				
Pa	(See the instructions for Part II )	(A) Reginning o	- 3	23				
Pa	(See the instructions for Part II ) Cash, savings, and investments	(A) Reginning o	:					
22 23	(See the instructions for Part II )  Cash, savings, and investments  Land and buildings  Other assets (describe ▶		0.	23 24 25 0.				
22 23 24	(See the instructions for Part II )  Cash, savings, and investments  Land and buildings  Other assets (describe ▶		1	23 24 25 0.				
22 23 24 25	(See the instructions for Part II )  Cash, savings, and investments  Land and buildings  Other assets (describe ►	2,	0.	23 24 25 0. 26 2,670.				

	m 990-EZ (2009) GREATER HARTFORD LITERACY			36-	<u> 17778</u>	67 Page 2
P	art III Statement of Program Service Accomplishmen	its (See the instructions for	Part III )		E)	penses
Wh	at is the organization's primary exempt purpose?					r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp	oses. In a clear and conc	ise manner, descri	ıbe		i) organizations and 7(a)(1) trusts, optional
	e services provided, the number of persons benefited, and other relevant		·		for others )	Alagar) dusts, optional
28				-		
			-			
	(Grants \$ ) If this amount includes foreign gi	rants chack here	<b>&gt;</b>		28a	
29	(Clarits 4 ) It this amount more as foreign g	Tarks, cricck fiere			200	
43						
				_		
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u></u>	29a	
30		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	0.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ex	ven if not compensated	(See the		
				T	ontributions	
		(b) Title and average hours		1, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
<del></del> -	OUN T UNICORY 2 PROOFITME PRIVE	DDDCTDENM		Com	pensation	
		PRESIDENT			•	
	. HARTFORD, CT 06109	0.00	0.		0.	0.
		VICE PRESIDEN		:	_	
	LINDEN STREET, HARTFORD, CT 06106	0.00	0.	ļ	0.	0.
		TREASURER				
	57 ROBIN ROAD, GLASTONBURY, CT 06033	0.00	0.		0.	0.
		SECRETARY				
7	1 BROOKSIDE DRIVE, AVON, CT 06001	0.00	0.		0.	0.
$\overline{W}$	INSOME BARNABY	BOARD MEMBER				
5!	5 MEAKIN DRIVE, WINDSOR, CT 06095	0.00	0.		0.	0.
		BOARD MEMBER		İ-		
	8 SHERMAN STREET, HARTFORD, CT 06105	0.00	0.		0.	0.
		BOARD MEMBER				
4	5 PROSPECT STREET, WINDSOR, CT 06095		0.		0.	0.
		BOARD MEMBER	-	-		- 0.
	ARTFORD, CT 06117	0.00	0.	1	0.	0.
		BOARD MEMBER	0.	1	<u></u>	0.
		0.00	0.	ĺ	0.	_
	ARTFORD, CT 06112		0.	ļ	<u> </u>	0.
		BOARD MEMBER			•	
	0 TOLLAND STREET, TOLLAND, CT 06084	0.00	0.	ļ	0.	0.
		EXECUTIVE DIR			_	
<u>T</u>	ERRACE, HARTFORD, CT 06114	1.00	0.		0.	0.
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932172 02-08-10

Form **990-EZ** (2009)

Other Information (Note the statement requirements in the instructions for Part V.) Yes No 33 X Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 35 reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Sch N 35 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the period covered by this return? 38a N/A 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter N/A a Initiation fees and capital contributions included on line 9 39a N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0. section 4911 <u>0 •</u> , section 4912 ▶ \_ 0 - section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction X has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b s Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed 
NONE Telephone no  $\blacktriangleright$  (860)522-7323 42a The organization's books are in care of ► CARL GUERRIERE Located at ► ONE UNION PLACE, HARTFORD, CT ZIP+4 ► 06103 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A **▶** | 43 | and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х Form 990-EZ is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be Х completed instead of Form 990-EZ Form 990-EZ (2009)

Pa	rt VI	Section 501(c)(3) organizations and section 494 organizations and section 4947(a)(1) nonexempt chantable trus and 51.						
46	Did the	organization engage in direct or indirect political campaign activities on b	ehalf of or in opposition to d	andidates for public		1	Yes	No
	office?	if "Yes," complete Schedule C, Part I				46		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part fi								X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								X
49 a	Did the	e organization make any transfers to an exempt non-charitable related orga	anization?			49a		_X_
b If "Yes," was the related organization a section 527 organization?								
50		ete this table for the organization's five highest compensated employees ( 100,000 of compensation from the organization. If there is none, enter "No		s, trustees and key er			eived r	nore
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Exper & account a other allowa		and
f 51	Comple	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated independent ization. If there is none, enter "None".  NONE  (a) Name and address of each independent contractor paid more tha		ved more than \$100,		ation fro		
	Total n	number of other independent contractors each receiving over \$100,000		<b>•</b>				
Sign		Under penalties of penuty of declare that I have examined this return, including accommoding accommoding and complete Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer).	panying schedules and statemen mation of which preparer has any	nts, and to the best of my knowledge	knowledge and be	ief, it is t	rue,	
		Type or pnnt name and title	Ex. Director	)				
	oarer's Only	Ruhand Drumme CPA		ployed 🕨 🔲	arer's identifying nu	imber (S	ee instr	)
		if self-employed), address, and ZIP+4 WEST HARTFORD, CT 06127-	BOX 272000	Phon		51-4	100	0
May	the IRS	S discuss this return with the preparer shown above? See instructions			🕨 🗓	X Ye	<u>.                                    </u>	No
			- · · · · · · · · · · · · · · · · · · ·		F	orm <b>9</b> 9	IO-EZ	(2009)

## **SCHEDULE A** (Form 990 or 990-EZ)

Name of the organization

**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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

			HARTFORD LI						36	<u>-1777</u>	867	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The organi	zation is not a	private foundation l	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 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 🗆			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X		<del>-</del>	eives a substantial part					or from the	general p	ublic desc	rıbed ı	n
	-	b)(1)(A)(vi). (Comple	·	•••		•			J			
8 🔲	-		ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 🔲			eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, an	d aross red	celpts	from
	-	•	nctions - subject to certa							_		
	income and u	inrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 3	0, 197	<b>′</b> 5.
		<b>509(a)(2).</b> (Complete			•		•	,				
10 🔲			perated exclusively to te	st for publ	c safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11	An organizati	on organized and op	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	). See <b>se</b> c	ction 509(	a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple	ete imes 1	1e through	11h.						
	a Type i	i b	Type il o	: 🔲 Тур	e III - Func	tionally int	egrated		d 🗀	Type III - C	Other	
е 🔙	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e lii				
	supporting of	rganization, check th	ns box									
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing per	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ii) and (	iii) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)		<u> </u>
h	Provide the f	oliowing information	about the supported or	ganızatıon	(s).							
		Τ						·				
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your	(v) Did you organizat		Lorganizatio	on in col	(vii) Am		f
orga	inization		(described on lines 1-9	1 , ,	document?	, ,		TO OTO A MIZE UTILITY		sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	<u> </u>							
				<u> </u>				<b></b>				
				1								
								1				
				1	İ				<del>                                     </del>			
-		-			i		-	1				
Total												
	Privacy Act an	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for	•		Schedul	e A (Form	990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2009 GREATER HARTFORD LITERACY COUNCIL, 36-1777867 Page 2 INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) 0. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage .00 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. 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 b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

chedule.	A (Form	990 or	990-E	Z) 20	ററദ

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization

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

Sch	edule A (Form 990 or 990 EZ) 2009 ort III Support Schedule for C	)raanizations	Described in	Section 500/a	1/2) (0		Page 3
	ction A. Public Support	n gariizatioris	Described III	Section Sosia	//2/ (Complete only	/ it you checked the be	ox on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(5) 2000	(0) 2007	(0) 2000	(6) 2003	(l) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,			-	-		
2	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 .						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received				•	1	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)			7.77		` "	
	ction B. Total Support		·				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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			1			
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						-
	First five years. If the Form 990 is for	the organization's	e first second thu	rd fourth or fifth t	av voor op o sooti	on 501/o\/3\ organiz	ration
'-	check this box and stop here	the organization :	s mst, second, um	u, tourtil, or little	ax year as a secu	on 50 f(c)(s) organiz	ation,
50	ction C. Computation of Publ	ic Support Pa	rcentage				
	Public support percentage for 2009 (			column (fl)		15	
	Public support percentage from 2008		•	Column (1))		16	%
	ction D. Computation of Inves				<del>-</del>	110	<u>%</u>
						14-7	
17	, ,	- ·	*	ne 13, column (t))		17	<u>%</u>
18	<b>3</b>					18	%
19	a 33 1/3% support tests - 2009. If the						7 is not
	more than 33 1/3%, check this box a		-	· · ·	· · · · · ·		▶∟.
1	o 33 1/3% support tests - 2008. If the	_				•	and
	line 18 is not more than 33 1/3%, che			•		-	▶∟
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check the	his box and see in	structions	<u>. ▶</u>

FORM 990-EZ			INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT			1	
A)	DIRECTLY OR	ANIZATION, DURING INDIRECTLY, TO PRACT?	PAY PREMIU	MS ON A	PERSONAL	·	[ ]	YES	[X]	NO
B)		ANIZATION, DURIN				• •	[ ]	YES	[X]	NO

## Form 8868

(Rev April 2009)

Department of the Treasury Internst Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If yo</li></ul>	ou are	filing for an Additional (	3-Month Extension, co Not Automatic) 3-Mont I have already been gran	th Extension, comple	te only Part II (or	 n page 2 of this n a previously fi	form). led Form 8868.	,. ▶ 🛣
Par		Automatic 3-Mo	onth Extension of I	Time. Only submit or	iginal (no copies r	needed).		
A corp	oratio	n required to file Form 9	90·T and requesting an	automatic 6-month ext	ansion - check th	ls box and con	nplete	
Part i	oniy							. ▶ 🗀
to tile i	income	e tax returns.	0-C filers), partnerships,					
noted (not at you m	woled Itomat Lust su	(6 months for a corpora lc) 3-month extension o bmit the fully completed	you can electronically fi ation required to file Forn r (2) you file Forms 990-f I and signed page 2 (Par for Charities & Nonprofits	n 990-T). However, you BL, 6069, or 8870, gro t II) of Form 8868. For	i cannot file Form	i 8868 electroni omogsite or co	ically if (1) you wanted form	ant the additional
Type o	or !	Name of Exempt Organi	zation				Employer iden	tification number
		GREATER HART	FORD LITERAC	Y COUNCIL,	INC		36-177	7867
File by to due date filing you return S	ofor (	Number, street, and room ONE UNION PL	m or suite no If a P O. b	ox, see instructions.				
Instructi	ons (	Olty, town or post office HARTFORD, CT	, state, and ZIP code. Fo	or a foreign address, s	ee Instructions.			
Check	( type	of return to be filed (file	a separate application	for each return):	•			
	Form 9	990	Form 990•T (corpo	oration)		Form 47	720	
	Form 9	990-BL		101(a) or 408(a) trust)		Form 52		
X	Form 9	990-EZ	Form 990-T (trust			Form 60		
	Form 9	990-PF	Form 1041-A			Form 88	370	
Tel· ● If th	ephone ne orga na la fo	s are in the care of e No. (860) 52 anization does not have or a Group Return, enter	CARL GUERRIE ONE UNION PL 2-7323 an office or place of bus the organization's four proup, check this box	ACE - HARTF FAX siness in the United St. digit Group Exemption	No.  ates, check this b Number (GEN)	ox	is is for the whole members the ex	► □ s group, check this tension will cover.
	F.1	EBRUARY 15,	h (6-months for a corpor	ation required to file Footput organization ret	orm 990-T) extens um for the organiz	sion of time unt zation named a	il bove. The exten	sion
		he organization's return calendar year						
	X	tax year beginning	JUL 1, 2009	, and endin	g JUN 30,	2010		
2	if this t	ax year is for less than	12 months, check reaso	n: Initial return	C Fina	al return	Change in	accounting period
3a	If this a	application is for Form 9	90·BL, 990·PF, 990·T, 4	720, or 6069, enter the	tentative tax, les	s any		
!	<u>nonref</u>	<u>undable credits. See ins</u>	tructions.				33 \$	
b	If this a	application is for Form 9	90-PF or 990-T, enter an	y refundable credits ai	nd estimated			
	ax pay	ments made. Include a	ny prior year overpayme	nt allowed as a credit			3ь \$	
¢	danaa	e Due. Suptract line 3b	from line 3a. Include yo	ur payment with this fo	orm, or, if required	1,		
	See ins	structions	required, by using EFTP	'S (Electronic Federal ]	Fax Payment Syst	em)		N1 / 2
	-		electronic fund withdra	wal with this Form 886	8. sae Form 8452	NEO and Form	3c   \$	N/A
LHA			vork Reduction Act No			- und Form		ment instructions. in 8868 (Rev. 4-2009)