

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CHARTER OAK TEMPLE RESTORATION ASSOC.

D/B/A CHARTER OAK CULTURAL CENTER

Number and street (or P.O. box if mail is not delivered to street address)

21 CHARTER OAK AVENUE

Room/suite

City or town, state or country, and ZIP + 4

HARTFORD, CT 06106

D Employer identification number

06-1026597

E Telephone number

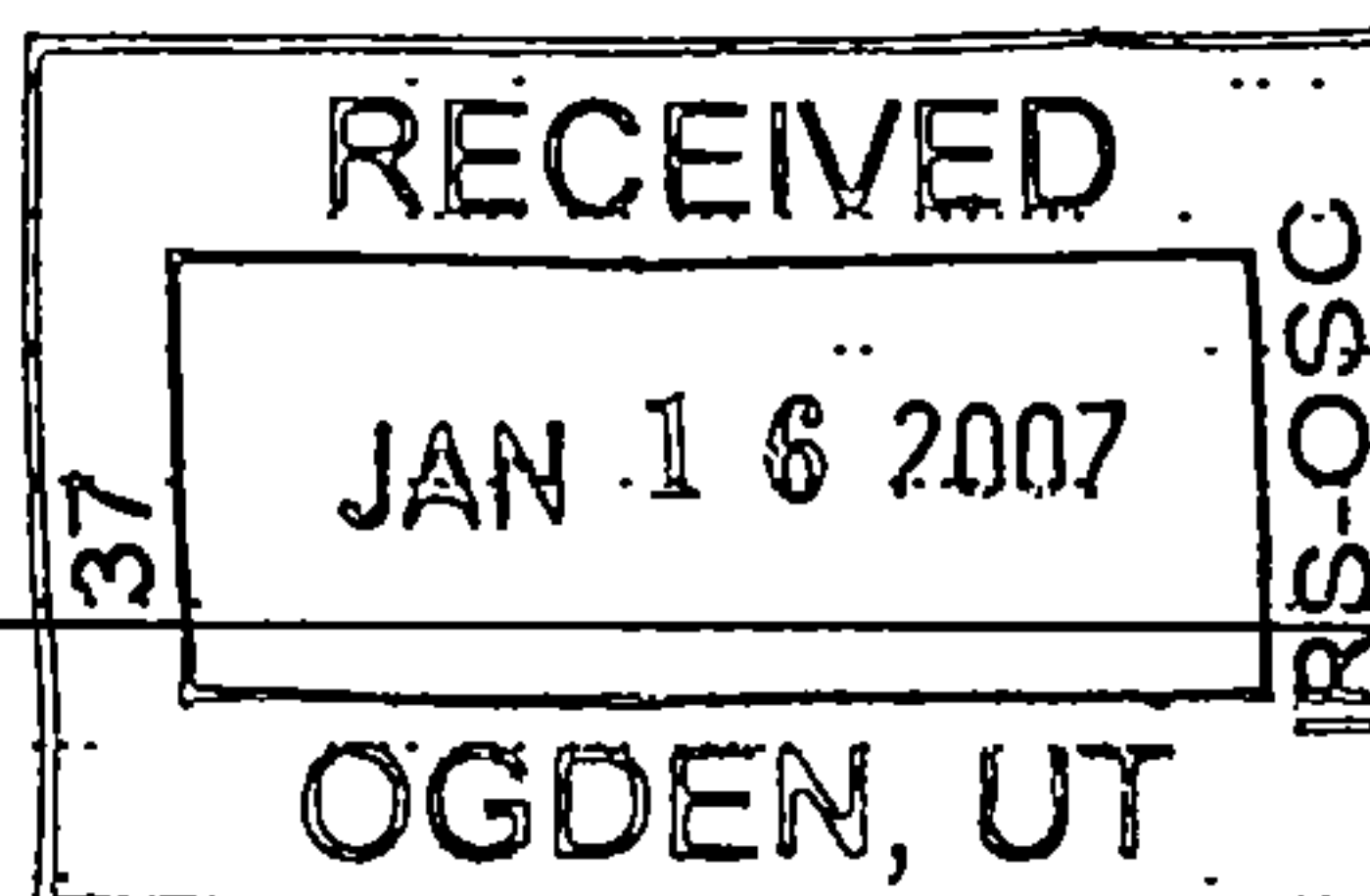
860-249-1207

F Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ N/A**J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **431,506.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	
1	Contributions, gifts, grants, and similar amounts received
a	Direct public support
b	Indirect public support
c	Government contributions (grants)
d	Total (add lines 1a through 1c) (cash \$ 388,207. noncash \$)
2	Program service revenue including government fees and contracts (from Part VII, line 93)
3	Membership dues and assessments
4	Interest on savings and temporary cash investments
5	Dividends and interest from securities
6 a	Gross rents
b	Less rental expenses
c	Net rental income or (loss) (subtract line 6b from line 6a)
7	Other investment income (describe)
8 a	Gross amount from sales of assets other than inventory
b	Less cost or other basis and sales expenses
c	Gain or (loss) (attach schedule)
d	Net gain or (loss) (combine line 8c, columns (A) and (B))
9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐
a	Gross revenue (not including \$ of contributions reported on line 1a)
b	Less direct expenses other than fundraising expenses
c	Net income or (loss) from special events (subtract line 9b from line 9a)
10 a	Gross sales of inventory, less returns and allowances
b	Less cost of goods sold
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)
11	Other revenue (from Part VII, line 103)
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)
Expenses	
13	Program services (from line 44, column (B))
14	Management and general (from line 44, column (C))
15	Fundraising (from line 44, column (D))
16	Payments to affiliates (attach schedule)
17	Total expenses (add lines 13 and 14, column (A))
Net Assets	
18	Excess or (deficit) for the year (subtract line 17 from line 12)
19	Net assets or fund balances at beginning of year (from line 73, column (A))
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)

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01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2004)

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2004.09000 CHARTER OAK TEMPLE RESTORAT CHAOAK 1

**CHARTER OAK TEMPLE RESTORATION ASSOÇ.
D/B/A CHARTER OAK CULTURAL CENTER**

06-1026597

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	50,831.	35,480.	11,488.	3,863.
26	Other salaries and wages	26	122,880.	85,770.	27,771.	9,339.
27	Pension plan contributions	27				
28	Other employee benefits	28	14,681.	10,247.	3,318.	1,116.
29	Payroll taxes	29	24,841.	17,339.	5,614.	1,888.
30	Professional fundraising fees	30				
31	Accounting fees	31	6,015.	4,198.	1,360.	457.
32	Legal fees	32				
33	Supplies	33	4,096.	2,859.	926.	311.
34	Telephone	34	6,133.	4,281.	1,386.	466.
35	Postage and shipping	35	8,557.	5,973.	1,934.	650.
36	Occupancy	36	32,086.	22,396.	7,251.	2,439.
37	Equipment rental and maintenance	37	7,749.	5,409.	1,751.	589.
38	Printing and publications	38	12,735.	8,889.	2,878.	968.
39	Travel	39	6,988.	4,878.	1,579.	531.
40	Conferences, conventions, and meetings	40	6,367.	4,444.	1,439.	484.
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	54,211.	37,839.	12,252.	4,120.
43	Other expenses not covered above (itemize).					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 1	43e	126,283.	88,146.	28,541.	9,596.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	484,453.	338,148.	109,488.	36,817.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	RESTORATION, PRESENTATION AND MAINTENANCE OF A HISTORIC TEMPLE WHICH IS USED AS A FACILITY TO PRESENT MULTI-CULTURAL ARTS, HUMANITIES AND EDUCATIONAL PROGRAMS TO THE HARTFORD AREA (Grants and allocations \$ _____)	338,148.
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	338,148.

**CHARTER OAK TEMPLE RESTORATION ASSOC.
D/B/A CHARTER OAK CULTURAL CENTER**

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	29,387.	45	32,870.
	46 Savings and temporary cash investments	119,716.	46	96,699.
	47 a Accounts receivable	2,563.		
	b Less: allowance for doubtful accounts		47c	2,563.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts	660.	48c	
	49 Grants receivable	1,213.	49	1,212.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 3 ☐ Cost ☒ FMV	27,400.	54	28,192.
	55 a Investments - land, buildings, and equipment basis	1,659,913.		
	b Less: accumulated depreciation	747,162.	55c	912,751.
56 Investments - other		56		
57 a Land, buildings, and equipment basis				
b Less: accumulated depreciation		57c		
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,134,824.	59	1,074,287.	
Liabilities	60 Accounts payable and accrued expenses	9,245.	60	1,655.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	9,245.	66	1,655.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	879,810.	67	829,802.
	68 Temporarily restricted	139,258.	68	136,319.
	69 Permanently restricted	106,511.	69	106,511.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,125,579.	73	1,072,632.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,134,824.	74	1,074,287.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	484,453.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	484,453.
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	484,453.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

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Yes		No	
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Located at ► 21 CHARTER OAK AVENUE, HARTFORD, CT

ZIP + 4 ► 06106

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

▶ | 92 | N/A ▶

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01-13-05 Form 990 (2004)

CHARTER OAK TEMPLE RESTORATION ASSOC.
D/B/A CHARTER OAK CULTURAL CENTER

Form 990 (2004)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a PROGRAMS AND GALLERY

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A THE CULTURAL CENTER MAINTAINS A GALLERY AND PRESENTS MUSICAL, ART,

93A EDUCATIONAL AND OTHER HUMANITIES PROGRAMS

96 TO INCREASE NET ASSET BALANCES WHICH SUPPORT ALL OPERATING ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

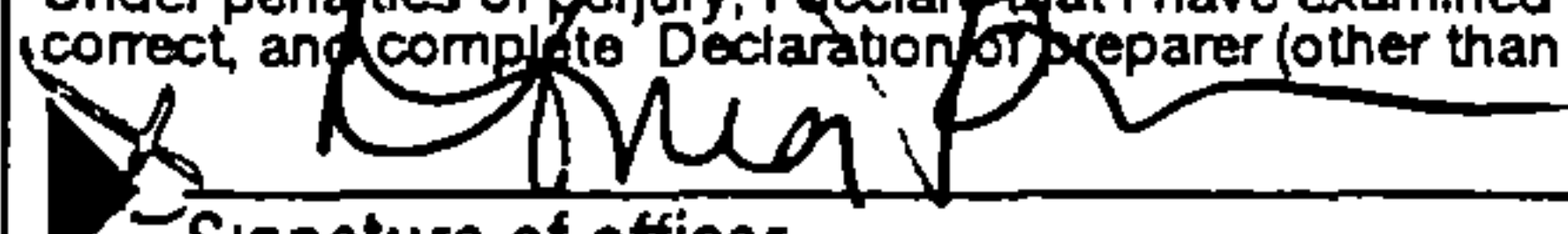
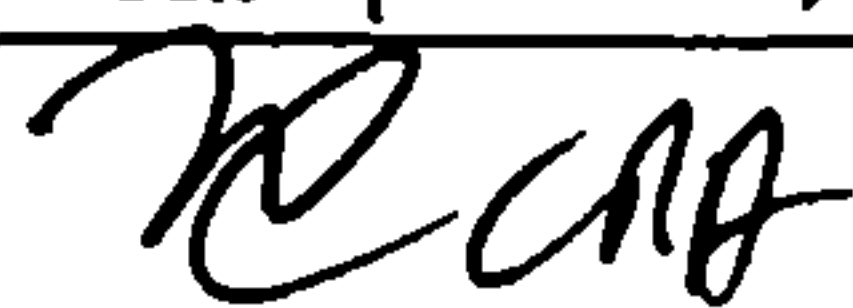
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
		Date <u>8/18/07</u>	Type or print name and title. <u>Donna Berman-Executive Director</u>	
Paid Preparer's Use Only	Preparer's signature 	Date <u>12-15-06</u>	Check if self-employed ☐	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 BENNETT AND COMPANY, PC 34 JEROME AVENUE BLOOMFIELD, CT 06002	EIN	Phone no (860) 243-3333	

Form 990 (2004)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization **CHARTER OAK TEMPLE RESTORATION ASSOC.**
D/B/A CHARTER OAK CULTURAL CENTER

Employer identification number
06 1026597

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONNA BERMAN -----	EXEC.DIRECTOR 40	50,831.	8,800.	0.

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

CHARTER OAK TEMPLE RESTORATION ASSOC.

Schedule A (Form 990 or 990-EZ) 2004 D/B/A CHARTER OAK CULTURAL CENTER

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Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 1 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5	☐	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
6	☐	A school Section 170(b)(1)(A)(ii). (Also complete Part V)
7	☐	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	☐	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	☐	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 1 _____
10	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
11b	☐	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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) (Also complete the Support Schedule in Part IV-A)
13	☐	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	☐	An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)
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CHARTER OAK TEMPLE RESTORATION ASSOC.

Schedule A (Form 990 or 990-EZ) 2004 **D/B/A CHARTER OAK CULTURAL CENTER**

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Part IV-A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	373,393.	334,495.	181,937.	369,473.	1,259,298.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	18,922.	17,823.	3,713.	26,892.	67,350.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,364.	9,366.	16,025.	20,376.	47,131.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	393,679.	361,684.	201,675.	416,741.	1,373,779.
24 Line 23 minus line 17	374,757.	343,861.	197,962.	389,849.	1,306,429.
25 Enter 1% of line 23	3,937.	3,617.	2,017.	4,167.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26,129.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					1,306,429.
d Add. Amounts from column (e) for lines: 18 <u>47,131.</u> 19 _____ 22 _____ 26b _____					47,131.
e Public support (line 26c minus line 26d total)					1,259,298.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.3924%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A					
(2003) (2002) (2001) (2000)					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add. Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

CHARTER OAK TEMPLE RESTORATION ASSOC.

Schedule A (Form 990 or 990-EZ) 2004 **D/B/A CHARTER OAK CULTURAL CENTER**

06-1026597 Page **4**

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

2004.09000 CHARTER OAK TEMPLE RESTORAT CHAOAK 1

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	4,562.	3,184.	1,031.	347.
TRAINING	1,060.	740.	240.	80.
OUTSIDE ARTISTS, EDUCATION AND SUPPORT	85,290.	59,533.	19,276.	6,481.
GALLERY EXPENSES	7,216.	5,037.	1,631.	548.
INSURANCE	21,271.	14,847.	4,807.	1,617.
OFFICE EXPENSE	6,884.	4,805.	1,556.	523.
TOTAL TO FM 990, LN 43	126,283.	88,146.	28,541.	9,596.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

RESTORING, PRESERVING AND MAINTAINING THE LANDMARK BUILDING AS A MONUMENT OF HISTORICAL, RELIGIOUS AND ARCHITECTURAL SIGNIFICANCE.

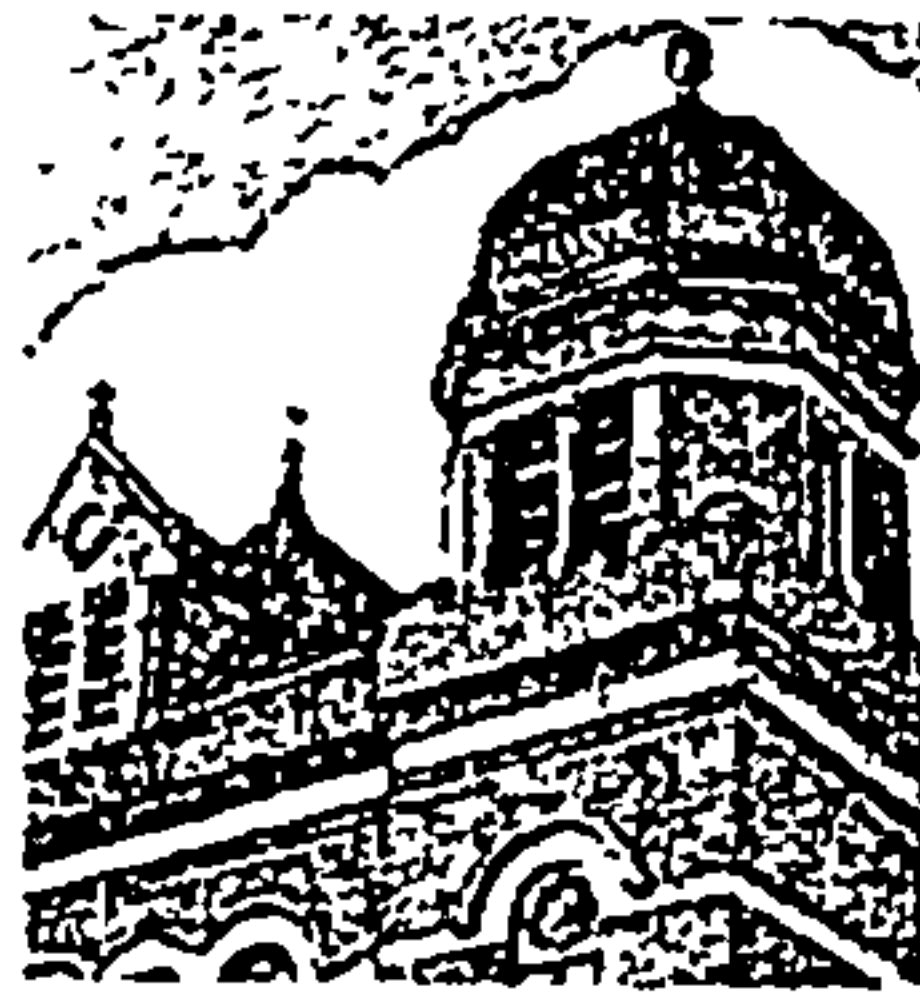
FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 3

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES AND OTHER INVESTMENTS	FMV			4,594.	4,594.
THE ENDOWMENT FOUNDATION	FMV			23,598.	23,598.
TO FORM 990, LINE 54, COL B				28,192.	28,192.

Charter Oak Temple Restoration Assoc.
Attachment to Form 990 Schedule B
Schedule of Contributors
July 2004 through June 2005

06-1026597

<u>Donor</u>	<u>Address</u>	<u>City, State Zip</u>	<u>Amount</u>
			\$12,000
			\$21,800
			\$12,772
			\$9,000
			\$79,631
			\$30,000
			\$10,000
			\$10,000
			\$12,000
			\$25,000
			\$40,000



Charter Oak Cultural Center

BOARD OF DIRECTORS & STAFF

July 2004-2005

Jack Waggett – President (2005)

14 Ledyard Road
West Hartford, CT 06117
TEL: (860) 236-4456
CELL: (860) 729-7298
john.waggett@trincoll.edu

Victoria Chavey – Vice President (2006)

128 Steele Road
West Hartford, CT 06119
TEL: (860) 232-0616

Day, Berry & Howard
CityPlace I
Hartford, CT 06103
TEL: (860) 275-0467
FAX: (860) 275-0343
vwchavey@dbh.com

Leta Marks – Secretary (2007)

98 Colony Road
West Hartford, CT 06119
TEL: (860) 233-5077
FAX: (860) 233-5077
marks@hartford.edu

Carol Terry – Treasurer (2005)

46 Banbury Lane
West Hartford, CT 06107
TEL: (860) 232-6657
terry@whal.org

Len Albert (2005)

86 Hunter Drive
West Hartford, CT 06107
TEL: (860) 561-2941
FAX: (860) 206-1137
vfalbert@aol.com

Pilgrim Furniture
55 Graham Place
Southington, CT 06489
TEL: (860) 276-0030

Vivien Blackford (2005)

10 Hamburg Road
East Haddam, CT 06423
TEL: (860) 434-5212
FAX: (860) 434-5266
vblackford@att.net

Organizational Consultant

Alvin Carter Sr. (2007)

712 Birdview Terrace
Hartford, CT 06106
TEL: (860) 298-2816
CELL: (860) 953-8248
oginga09@aol.com

Cigna (retired)
Musician, Educator

Jeannette B. DeJesus (2007)

27 Charter Oak Place
Hartford, CT 06106

CELL: (860) 553-0055

Executive Director
Hispanic Health Council
175 Main St.
Hartford, CT 06106
TEL: (860) 527-0856
jeannetted@hispanichealth.com

Marshal Elovich (2005)

114 Chaffinch Island Road
Guilford, CT 06437
TEL: (203) 458-7055
FAX: (203) 458-0212
mhelovich@snet.net

Joel Freedman (2006)

213 Tryon Street
South Glastonbury, CT 06073
TEL: (860) 659-8883

Senior Vice President
Hartford Financial Services Group
Hartford, CT 06115
TEL: (860) 547-5480
FAX: (860) 547-6551
jfreedman@thehartford.com

Nilofer G. Haider (2007)

185 Fairview Drive
South Windsor, CT. 06074
TEL: 860 648 0600
CELL: 860 402 6222
matnl@aol.com

Catholic Charities, Migration & Refugee Service
Hartford, CT

Katherine Hansen (2006)

407 France Street
Rocky Hill, CT 06067
TEL: (860) 563-6036

Director Strategic Staffing
Lincoln Financial Group
Hartford, CT
khansen@lfg.com

Kathleen S. Hewitt (2007)

153 Stephen Drive
Meriden, CT 06450
TEL: (203) 237-3895

Vice President
Connecticut Bank and Trust Company
58 State House Square
Hartford, CT 06103
TEL: (860) 748-4280
khewitt@theebt.com

Jeffrey Horn (2005)

38 Fox Hill Drive
Rocky Hill, CT 06067
TEL: (860) 721-7704
jhorn4sail@aol.com

Amy V. Jaffe (2007)

62 Walbridge Road
West Hartford, CT 06119
TEL: (860) 236-1397
hersheyN@aol.com

West Hartford Interfaith Housing Coalition

Michael Kintner (2008)

262 Kenyon St.
Hartford, Ct. 06105
TEL: (860) 206-2781

Executive Director, Hartford Image Project
TEL: (860) 525-4451 x.244
mkintner@metrohartford.com

Adlyn Loewenthal (2007)

137 Steele Road
West Hartford, CT 06119
TEL: (860) 231-7177
Adlynandted@aol.com

Literacy Volunteers of Hartford

Barri Marks (2006)

326 Westmont
West Hartford, CT 06117
TEL: (860) 561-2542
CELL: (860) 989-8822
FAX: (860) 561-9860
bmarks1948@aol.com

Stephanie Sum (2005)

17 Andrew Lane
Windsor, CT 06096
TEL: (860) 688-9420
CELL: (860) 559-3907
stephanie.sum@cigna.com

Cigna, AVP Information Technology
900 Cottage Grove Road, B227
Hartford, CT 06152-1227
TEL: (860) 226-9610
Asian Academy of Arts & Culture, Founding Director
asianacademy@yahoo.com

Yvonne M. Zayas (2005)

70 Blackledge Drive
Colchester, CT 06415
TEL: (973) 477-4565 (M)

Otis Elevator Company
Farmington, CT
TEL: (860) 676-6012
FAX: (860) 998-3032
Yvonne.zayas@otis.com

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