EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A F	or the	e 2020 calendar year, or tax year beginning JUL 1,2020 and e	ل ending	UN 30, 2021	
B c	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	e ARIS FOR LEARNING CONNECTICUT			
	Name chang	e Doing business as		06-10094	70
	□Initial □return □Final □return	1 FVFDCDFFN AVENUE CUITUF 33	Room/suite	E Telephone number 203-230-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	830,515.
	Amen return	ded HAMDEN OF 06510		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: HEATHER RENWICK		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1 1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		te: ► WWW.AFLCT.ORG		H(c) Group exemptio	
KF	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1980 n	A State of legal domicile: CT
Pa	art I	Summary			
ø.	1	Briefly describe the organization's mission or most significant activities: $\ \underline{ extbf{TO}}\ \ \underline{ extbf{IN}}$	ISPIRE	YOUNG PEOPI	LE AND
Governance		EXPAND THEIR LEARNING THROUGH THE ARTS			
erns	2	Check this box if the organization discontinued its operations or dispose	ed of more		
ŏ	3			3	12
		Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			3
ĬŢ	6	Total number of volunteers (estimate if necessary)			25
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		306,248.	592,089.
Revenue	9	Program service revenue (Part VIII, line 2g)		337,291.	189,535.
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17.	171.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,627.	48,260.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		639,929.	830,055.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		175 420	100 605
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		175,430.	190,695.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 28,71		250 074	272 507
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,074.	372,587.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		525,504. 114,425.	563,282. 266,773.
	19	Revenue less expenses. Subtract line 18 from line 12		·	<u> </u>
t Assets or		T	Re	ginning of Current Year 230,925.	End of Year 471,757.
SSE	20	Total assets (Part X, line 16)		108,734.	82,793.
Net A		Total liabilities (Part X, line 26)		122,191.	388,964.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		144,171.	300,304.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and boller, it is
	, 001100	A and complete books and or property (extra their entropy) to below on an information of white	on propuror	That any knowledge.	
Sigi	n	Signature of officer		Date	
Her		JOHN-MICHAEL PARKER, EXECUTIVE DIRECTOR	R		
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	PAMELA J. MATOCHA		if self-employ	P00572001
	- oarer	Firm's name T. M. BYXBEE COMPANY, P.C.	I		06-1386456
-	Only	Firm's address P. O. BOX 187169	o Ent		
	•	HAMDEN, CT 06518		Phone no. (2	03) 281-4933
Mav	/ the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No

	1 990 (2020) ARTS FOR LEARNING CONNECTICUT	06-1009470 Page 2
Pa	rt 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: TO INSPIRE YOUNG PEOPLE AND EXPAND THEIR LEARNING THROUGH	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? 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? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	ue\$ 236,395.
	PROGRAM SERVICES CONSIST OF PERFORMANCES, WORKSHOPS, RESPROFESSIONAL DEVELOPMENT BY TEACHING ARTISTS. THE VAST M	
	PROGRAMS OCCUR IN K-12 SCHOOLS; THE REST TAKE PLACE LIBR	
	COMMUNITY CENTERS, AND OTHER PUBLIC VENUES. THE PURPOSE	
	PROGRAMS IS TO INSPIRE PARTICIPANTS THROUGH CREATIVE AND	
	ENRICHMENT; TEACH ARTISTIC AND RELATED ACADEMIC AND EDUC.	ATIONAL SKILLS;
	AND SUPPORT SOCIAL AND EMOTIONAL DEVELOPMENT.	
4b	(Code:) (Expenses \$) (Reven	ue \$)
4c	(Code:) (Expenses \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)	`
4e	(Expenses \$\(\(\)\) including grants of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)
		Form 990 (2020)

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Form 990 (2020) ARTS FOR LEARNING CONNECTICUT 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		Х
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		X
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		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		х
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the second of the desired of the desired of the United Otelso	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		- V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		X
20 a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of the organization of	rent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				37
	Schedule K. If "No," go to line 25a		24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas				
	any tax-exempt bonds?		24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple				v
	Schedule L, Part I	2	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1.			Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co				Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par	t III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				Х
h	"Yes," complete Schedule L, Part IV	·····	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	·····	.00		21
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	_	28c		Х
29	"Yes," complete Schedule L, Part IV		29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M		29		
30			30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32		····· -`	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·····-	<u> </u>		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-		
04		1.	34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent		<i>,</i> 00		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	II	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		,00		
00	If "Yes," complete Schedule R, Part V, line 2		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·····	-		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	······	-		_ _
33	Note: All Form 990 filers are required to complete Schedule O	,	38	х	
Pai		············· \			
	Check if Schedule O contains a response or note to any line in this Part V				
	1,		·····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	56			.,,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

ARTS FOR LEARNING CONNECTICUT 06-1009470 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 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). X 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b | 12a | 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
 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.

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
 c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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X

Х

13a

14b

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13b

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

_	Check it Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management		V	
۔ م	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
па	3			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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		X
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	Х	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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		
Sec	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 203-230-8101			
	1 EVERGREEN AVENUE SUITE 33, HAMDEN, CT 06518			

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than s botl	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN-MICHAEL PARKER	40.00							00.001	•	•
EXECUTIVE DIRECTOR	1 00	X		X			╀	82,231.	0.	0.
(2) PADMA SRIMATKANDADA	1.00	. ,						0.	0.	0
DIRECTOR (3) MEGAN DAWSON TOPLIFF	1.00	X					┢	0.	0.	0.
SECRETARY	1.00	X		x				0.	0.	0.
(4) HEATHER RENWICK	1.00	T-					T			
CHAIR		x		x				0.	0.	0.
(5) LORRAINE CONSIGLIO	1.00						T			
DIRECTOR		Х						0.	0.	0.
(6) ROBERT DUFFUS	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) ELIZABETH KATZ	1.00									
DIRECTOR				X				0.	0.	0.
(8) JERRY LAMBRINATOS	1.00]								
DIRECTOR				Х				0.	0.	0.
(9) RORIE RUECKERT	1.00	1								_
DIRECTOR				X			┡	0.	0.	0.
(10) JENNIFER DAUPHINAIS	1.00			l						•
DIRECTOR	1 00			X			_	0.	0.	0.
(11) SAMANTHA TAYLOR	1.00	-								0
DIRECTOR	1 00			X			╀	0.	0.	0.
(12) JESSE IMSE	1.00	$\left\{ \right.$		x					0	0
DIRECTOR (13) TIM GLASBY	1.00			Α.			┝	0.	0.	0.
DIRECTOR	1.00	1		x				0.	0.	0.
DIRECTOR				^			\vdash	0.	0.	0.
		1								
							+			
		1								
							T			

Part VII Section A. C	Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	A)	(B) Average hours per week	(do box	not c	Posi heck i ss per	C) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Est am	(F) imated ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	comp fro orga and	pensat om the anization relate nizatio	e on ed
			=	드	10	- X	Ξ 5	32						
c Total from continu	uation sheets to Part VI	I, Section A						>	82,231.		0.			0.
2 Total number of inc	o and 1c)dividuals (including but n							o re	82,231. eceived more than \$100,	000 of reportable	0.			0.
	n the organization on list any former officer,	director truste	ee k	cev e	emol	ove	e or	hio	shest compensated emp	lovee on	-		Yes	No
line 1a? If "Yes," co	omplete Schedule J for sisted on line 1a, is the su	uch individual										3		X
and related organiz	zations greater than \$150 ed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
rendered to the org	ganization?	plete Schedule	e J fo	or st	ıch r	oers	on					5		X
1 Complete this table	e for your five highest co	•	-							•	ensa	tion fro	m	
	(A) Name and business			ONE					(B) Description of s		C	(C) Compen		1
	dependent contractors (ii	•	ot lin	nited	d to t	_	_	ted	above) who received me	ore than				
\$100,000 of compe	ensation from the organiz	zation				(200 /-	

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Official in Confedence of Confedence a response of	or riote to driy iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
_							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
iz a	b	Membership dues1b					
Ę,	С	Fundraising events					
ijä	d	Related organizations1d					
nig Bije	е	Government grants (contributions) 1e	220,993.				
Sign	f	All other contributions, gifts, grants, and					
E E			371,096.				
불턴		Noncash contributions included in lines 1a-1f	,				
Ş	9 h	Total. Add lines 1a-1f		592,089.			
0 6		Total. Add lines 1a-11	Business Code	332,003.			
	_	DDOODAM DEVENUE		100 525	100 525		
<u>e</u>		PROGRAM REVENUE	611710	189,535.	189,535.		
Program Service Revenue	b						
S I	С						
ar	d						
P G	е	- <u> </u>					
<u>r</u>	f	All other program service revenue					
		Total. Add lines 2a-2f		189,535.			
	3	Investment income (including dividends, intere		,			
	Ū	other similar amounts)		13.			13.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real					
			(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 418.					
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 7b 260.					
ığ	_	Gain or (loss) 7c 158.					
her Revenue		Net gain or (loss)		158.			158.
<u>بر</u>				130.			130.
	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See	1 600				
		Part IV, line 188a	1,600.				
	b	Less: direct expenses8b	200.				1 100
		Net income or (loss) from fundraising events		1,400.			1,400.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		3.					
	l-						
	<u> </u>	Net income or (loss) from sales of inventory	Business Ossi				
<u>s</u>		TNOIDANCE PROCEERS	Business Code	16 060	46.000		
9 a	11 a	INSURANCE PROCEEDS	900099	46,860.	46,860.		
an	b						
Miscellaneous Revenue	С						
Pig	d	All other revenue					
	е	Total. Add lines 11a-11d	>	46,860.			
		Total revenue See instructions		830 055.	236.395.	0	1 571.

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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 (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 15,946. 79,730. 47,838. 15,946. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 90,930. 76,281. 10,162. 4,487. 7 Pension plan accruals and contributions (include 2,714. 1,988. 399. 327. section 401(k) and 403(b) employer contributions) 1,079. 790. <u>159.</u> 130. Other employee benefits 9 16,242. 11,895. 2,388. 1,959. 10 Payroll taxes Fees for services (nonemployees): Management Legal 12,232. 8,959. 1,798. 1,475. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,109. 38,759. 37,650. column (A) amount, list line 11g expenses on Sch O.) 7,008. 7,008. Advertising and promotion 12 18,134. 12,481. 2,739. 2,914. Office expenses 13 Information technology 14 Royalties 15 9,541. 6,988. 1,403. 1,150. 16 Occupancy 318. 233. 47. 38. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 702. 702. Depreciation, depletion, and amortization 22 2,389. 1,750. 351. 288. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 275,298. 275,298. ARTISTS FEES COOP FEES 6,519. 6,519. 1,687. 1,687. DUES & SUBSCRIPTIONS С d All other expenses 563,282. 482,151. 52,417. 28,714. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			203,469.	1	278,247.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			18,137.	3	155,197.
	4	Accounts receivable, net			1,490.	4	26,953.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these per	sons		5	
Assets	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in se	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		8			
	9	Duran sid some server and defermed also server				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	5,587. 1,626.			
	b	Less: accumulated depreciation	10b	1,626.	1,429.	10c	3,961.
	11	Investments - publicly traded securities	260.	11	0.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,140.	15	7,399.		
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	230,925.	16	471,757.
	17	Accounts payable and accrued expenses			1,949.	17	635.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
Se	22	Loans and other payables to any current or f	ormer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su		·			
iab		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un			20.460	23	25.060
	24	Unsecured notes and loans payable to unrela			32,462.	24	35,869.
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24). Complete Part X	74 202		46 200
					74,323.		46,289.
	26	Total liabilities. Add lines 17 through 25			108,734.	26	82,793.
s		Organizations that follow FASB ASC 958,	check he	re 🕨 🔼			
JCe		and complete lines 27, 28, 32, and 33.		-	25 127		55,766.
<u>ala</u>	27				-25,137. 147,328.	27	333,198.
Ö	28				147,320.	28	333,130.
Ë		Organizations that do not follow FASB AS	C 958, cr	eck nere			
ρĀ		and complete lines 29 through 33.		-			
jts (29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			122,191.	31 32	388,964.
ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances			230,925.	33	471,757.
	33	TOTAL HADIILLES AND HEL ASSELS/TUND DAIANCES			450,745.	აა	Form 990 (2020)

Form **990** (2020)

Pa	rt 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		0,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	56	3,2	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	26	6,7	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	2,1	91.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	38	8,9	64.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARTS FOR LEARNING CONNECTICUT

Employer identification number 0.6-1.009470

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S		0 1005470				
The	orga	nization is not a private found										
1		A church, convention of chu	·		•	· ·	I)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative		·			i).					
4		A medical research organiza						the hospital's name.				
		city, and state:	•	,			· / / / /	. ,				
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C		,	•	, 0						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normal	•				• •	oublic described in				
		section 170(b)(1)(A)(vi). (Co	-	1	3		3					
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	nction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:		,		, ,						
10	X	An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees, and	d aross receipts from				
		activities related to its exem										
		income and unrelated busin	•	•				-				
		See section 509(a)(2). (Cor	mplete Part III.)	,		•	, ,	,				
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that of	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with its	s supporte	d organization(s), by hav	ving				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)				
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attentiv	/eness				
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated supporti	ng organiz	ation.						
f		ter the number of supported o	•									
g	Pro	ovide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	()	(described on lines 1-10	in your governi	ing document? No	support (see instructions)	support (see instructions)				
		-		above (see instructions))	163	140						
	_							<u> </u>				

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.)

<u> </u>	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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 VI.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·		ŕ		. ,. ,	_
Sec	organization, check this box and stope tion C. Computation of Public						
	Public support percentage for 2020 (li			column (f))		14	g
	Public support percentage from 2019					15	
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances tes						
b	10% -facts-and-circumstances test	_			-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6 <u>a, 16b, 17a, or 1</u> 7	b, check this box a	ınd see instructions	 ▶□
		· · · · · · · · · · · · · · · · · · ·				edule A (Form 990	

032022 01-25-21

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,		, ,	, ,	• •	,,
	membership fees received. (Do not						
	include any "unusual grants.")	189,609.	173,546.	147,018.	306,248.	592,089.	1408510.
2	Gross receipts from admissions,	, , , , , ,	. ,	,	,	,	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	650,885.	542.750.	522.542.	337,291.	268.857.	2322325.
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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	840,494.	716,296.	669,560.	643,539.	860,946.	3730835.
	Amounts included on lines 1, 2, and	010,151.	710,230.	003,300.	043,333.	000,540.	3730033•
16	3 received from disqualified persons						0.
h	Amounts included on lines 2 and 3 received						<u> </u>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						3730835.
	Public support. (Subtract line 7c from line 6.)						3730033.
	•••	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2016 840, 494.	(b) 2017 716, 296.	(c) 2018 669, 560.	(d) 2019 643,539.	(e) 2020 860,946.	(f) Total 3730835.
	Gross income from interest,	040,454.	710,250.	005,500.	043,333.	000,540.	3730033.
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	67.	60.	24.	17.	13.	181.
	Unrelated business taxable income	07.	00.	21.	<u> </u>		101.
L	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
_		67.	60.	24.	17.	13.	181.
	Add lines 10a and 10b Net income from unrelated business	07.	00.	24.	1/•	13.	101.
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)	840,561.	716,356.	669,584.	643,556.	860,959.	3731016.
	Total support. (Add lines 9, 10c, 11, and 12.)					· · · · · · · · · · · · · · · · · · ·	
14	First 5 years. If the Form 990 is for the	Ü		,		(,(,)	on, ⊾ □
800	check this box and stop here ction C. Computation of Publi	c Support Per					
	<u> </u>		<u>-</u>	- L (A)		45	100.00 %
	Public support percentage for 2020 (I	, ,,,	•	column (f))			000
	Public support percentage from 2019 ction D. Computation of Investigation					16	99.99 <u>%</u>
	•			10 1 (0)		4=	00 %
17						17	.00 % .01 %
18	Investment income percentage from					18	
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						> X
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a h	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	>

Τ..

T . .

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction		Г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continued}	<u>d)</u>	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ARTS FOR LEARNING CONNECTICUT

Employer identification number 06-1009470

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a 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 qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	nts that describes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Tracquires or Oth	or Similar Assats
Га	Complete if the organization answered "Yes" on Form 9		iei Siiliidi Assets.
12	If the organization elected, as permitted under FASB ASC 958		ad balance shoot works
Id		•	
	of art, historical treasures, or other similar assets held for publi		•
h	service, provide in Part XIII the text of the footnote to its finance.		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	curse or other similar assets for financial	
_	the following amounts required to be reported under FASB AS		gain, provide
	Revenue included on Form 990, Part VIII, line 1	<u> </u>	•
a h	Assets included in Form 990. Part X		

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

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar <i>A</i>	ssets	(continue	d)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the	following tha	t make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	t	Loan or exc	hange progr	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or oth	er similar a	assets			
_	to be sold to raise funds rather than to be mair	ntained as part of t	he orgar	nization's co	llection?				Yes [No
Par	t IV Escrow and Custodial Arrange	ements. Compl	ete if the	organizatio					ine 9, or	
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodiar	or other intermed	liary for o	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							\square] Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing t	able:						
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C								[
Par).		_	
		(a) Current year		Prior year	(c) Two year			rs back	(e) Four yea	ars back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,					, ,			
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the currer	nt year end halanc	e (line 10	r column (a	// pelq as.					
a	Board designated or quasi-endowment		% %	y, coluitiii (a)) ficia as.					
	Permanent endowment		_′°							
	Term endowment > %									
·	The percentages on lines 2a, 2b, and 2c should									
22	Are there endowment funds not in the possess	•	ation tha	t are hold a	ad administa	rod for the	organizatio	nn.		
Ja		sion of the organiza	ation tha	it are rielu ai	iu auriiriiste	rea for the	organizatio	711	Ye	s No
	by: (i) Unrelated organizations								3a(i)	3 140
									3a(ii)	_
h	(ii) Related organizations	one lietod ae roquir	rod on S	chodulo P2					3b	_
4	Describe in Part XIII the intended uses of the o								JU	
	t VI Land, Buildings, and Equipme		willelit i	urius.						
	Complete if the organization answered) Part IV	/ lina 11a S	See Form 990) Dart Y li	ne 10			
								\top	(d) Book va	
	Description of property	(a) Cost or of basis (investr		1 ' '	or other (other)		cumulated reciation		(u) BOOK Va	alue
	Land	- `		24313	(30.101)	аср	. 55.41011			
	Land									
	Buildings							+		
	Leasehold improvements				5,587.		1,626	;	3	961.
	Equipment				3,301.		1,020	' 	<u> </u>	<u> </u>
	Other	15 600 5	V - 1	<u> </u>	0 - 1	I.	<u> </u>		3	961.
IUIA	. Add lines 1a through 1e. (Column (d) must eau	iai Form 990. Part	A. COIUN	'11 (B). IINE 1	UC.)				J ,	<u> </u>

Schedule D (Form 990) 2020

(a) Description of acquisity or estates		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	un Form 000 Dort IV line	11a Can Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-vear market value
, , .	(b) Book value	(b) Method of Valdation. Cost of chid of	your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
EGILIA I VIIICI ASSOLS.			
	n Form 990 Part IV line	11d See Form 990 Part X line 15	
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line. Part X Other Liabilities.	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Pagazinting of liability.	Description 15.)	>	
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Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL EXPENSES (3) DEPOSITS FOR FUTURE PROGRA	Description 15.) Form 990, Part IV, line	>	(b) Book value 5,896 33,726
Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL EXPENSES (3) DEPOSITS FOR FUTURE PROGRA (4) ACCRUED NATIONAL DUES	Description 15.) Form 990, Part IV, line	>	(b) Book value 5,896 33,726
Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL EXPENSES (3) DEPOSITS FOR FUTURE PROGRA (4) ACCRUED NATIONAL DUES (5)	Description 15.) Form 990, Part IV, line	>	(b) Book value 5,896 33,726
Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL EXPENSES (3) DEPOSITS FOR FUTURE PROGRA (4) ACCRUED NATIONAL DUES (5) (6)	Description 15.) Form 990, Part IV, line	>	(b) Book value 5,896 33,726
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Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL EXPENSES (3) DEPOSITS FOR FUTURE PROGRA (4) ACCRUED NATIONAL DUES (5) (6)	Description 15.) Form 990, Part IV, line	>	(b) Book value 5,896 33,726

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

2b

2c

2d

2a

2b 2c

2d

4a

a Net unrealized gains (losses) on investments

Donated services and use of facilities Recoveries of prior year grants

Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

a Donated services and use of facilities

b Prior year adjustments

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.)

Other losses d Other (Describe in Part XIII.)

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Part XIII Supplemental Information.

1 2

1

PART X, LINE 2: MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY THE ORGANIZATION AS DEFINED IN FASB ACCOUNTING STANDARDS CODIFICATION TOPIC

Schedule D (Form 990) 2020

740.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

ARTS FOR LEARNING CONNECTICUT

Employer identification number 06-1009470

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY POSSIBLE CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
RESEARCH AND COMPARABLE INFORMATION IS OBTAINED AND REVIEWED BY THE BOARD IN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.