Form 990
Form JJJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

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▶ 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. and ending

ΑΙ	For the	e 2019 calendar year, or tax year beginning and	d ending					
B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number			
	Addre chang	S AIDS CONNECTICUT, INC.						
	Name Chang	**-**48	83					
	Initial return	E Telephone number	r					
	Final return	(860)247						
_	termin ated	- , , ,		G Gross receipts \$	6,542,690.			
	Amen	HARIFORD, CI 00100		H(a) Is this a group re				
	Applic tion pendii			for subordinates				
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X 501(c)(3) 501(c) () \blacktriangleleft$ (insert no.) 4947(a)(1)) or 🛄 527		list. (see instructions)			
				H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1985 N	State of legal domicile: CT			
P	art I	Summary		סגה העמבות ב				
ce	1	Briefly describe the organization's mission or most significant activities: TO E PREVENTION EDUCATION, HARM REDUCTION ANI		ACCUTAL CHR.	<u>ה,</u> הטאת			
Activities & Governance		Check this box						
ver		······································		_	14			
ဇိ		Number of independent voting members of the governing body (Part VI, line 1a)			14			
ې د		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			53			
itie			otal number of volunteers (estimate if necessary)					
cti		Total unrelated business revenue from Part VIII, column (C), line 12			<u>120</u> 0.			
<		Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		5,236,591.	6,438,100.			
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,345.	7,827.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,252.	78,524.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,316,188.	6,524,451.			
	13	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)		0.	0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,268,510.	2,241,246.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ЦХ		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	2,943,761.	4,191,021.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,212,271.	6,432,267.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		103,917.	92,184.			
or		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
ets c ance	20	Total assets (Part X, line 16)		2,206,528.	2,346,423.			
Net Assets (Fund Balanc	21			963,605.	901,484.			
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		1,242,923.	1,444,939.			
		Signature Block		_,,	_,,			

Part II | Signature block

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

Sign Here	Signature of officer JOHN P. MERZ, EXECUTIV Type or print name and title	E DIRECTOR	[Date						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	LISA M. WILLS			self-employed P018285						
Preparer	Firm's name WHITTLESEY PC		F	Firm's EIN 🕨 **-***332	6					
Use Only Firm's address 280 TRUMBULL ST 24TH FL										
HARTFORD, CT 06103 Phone no.860.522.31										
May the I	Aay the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990	D (2019)					
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: AIDS CONNECTICUT, INC.'S MISSION IS TO IMPROVE THE LIVES IMPACTED BY HIV THROUGH CARE AND SUPPORTIVE SERVICES, HOU ADVOCACY AND PREVENTION THROUGHOUT THE STATE OF CONNECTIC VISION IS TO BE A RECOGNIZED LEADER IN THE PREVENTION AND 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. 3 Did the organization caese conducting, or make significant changes in how it conducts, any program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. revenue, if any, for each program service reported. 4a (code:] [Expenses 1, 2346, 146. including grants of \$	OF PEOPLE SING, UT. ITS CARE OF Yes D Yes D easured by expenses. the total expenses, and 4,6' TING WITH HIV ING 2019. ANCE PROGRAM VING WITH HI 19; 124 PEOD
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SERVED DURING 2019. SHORT-TERM CASE MANAGEMENT FOR SOON-T	
HIV INMATES THROUGHOUT CT. 167 SERVED DURING 2019.	O-DE KELEAS
4c (Code:) (Expenses \$594, 565. including grants of \$) (Revenue \$)	
HIV PREVENTION:	
THE PREVENTION OUTREACH, TESTING, AND LINKAGE STAFF CONDU	CTED 93 HIV
AND 96 HCV TESTS; DISTRIBUTED 886 BROCHURES, 19,823 CONDO	
LUBRICANTS; OUTREACHED TO APPROXIMATELY 18,729 INDIVIDUAL	
SERVICES STAFF EXCHANGED 495,680 SYRINGES DURING 16,300 P	
CONTACT WITH CLIENTS; MADE 265 REFERRALS TO SUBSTANCE USE	
STI SCREENING/TREATMENT, HOUSING, AND MENTAL HEALTH SERVI	-
AND DISTRIBUTED OVERDOSE PREVENTION KITS TO 109 INDIVIDUA	-
REPORTED 130 SUCCESSFUL OVERDOSE REVERSALS. THE COMMUNIT	CES; TRAINE
CENTER PROCESSED 1,976 ORDERS IN 2019, AND DISTRIBUTED OV	CES; TRAINE LS. CLIENTS
CONDOMS AND 37,401 PRINTED MATERIALS TO INDIVIDUALS, SCHO	CES; TRAINE LS. CLIENTS Y DISTRIBUT
	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
COMMUNITY ORGANIZATIONS.	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
4d Other program services (Describe on Schedule O.)	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
(Expenses \$ including grants of \$) (Revenue \$	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
4e Total program service expenses ► 5,834,314.	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
4e Total program service expenses ► 5,834,314.	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808 OLS, AND
	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808
32002 01-20-20	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808 OLS, AND
4e Total program service expenses 5,834,314. 32002 01-20-20 2 80708 756208 11114.001 2019.04000 AIDS CONNECTICUT, INC.	CES; TRAINE LS. CLIENTS Y DISTRIBUT ER 964,808 OOLS, AND) Form 990

AIDS CONNECTICUT, INC. 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	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	4	x	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 71	
5	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? If "Yes," complete			
	Schedule D, Part III	8		Х
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	Х	
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	Х	
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	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
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		X
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		X
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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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		X
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AIDS CONNECTICUT, INC.

Part 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	22		- 21
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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 defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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," complete Schedule L, Part I	25b		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 692	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ł		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ι.	v	
000	(gambling) winnings to prize winners?	1c	990 (
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Form	990 (2019) AIDS CONNECTICUT, INC. **-**4	883	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
120	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a		14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		<u> </u>
р 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		15		x
	excess parachute payment(s) during the year?	13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	If "Yes," complete Form 4720, Schedule O.	.0		<u> </u>
				<u> </u>

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AIDS CONNECTICUT, INC.

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

Section A. Governing Body and Management a brief the argentization free the under of voting members of the governing body, at the and of the tax year if these argentization attended attenties to working rights arguing members of the governing body, at the governing body, and the governing body attended the arguing attended the arguing attended the arguing body attended the arguing body attended the governing body attended the governing body attended the governing body attended the governing body. b Exter the number of voting members includes on the 1a, above, who are insegned to the proferom 990 was fixed? b Did the organization measure significant changement cutles customarily performed by or under the circet supervision or of theres, directors, trustees, or key employees to a management company or other person? c Did the organization measure significant changement to the customarily performed by or under the circet supervision or of theres, directors, trustees, or key employees to a management company or other person? b Did the organization measure during the year of a significant diversion of the organization in sectors of the governing body? b Did the organization have members are tockholders? b Did the organization theorem and body? b Exter than the governing body? b Exter any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization measure during the year by the following: a The governing body? b Did the organization have local chapters, branches, or affinities? b Did the organization have local chapters, branches, or affinities? b Did the organization have local chapters, branches, or affinities? b Did the organization have local chapters, diverse provide the names and addresses on Schedula D. b Did the organization have a written ordicate and proceed server write policy? b Did the organization have a written ordicate and proceed server write policy? b Did the organization have a written ordicate and proceed server write por	3 4 5 6 7a 7b 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	
If there are natival differences in voting offst among members of the governing body displated trooting to searchine committee or similar cummittee, explain on Schedule 0. 10 14 2 Did any officer, director, trustee, or key employee have a farmity relationship or a business relationship with any other officer, director, trustee, or key employees to an anagement durines customarily performed by or under the direct supervision of officers, circetor, trustee, or key employees to an anagement company or other person? 2 3 Did the organization disegate control over management durines customarily performed by or under the direct supervision of officers, circetors, trustees, or key employees to an anagement company or other person? 3 4 Did the organization have members or stockholders? 6 5 Did the organization have members or stockholders? 6 6 Did the organization have members or stockholders? 7 7 Did the organization have members or stockholders? 7 8 Did the organization construption body? 80 9 Is there ary other, infector, trustee, or key employeed to a management during the year by the following: 7 8 Did the organization have members of tockholders? 76 9 Dis the organization provide a construction reserved to (or subject to approval by) members, stockholders, or persons of the manny and adindresse on stockholde and proval by the formiting to a	2 3 4 5 6 7a 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	e
If there are material differences in value gripts among members of the governing body dilegated tread authority to an executive committee, explain on Schedule 0. 10 14 2 Did any officer, director, trustee, or key employee have a farmity relationship or a business relationship with any other officer, director, trustee, or key employees thave a farmity relationship or a business relationship with any other officer, director, trustee, or key employees to an anagement duries customarily performed by or under the direct supervision of officers, director, trustee, or key employees to an anagement company or other person? 3 3 Did the organization bacome aware ouring the year of a significant cloversion of the organization's assets? 5 6 Did the organization have members, stockholders? 6 7 Did the organization bacome aware ouring the year of a significant cloversion of the organization is assets? 5 6 Did the organization have members, stockholders? 7 7 Did the organization the among body? 8 8 Did the organization the among body? 80 9 Is there any officer, director, trustee, or key employee liste in Part VII. Section A, who cannot be reached at the organization have writen policies and procedures governing body? 80 9 Is there any officer, director, trustee, or key employee liste in Part VII. Section A, who cannot be reached at the organization have writen policies and procedures governing body?	3 4 5 6 7a 7b 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	3
be decayed invaduation to an exclude committee organization schedule 0. 1b 1d be Enter the number of voting members included on line 1a, above, who are independent 1b 1d colid any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employees to a management company or other person? 2 3 Did the organization become aware during the year of a significant diversion of the organization sectors of significant diverge to tag yourning occuments since the prior Form 990 was filed? 4 5 Did the organization have members or stockholders? 7 7 Did the organization have members or stockholders? 7 7 Did the organization cheave for another of the governing body? 7 8 Did the organization cheave for another of the governing body? 7 9 Did the organization centerpronaneally document the meetings held or written actions undertaken during the year by the following: 8 9 Did the organization cheave for another organization reserve to (or subject to approval by) members, stockholders, or persons who have any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization reserve to the governing body? 8 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have	3 4 5 6 7a 7b 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	
b Enter the number of voting members included on line 1a, above, who are incigenedent	3 4 5 6 7a 7b 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	
2 Dia y officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Dia 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 duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization have members or stockholders? 5 6 Did the organization have members or stockholders? 70 7 Did the organization contemporaneo decisions of the cognization reserved to (or subject to approval by) members, stockholders, or persons who hard the governing body? 70 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 9 Did the organization have the proven by low of the governing body? 80 9 Did the organization management ductions and addresses on Schedule O 9 9 Is there any officer, director, trustee, or key menolypee listee in Part VIL. Section A, who cannot be reached at the organization management ductions are consistent with the organization in avenue Code. 9 90 Did the organization have written policies and procedures governing thea attivities of such chapters, affiliates? 10a	3 4 5 6 7a 7b 7b 8a X 8b X 9 Yes 10a 10b 11a X 12a X 12b X	
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State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN MERZ - 860-247-2437 110 BARTHOLOMEW AVENUE, SUITE 3050, HARTFORD, CT 06106	financial	I
JOHN MERZ - 860-247-2437 110 BARTHOLOMEW AVENUE, SUITE 3050, HARTFORD, CT 06106		
110 BARTHOLOMEW AVENUE, SUITE 3050, HARTFORD, CT 06106		
32006 01-20-20 Form		
	Form 99	0

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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SANDY WEICHER	1.00			v				0.	0.	0.
PRESIDENT (2) JOHN CANNON	1.00	X		X				0.	0.	0.
(2) JOHN CANNON TREASURER	1.00	x		x				0.	0.	0.
(3) ANDREW WALTER	1.00	<u>^</u>			-			0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(4) KELLYANN DAY	1.00									
DIRECTOR		x						0.	0.	0.
(5) AC DEMIDONT	1.00									
DIRECTOR		X						0.	0.	0.
(6) LORRIE WESOLY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ANGEL RUIZ	1.00									
DIRECTOR		Х						0.	0.	0.
(8) AMANDA TROTHIER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) QUYEN TRUONG	1.00									<u> </u>
DIRECTOR	1 00	X						0.	0.	0.
(10) EMILY WOOD	1.00									0
VICE PRESIDENT	1 00	X		X				0.	0.	0.
(11) CATHERINE BUTLER DIRECTOR	1.00	x						0.	0.	0.
(12) LILY LOPEZ	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) CYNTHIA MCKENNA	1.00									
DIRECTOR		x						0.	0.	0.
(14) JOHN P. MERZ	35.00								•••	
EXECUTIVE DIRECTOR				x				134,685.	0.	4,193.
										,
		-	-			\vdash				
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7 2019.04000 AIDS CONNECTICUT, INC. Form **990** (2019)

	IDS CON									**_*	**4	883	Pa	age 8
Part VII Section A. Officers, I	Directors, Trus		ploy	ees			ghes	st C						
(A) Name and title		(B) Average hours per week	box offic	not c , unle:	ss per	ition more rson i	than o is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	an	(F) timate nount o other	of
		(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-MI		fr org and	pensa om the anizati d relate anizatio	e ion ed
									134,685.		0.		4,1	02
1b Subtotal c Total from continuation sh									0.		0.			0.
d Total (add lines 1b and 1c)2 Total number of individuals									134,685.	0.000 of reportab	0.		4,1	93.
compensation from the orga							.,			,,,				1
3 Did the organization list any	former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	phest compensated emp	oloyee on	Г		Yes	No
line 1a? <i>If</i> "Yes," <i>complete</i> 5 4 For any individual listed on I									her compensation from			3		X
and related organizations gi	eater than \$15	0,000? If "Yes,	" co	mple	ətə S	Sche	edule	Jt	for such individual			4		Х
rendered to the organization	n? If "Yes," com	-				-			-			5		Х
Section B. Independent Contra 1 Complete this table for your		mpensated in	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report co	mpensation for (A)	the calendar y	ear	endi	ng w	/ith (or wi	thir I	n the organization's tax (B)	year.		(0		
Nam	e and business	address	N	ONE	3				Description of s	ervices	C		nsatio	n
2 Total number of independer	•		ot li	mite	d to		~	tec	d above) who received n	nore than				
\$100,000 of compensation	from the organi	zation 🕨				()					Form	990 (2	2019)

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		(2019) AIDS CONNECTIO	CUT, INC	•		**_**4	883 Page 9
Pa	rt V						
		Check if Schedule O contains a response of	or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ice Contributions, Gifts, Grants and Other Similar Amounts	2 :	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f	1,768. 326,386. 109,946. Business Code	6,438,100.			sections 512 - 514
Program Service Revenue)					
ser 3		;					
Be							
Å	1	All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond pi	est, and	7,827.			7,827.
	5 6 a	Royalties (i) Real a Gross rents 6a b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		Image: standard line of the standard line standard line of the standard line of the	(ii) Other				
evenue		assets other than inventory 7a b Less: cost or other basis and sales expenses 7b					
		Gain or (loss) 7c	`				
Other R		d Net gain or (loss) Gross income from fundraising events (not including \$ 1,768 • of contributions reported on line 1c). See					
		Part IV, line 18	92,093. 18,239.				
		Net income or (loss) from fundraising events	►	73,854.			73,854.
	9 ;	a Gross income from gaming activities. See Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	····· >				
	10 1	and allowances 10a					
	I	D Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory)				
sn		TO A THITNO / CONFEDENCE TH	Business Code	2 250	2 2 5 0		
Miscellaneous Revenue	11 :	TRAINING/CONFERENCE IN MISCELLANEOUS INCOME	900099 900099	2,350. 2,320.	2,350. 2,320.		
ella ever		a miscellaneous income		2,520+	2,520+		
Alisc Re		All other revenue					
2		• Total. Add lines 11a-11d		4,670.			
	12	Total revenue. See instructions		6,524,451.	4,670.	0.	81,681.
93200	9 01-2	20-20		•			Form 990 (2019)

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2019.04000 AIDS CONNECTICUT, INC. 11114_01

AIDS CONNECTICUT, INC. 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 respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(ם) Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	134,685.	77,703.	56,982.	
6	Compensation not included above to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section $40E9(a)(2)(D)$				
7	Other salaries and wages	1,666,877.	1,513,872.	153,005.	
8	Pension plan accruals and contributions (include	_,,	_,,		
-	section 401(k) and 403(b) employer contributions)	22,679.	20,439.	2,240.	
9	Other employee benefits	112,511.	20,439. 96,759.	15,752.	
10	Payroll taxes	304,494.	268,902.	35,592.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
° c	Accounting				
d	Lobbying	15,000.		15,000.	
e	Professional fundraising services. See Part IV, line 17	,			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	74,297.	17,485.	56,812.	
12	Advertising and promotion				
13	Office expenses	33,999.	9,487.	24,512.	
14	Information technology	46,015.	2,866.	43,149.	
15	Royalties				
16	Occupancy	131,589.	42,506.	89,083.	
17	Travel	34,808.	33,486.	1,322.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,608.	9,214.	1,394.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,354.	193.	1,161.	
23	Insurance	14,379.	840.	13,539.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CLIENT ASSISTANCE	3,419,385.	3,419,160.	225.	
b	MEDICAL SUPPLIES	145,416.	136,213.	9,203.	
С	NUTRITION	68,634.	28,154.	40,480.	
d	SUBCONTRACTS	47,805.	47,805.	0.	
е	All other expenses	147,732.	109,230.	38,502.	
25	Total functional expenses. Add lines 1 through 24e	6,432,267.	5,834,314.	597,953.	C
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

10280708 756208 11114.001

10 2019.04000 AIDS CONNECTICUT, INC. Form **990** (2019)

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1,242,923.

2,206,528.

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-*4883 Page 11 AIDS CONNECTICUT, INC. Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 647,273. 1,031,516. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 1,036,522. 665,802. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 29,067. 165,309. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 58,499. basis. Complete Part VI of Schedule D _____ 10a 54,221. 5,632. 4,278. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 486,459. 477,268. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 1,575. 2,250. Other assets. See Part IV, line 11 15 15 2,206,528. 176,031. 2,346,423. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 197,003. 17 Accounts payable and accrued expenses 17 39,836. 57,956. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 747,738. 646,525. of Schedule D 25 963,605. 901,484. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🖾 and complete lines 27, 28, 32, and 33. 1,203,836. 1,393,496. Net assets without donor restrictions 27 27 39,087. 51,443. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗎 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

2,346,423. Form **990** (2019)

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1,444,939.

Form 990 (2019)

Assets

_iabilities

Vet Assets or Fund Balances

	1 990 (2019) AIDS CONNECTICUT, INC.	**_**	<u>*4883</u>	Pag	ge 12
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	6,524		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,432	2,2	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,242		
5	Net unrealized gains (losses) on investments	5	109	9,8	32.
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	1,444	1,9	<u>39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	э О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe 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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	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 requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	X	

932012 01-20-20

SCI	HED	ULE	Α
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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
2019
Open to Public Inspection

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Nan	ne o	ı u	ne organization							*-**4883
Do	art I		Reason for Public	CONNECTIC		anan lata th	ia mant) C	aa inatuuatian		^-^^4883
									S.	
	orga		zation is not a private found							
1			A church, convention of ch					1)(A)(I).		
2			A school described in sect							
3		_	A hospital or a cooperative					•		
4			A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		-	city, and state:							
5			An organization operated f		llege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
		-	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6			A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		An organization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	l unit or from t	the general	public described in
		_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8],	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9],	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
			or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	f the colleg	je or
			university:							
10],	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
			activities related to its exer			•			•	•
			income and unrelated busi		•	• • •				-
			See section 509(a)(2). (Co		· · · · · · · · · · · · · · · · · · ·			,	0	,
11			An organization organized	• •	ively to test for public sa	fetv. See	section 50	09(a)(4).		
12			An organization organized	•					arrv out the	e purposes of one or
			more publicly supported or	-					-	
			lines 12a through 12d that							
а	Г		Type I. A supporting orga				-		-	/ aivina
Ŭ			the supported organizati	-	-		-			
			organization. You must o			amajoney				deporting
b	Γ		Type II. A supporting org	-		tion with it	e sunnort	ed organizati	on(e) by be	wing
	, _		control or management of	-				-		-
			organization(s). You mus			ane perso			age the sup	poned
~	Γ		1			in connoc	tion with	and functions	lly intograt	od with
C			Type III functionally inte						any integration	ea with,
_	. 「		its supported organizatio					-		
C			Type III non-functional					• •	-	• •
			that is not functionally in			-			d an attent	liveness
	Г		requirement (see instruct	,	•					
e			Check this box if the org					a Type I, Type	e II, Type III	
			functionally integrated, o		onally integrated support	ing organi:	zation.			
f			r the number of supported	0						
g	, Pr		ide the following information Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the orga	nization listed	(a) Amount o	fmonoton	(vi) Amount of other
		(1)	organization		(described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i	-	support (see instructions)
			organization		above (see instructions))	Yes	No		londonoj	
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.04000 AIDS CONNECTICUT, INC.

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 Schedule A (Form 990 or 990-EZ) 2019
 AIDS
 CONNECTICUT, INC.
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 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.)

Calendar year (of fiscal year beginning in) ► (g) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total In diffus, grants, contributions, and grants, ') (g) 2014 (g) 2015 (g) 2017 (g) 2018 (g) 2019 (g) 701a Incluso any 'uniscal grants, ') (g) 2014 (g) 2015 (g) 2017 (g) 2018 (g) 2019 (g) 701a Incluso any 'uniscal grants, ') (g) 2014 (g) 2017 (g) 2018 (g) 2019 (g) 701a Incluso any 'uniscal grants, ') (g) 2014 (g) 2018 (g) 2016 (g) 2015 (g) 2015 (g) 2017 (g) 2018 (g) 2019 (g) 2010 (g) 2019 (g) 20	Sec	ction A. Public Support						
1 Giffs grants contributions and membership fees received. (b) ont include any 'unusual grants.') 4, 904, 300. 4, 802, 791. 5, 118, 247. 5, 236, 592. 6, 438, 100. 26, 500, 030. 2 far revenues levide to the organization to the organization's behalf 3 The value of services or facilities furnished by a governmental unit to the organization's behalf 4 Total. Add lines 1 through 3 4, 904, 300. 4, 802, 791. 5, 118, 247. 5, 236, 592. 6, 438, 100. 26, 500, 030. 5 The portion of total contributions by each person (pither than a governmental unit to publicly supported cognization) included on line 1 that exceeds 2% of the amount shown on line 11. educed 2% of the amount shown on line 11. educed 2% of the amount shown on line 11. educed 2% of the amount shown on line 11. educed 2% of the amount shown on line 11. educed 2% of the amount shown on line 14. 4, 904, 300. 4, 802, 791. 5, 118, 247. 5, 236, 592. 6, 438, 100. 26, 500, 030. Section B. Total Support Gleidar support. Satisfies them e4 5 Public support classifies them e4 5, 174. 9, 547. 5, 207. 10, 345. 7, 827. 38, 100. 26, 500, 030. Section B. Total Support 6 Net income from infravest. divided gain or lines 7 through 10 9 Net income from infravest. divided gain or lines 7 through 10 10 Other income. Do not include gain or lines 7 through 10 11 Total support. Additines 7 through 10 12 Cross receives from freed and stophere sections. Solved and stophere sections. Solved and stophere sections. Computation of Public Support Percentage 7 coll (91, 60, 001, 11, 60, 001, 11, 60, 001, 11, 60, 013, 014, 12, 12, 13, 247, 5, 236, 532, 538, 130. 12 13 First the years. If the form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section SU(10)(3) organization first, second, third, fourth, or fifth tax year as a section SU(10)(3) organization first, second, third, fourth, or fifth tax year as a section SU(10)(3) organization first, second, t	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Include any 'unusual grants') 4,904,300 4,802,791 5,118,247 5,236,592 6,438,100 26,500,030 2 Tax revenues levied for the organization structures the additional services or tables the paid to or expended on its bendiff 1	1	Gifts, grants, contributions, and						
2 Tare versues levided for the organization is behalf Image: constraint of the organization without charge 3 The value of services or facilities 4,904,300.4,802,791.5,118,247.5,236,592.6,438,100.26,500,030. 5 The portion of total contributions by such person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 26,500,030. 6 Public support. Subsectime 5 new line 4. 26,500,030. 7 Amounts from line 4. 26,500,030. 8 Cilerad vars (or fisel year beginning in) (a) 26,500,030. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. 4,904,300.4,802,791.5,118,247.5,236,592.6,438,100.26,500,030. (f) Total (f) Total (f) Total 7 Amounts from line 4. 4,904,300.4,802,791.5,118,247.5,236,592.6,438,100.26,500,030. (f) Total (f) Total (f) Total 7 Amounts from line 4. 9,547.5,18,247.5,18,247.5,286,592.6,438,100.26,500,030. (f) Total (f) Total (f) Total 7 Amounts from line 4. 9,547.5,207.10,345.7,827.38,100. (f) Total (f) Total 8 Net income from interest, organization's first, second, third, fourth, or fifth tax year as		membership fees received. (Do not						
training benefit and either paid to or expended on its behalf		include any "unusual grants.")	4,904,300.	4,802,791.	5,118,247.	5,236,592.	6,438,100.	26,500,030.
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4, 904, 300, 4, 802, 791, 5, 118, 247, 5, 236, 592, 6, 438, 100, 26, 500, 030, 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 29% of the amount shown on line 11, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 Public support, abteraft this too time 4, column (f) 6 (f) Total 7, Amounts from line 4 7, 904, 300, column (f) 7, Amounts from line 4, column (f) 7, Amounts from unrelated business activities, whether or not the business is regularly carried on column (f) 7, Amounts from thesels of capital assets (Explain in Part VI) 7, 10 Jasport, Add Jines 7 through 10 2, 26, 538, 138, 12 Gross receipts from related activities, etc. (see instructions) 12 Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 <u>14 99, 86 9, 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 <u>14 99, 86 9, 15 Public support percentage for 2019 (line 6, column (f) d</u></u>	2	Tax revenues levied for the organ-						
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4 Total. Add lines 1 through 3 4,904,300, 4,802,791, 5,118,247, 5,236,592, 6,438,100, 26,500,030, 5 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9 6 Public support. Subsets live 5 trons line 4. 26,500,030, 7 Amounts from line 4 26,500,030, 8 Gross income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities lears, rens, royalles, and income from interest, dividends, payments received on securities to metal eactivities, etc. (see instructions) 12 10 Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 11 Total support december of PUblic Support Percentage 26, 538, 130, 120, 120, 120, 120, 120, 120, 120, 12		furnished by a governmental unit to						
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b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		0			-	•		
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b,			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 AIDS CONNECTICUT, INC.

(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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•	•	•		I
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
2	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			-		organization,
201	check this box and stop here						P
	Public support percentage for 2019 (I		•	column (f)		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Invest	,	, ,				70
	-		-			17	0/
	Investment income percentage for 20						%
	Investment income percentage from 2						%
199	33 1/3% support tests - 2019. If the	-					ia line 17 is not
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2018. If the	0					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
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Зb

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5a_

5b

5c

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7

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9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
_	below, the governing body of a supported organization?	11a		──
	A family member of a person described in (a) above?	11b	\parallel	
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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.			
800	tion C. Type II Supporting Organizations	2		
Jec			Vaa	Na
4	Ware a majority of the organization's directors or tructure during the tay year also a majority of the directors		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	<u>'</u>		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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	<u> </u>		<u> </u>
2	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 (2), did the organization's supported organizations have a			<u> </u>
0	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			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	<u>, </u>		
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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 (a) 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 these			
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		1
b		_		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1
93202	5 09-25-19 Schedule A (Form S		90-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019 AIDS CONNECTICUT, INC.

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Secti	on 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		
Secti	on 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		
с	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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chedule A	(Form 990 or 990-EZ) 2019 AIDS	CONNECTICUT,	INC.		**_**	* 4 883 _P
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	4b, 4c, 5a, 6, 9a, 9b, 9c, I 3; Part IV, Section E, line	11a, 11b, an s 1c, 2a, 2b,	nd 11c; Part IV, Section E , 3a, and 3b; Part V, line ⁻	e 17a or 17b; Part I 8, lines 1 and 2; Par 1; Part V, Section E	II, line 12; t IV, Section C , line 1e; Part '
	(See instructions.)					-
32028 09-25-	-19		20	S	chedule A (Form S	990 or 990-EZ

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

*	*	_	*	*	*	٨	Q	Q	2	
••		_				4	0	0	Э	

Name	of	the	organization	

Organization type (check one)

AIDS CONNECTICUT,

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

AIDS CONNECTICUT, INC.

Name of organization

Employer identification number

-*4883

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DEPARTMENT OF PUBLIC HEALTH X Person Payroll 1,748,405. 410 CAPITOL AVENUE Noncash \$ (Complete Part II for HARTFORD, CT 06103 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 CITY OF HARTFORD (RYAN WHITE) Χ Person Payroll 748,299. **131 COVENTRY STREET** Noncash (Complete Part II for HARTFORD, CT 06103 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 DEPARTMENT OF HOUSING Person Х Payroll 505 HUDSON STREET 3,494,211. Noncash (Complete Part II for HARTFORD, CT 06106 noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES X 4 Person Payroll 410 CAPITOL AVENUE 300,289. Noncash \$ (Complete Part II for HARTFORD, CT 06103 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 22

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2019.04000 AIDS CONNECTICUT, INC.

11114_01

Name of organization

-4883

AIDS CONNECTICUT, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. ⁱ rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2019.04000 AIDS CONNECTICUT, INC.

Page 3

Page 4

LDS CC	NNECTICUT, INC.			**-**48	
f	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) thro completing Part III, enter the total of exclusively religious, charit Jse duplicate copies of Part III if additional spa	bugh (e) and the following line e able, etc., contributions of \$1,000 d	ntry For orga	nizations	1,000 for
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
		(e) Transfer of g	ift		
_	Transferee's name, address, and 2	CIP + 4	Relat	ionship of transferor to transfere	e
-	1				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
- 					
		(e) Transfer of g	ift		
-	Transferee's name, address, and Z	/IP + 4	Relat	ionship of transferor to transfere	<u>е</u>
-	1				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
- 					
	I	(e) Transfer of g	ift		
-	Transferee's name, address, and 2	CIP + 4	Relat	ionship of transferor to transfere	:е
	1				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
— [-					
	Transferee's name, address, and Z	(e) Transfer of g		ionship of transferor to transfere	e
-					

(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Onen to Bublic	SCHEDULE C	Po Po	olitical Campaign a	nd Lobbyin	g Activities	l	OMB No. 1545-0047	
Dependment of the Instaury Internal Revenues Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. For the variable service Open to Public Inspection If the organization answerd "Ves," on Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA. • Section 501(c)(3) organizations: Complete Part IA only. If the organization: Complete Part IA only. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(3) organizations: Complete Part II. It mee organization • Section 501(c)(3) organizations: Complete Part II. • Do not complete Part II. Name of organization • Section 501(c)(3) organizations: Complete Part II. • Section 501(c)(4). • Form 990. Fart IV. I Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • * * * * * 48 83 Part I-B Complete if the organization under section 501(c)(3). • * • * I Provide a description of the organization is exempt under section 501(c)(3). • * • * • * * * * * 48 83	(Form 990 or 990-EZ)		201					
becattering Neural Systems be to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then election 501(c)(3) organizations: Complete Part I:A and B. Do not complete Part I:A. election 501(c)(3) organizations: Complete Part I:A and B. Do not complete Part I:A. election 501(c)(3) organizations: that have filed Form 5768 (election under section 501(h)): Complete Part I:B. election 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part I:B. Do not complete Part I:B. election 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part I:B. Do not complete Part I:B. election 501(c)(4), (6), or (6) organizations: Complete Part III. The organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 56 (Proxy Tax) (see separate instructions) or form 990-EZ, Part V, line 356 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (see separate instructions) or form 990-EZ, Part V, line 356 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36 (P			-				LUIJ	
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IA. • Section 501(c)(3) criganizations: Complete Parts IA and V. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have IIG Form 5768 (election under section 501(h): Complete Part II-A. • Section 501(c)(3) organizations that have IIG Form 5768 (election under section 501(h): Complete Part II-A. • Section 501(c)(3), organizations: Complete Part III. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (6), or (6) organizations: Complete Part III. Name of organization Immediation Employer Identification number * ALDS CONNECTICUT, INC. Part I-A Complete If the organization is exempt under section 501(c)(G). 1 Provide a description of the organization is exempt under section 501(c)(G). 1 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(G). 2 Enter the amount of any excise tax incurred by the organization for section 501(c)(G). 1 <td< td=""><td>Department of the Treasury</td><td></td><td>-</td><td></td><td></td><td>0-EZ.</td><td></td></td<>	Department of the Treasury		-			0-EZ.		
 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c)(3) organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), then Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excles tax incurred by dreganization under section 4955 5 section 501(c)(3). 1 Enter the amount of any excles tax incurred by dreganization resction 527 (c), except section 501(c)(3). 1 Enter the amount of any excles tax incurred by the organization for section 527 exempt function activities \$ vers in No a Was a correction made? b the organization file Form 1120-POL for this year? S contention activities \$ Tert the amount of the filing organization is exempt under section 527 (execpt section 52			•				-	
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-A only. Section 527 organizations: Complete Part I-A only. If the organization answerd "res," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answerd "res," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35	-	-			e 46 (Political Campa	ign Activ	vities), then	
Section 527 organizations: Complete Part IA only. If the organization answered "Yes," on Form 990, PZ IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Tayl (see separate Instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALDS CONNECTICUT, INC. Employer identification number **-***4883 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 905(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 905(c)(3). I Enter the amount of any excles tax incurred by the organization managers under section 4955 \$		-	•	•				
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5786 (election under section 501(h)): Complete Part II-B. On one complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then e-Section 501(c)(4), (5), or (6) or granizations: Complete Part III. Employer identification number				Parts I-A and C below.	Do not complete Part	I-B.		
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(4), (5), or (6) organizations: Complete Part II. Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization AIDS CONNECTICUT, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ Section 501(c)(3), (3), (4), (5), (5), (6), (5), (6), (5), (6), (6), (6), (6), (6), (6), (6), (6	•	•	•					
• Section 501(o)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALDS CONNECTICUT, INC. Employer identification number * * - *** 4 88 3 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 4 4 Was a correction made? b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5 5 1 Otal exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. 6 1 Yes index filte form 1120-POL for this year? 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the amount of the Form 1120-POL for this year? 6 1 Yes indexempt function expenditures. Add lines 1 and 2. Enter her	-				· · -			
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions). Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 S		-	•		•			
Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization AIDS CONNECTICUT, INC. **-***4883 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, (id if file Form 4720 for this year? 4 Was a correction made? b Yes No b if 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization for section 527 exempt function activities 5 S S 2 Enter the amount of the filing organization is truds contributed t							-	
Name of organization Employer identification number AIDS CONNECTICUT, INC. ** - *** 4883 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 2 Enter the amount of any excise tax incurred by the organization under section 4955 5	Tax) (see separate inst	ructions), then		rax) (see separate i	istructions) or Form a	990-EZ, F	art V, line SSC (Froxy	
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	(a) Name	•	(b) Address	(c) EIN	filing organization's	s con -0 p de	tributions received and promptly and directly elivered to a separate political organization.	

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

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Schedule C (Form 990 or 990-EZ) 2019

Sche	edule C (Form 990 or 990-EZ) 2019 ${f AIDS}$ (**-** 4 883 Page 2			
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and fil	ed Form 5768 (e	election under	
	heck if the filing organization belong expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply.	group member's nai	ne, address, EIN,	
	Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)			
b	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)			
с	Total lobbying expenditures (add lines 1a and	11b)			
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add line	s 1c and 1d)			
f	Lobbying nontaxable amount. Enter the amount				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25% of	line 1f)			
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-			
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-			
j		r line 1h or line 1i, did the organization file Form 4720			
	reporting section 4911 tax for this year?	-	<u></u>	Yes No	
	· · · · · · · · · · · · · · · · · · ·	4-Year Averaging Period Under Section 501(b)			

4-fear Averaging Period Under Section 50 I(n)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 AIDS CONNECTICUT, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)	
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		v		
a Volunteers?	X	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?d Mailings to members, legislators, or the public?		X		
		X		
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 	X		15	5,000.
i Other activities?		X		<u>,</u>
j Total. Add lines 1c through 1i			15	5,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)	(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grout instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part I	I-A, lines 1 a	and 2 (see	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
PART II-B, LINE 1, LOBBYING ACTIVITIES				
PART II-B, LINE 1, OTHER LOBBYING ACTIVITIES				
PART II-B, LINE 1G, LOBBYING EXPENSES INCURRED TO ADV	/OCATE	FOR		
INCREASED PUBLIC FUNDING THAT WILL SUPPORT AIDS HOUS:	ING PRO	OGRAMS	AND	
SOUND HIV/AIDS PUBLIC POLICIES.				
	Schedu	le C (Form	990 or 990)-EZ) 2019

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27 2019.04000 AIDS CONNECTICUT, INC. PART II-B, LINE 1H, AN AIDS AWARENESS DAY RALLY WAS HELD AT THE STATE

CAPITOL TO ADVOCATE FOR INCREASED PUBLIC FUNDING AND SOUND PUBLIC

POLICY RELATED TO HIV/AIDS.

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D	
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Department of the Treasury

Internal Revenue Service
Name of the organization

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.



Employer identification number

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

-*4883 AIDS CONNECTICUT, INC. Part 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 Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 📃 🕨 💲 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019 932051 10-02-19 29 11114_01 10280708 756208 11114.001 2019.04000 AIDS CONNECTICUT, INC.

		NNECTICUT,				**4883 Page 2
Par	t III Organizations Maintaining C					
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant use of i	ts
	collection items (check all that apply):					
а	Public exhibition	d		hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co					art XIII.
5	During the year, did the organization solicit of					
Der	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990, Part IV	/, line 9, or
1a	Is the organization an agent, trustee, custodi		,			X Yes 🗌 No
	on Form 990, Part X?				L	X Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			
						Amount 21,892.
	Beginning balance					21,092
	Additions during the year					
e r	Distributions during the year					21,892.
t Oc	Ending balance Did the organization include an amount on Fo				1f	X Yes No
2a b	If "Yes," explain the arrangement in Part XIII.					V
Par						
<u> </u>		(a) Current year	(b) Prior year	(c) Two years back		k (e) Four years back
1a	Beginning of year balance	486,457.	403,359.		• •	
b	Contributions	25,000.	150,000.		,	, ,
c	Net investment earnings, gains, and losses	116,310.	-66,900.		37,995	5,269
d	Grants or scholarships		,			-,
	Other expenditures for facilities					
e		150,000.				
f	Administrative expenses	501.				
g	End of year balance	477,266.	486,457.	403,359.	333,757	295,762
2	Provide the estimated percentage of the curr	· · ·			, ,	-
a	Board designated or quasi-endowment		%			
b	Permanent endowment	%				
		/0				
°,	The percentages on lines 2a, 2b, and 2c sho	-				
3a	Are there endowment funds not in the posse		tion that are held a	nd administered for	the organization	
•••	by:				and enganization	Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.	
	Description of property	(a) Cost or ot basis (investm			Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings			1		
с	Leasehold improvements			İ		
d	Equipment		199.	1	54,221.	4,278.
	Other			1		-
	Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)		4,278.
-						/

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 AIDS CONNECTICUT, INC.

Part VII Investments - Other Securities.	· ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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) MARKETABLE SECURITIES	477,268.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	477,268.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year 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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description	(b) Book va	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book va	alue
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES		536	,525.
(3) DEFERRED REVENUE		110	,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	▶ 646	,525.
2 Liebility for upgetein tex positions. In Bert XIII, provide	/	the ergenization's financial statements that reports the	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 AIDS CONNECTICUT, INC.			**_	***4883 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	n. – – – – – – – – – – – – – – – – – – –
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,654,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	109,832.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	109,832.
3	Subtract line 2e from line 1			3	6,544,458.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b	-20,007.		
с	Add lines 4a and 4b			4c	-20,007.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,524,451.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	6,452,274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,452,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)		-20,007.		
с	Add lines 4a and 4b			4c	-20,007.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	·····	5	6,432,267.
Pa	t XIII Supplemental Information.				
Drovi	de the descriptions required for Part II, lines 2, 5, and 0; Part III, lines 1a and 4; Pa	rt IV lines 1k	and the Part V line	4. Dort	V line Q Dert VI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

PART IV, LINE 2B:

THESE FUNDS LISTED ON FORM 990, PART X, LINE 21, REPRESENT CLIENT FUNDS

HELD BY THE ORGANIZATION. THE ORGANIZATION RECEIVED CLIENTS' SOCIAL

SECURITY CHECKS WHICH ARE DEPOSITED IN EACH CLIENT'S RESPECTIVE ACCOUNT.

THE FUNDS ARE USED TO PAY THE CLIENTS MONTHLY BILLS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

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-20,007. Schedule D (Form 990) 2019

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-20,007.

PART XII & PART XIII LINE 4B:

THIS AMOUNT REPRESENTS FUNDRAISING EXPENSES INCLUDED ON PART VIII LINE 8B,

RESPECTIVELY AND EXCLUDED ON PART IX LINE 25.

Schedule D (Form 990) 2019

932055 10-02-19

10280708 756208 11114.001

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047					
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.											
		Open to Public										
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				ion.		Inspection				
Name of the organization		NNECTICUT, INC.					Employer ide **-**4	ntification number				
Part I Fundrais		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1						
required to	complete this par	t.										
a 🔛 Mail solicitat	9		tion of	non-g	Check all that apply overnment grants ment grants							
c Phone solicit d In-person so		g 🗔 Special	fundra	aising	events							
2 a Did the organizatic key employees list	on have a written c ed in Form 990, P I highest paid indiv	or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofess	ional 1	fundraising services?)	Yes					
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
	ich the organizatic	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration				
I HA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Sche	dule G (Form 9	990 or 990-EZ) 2019				

932081 09-11-19

		le G (Form 990 or 990 EZ) 2019 AIDS CC				***4883 Page 2						
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events							
						(d) Total events (add col. (a) through						
nue			OSCAR NIGHT	WE-CAN	3	col. (c)						
e			(event type)	(event type)	(total number)							
Revenue	1	Gross receipts	38,665.	22,162.	33,034.	93,861.						
	2	Less: Contributions		42.	1,726.	1,768.						
	3	Gross income (line 1 minus line 2)	38,665.	22,120.	31,308.	92,093.						
	4	Cash prizes										
	5	Noncash prizes										
Direct Expenses	6	Rent/facility costs										
ect Exp	7	Food and beverages										
Dir												
	8	Entertainment		2,424.	11,124.	18,239.						
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			·	18,239.						
	11				•	73,854.						
Pa												
		\$15,000 on Form 990-EZ, line 6a.										
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)						
Revenue				bingo/progrocolito bingo								
Å	1	Gross revenue										
nses	2	Cash prizes										
t Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No							
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)									
	_											
		ter the state(s) in which the organization condu		-+-+2		Yes No						
		the organization licensed to conduct gaming a No," explain:		states?		Yes No						
~												
		ere any of the organization's gaming licenses re			year?	Yes No						
b) If "	Yes," explain:										
					.							
9320	82 09	9-11-19			Schedule G (For	m 990 or 990-EZ) 2019						

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<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 AIDS CONNECTICUT, INC.	*-** 4 883 Pa
	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a
	An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name	
	Address 🕨	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt
	of gaming revenue retained by the third party ▶ \$	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation 🕨 💲	
	Director/officer Employee Independent contractor	
_		
	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
Do	organization's own exempt activities during the tax year > \$	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	ind Part III, lines 9, 9b, 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
3208		(Fame 000 an 000 F7)
		(Form 990 or 990-EZ)
	30 09-11-19 36 0708 756208 11114.001 2019.04000 AIDS CONNECTICUT, INC.	(Form 990 or 990-EZ) 11114_

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	·		
			Schedule G (Form 990 or 990-EZ)
932084 04-01-19			
		37	
280708 756208 11114.001	2019.04000	AIDS CONNECTICUT,	INC. 11114_01

SCHEDULE O

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

-*4883

OMB No. 1545-0047

AIDS CONNECTICUT, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO PEOPLE AFFECTED BY HIV/AIDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE IMPACTED BY HIV, CREATING NEW APPROACHES TO SERVICE, WORKING IN

COLLABORATION WITH ALL STAKEHOLDERS, AND ADVOCATING FOR A DIGNIFIED,

RESPECTFUL SYSTEM OF SERVICE DELIVERY.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 IS REVIEWED FIRST BY THE AUDIT COMMITTEE, WHO THEN GIVES THEIR RECOMMENDATION TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING ALL STAFF,

VOLUNTEERS AND BOARD MEMBERS UPON HIRING APPOINTMENT OR ELECTION MAKE A

FULL, WRITTEN DISCLOSURE OF ANY INTEREST, RELATIONSHIPS, AND HOLDINGS THAT

COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. THE ORGANIZATION

REQUIRES THIS DISCLOSURE TO BE UPDATED ANNUALLY OR EARLIER IF APPROPRIATE.

THE ORGANIZATION ALSO REQUIRES IN THE COURSE OF MEETINGS AND ACTIVITIES ANY

PARTICIPANTS WILL DISCLOSE ANY INTEREST IN A TRANSACTION OR DECISION. AFTER

DISCLOSURE SUCH INTERESTED PARTY WILL NOT BE ABLE TO PARTICIPATE IN

DISCUSSION OR VOTE ON THE POLICY OR TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

 THE
 BOARD
 OF
 DIRECTORS
 DETERMINES
 COMPENSATION
 FOR
 THE
 ORGANIZATIONS
 CEO,

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 09-06-19
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1 2019.04000 AIDS CONNECTICUT, INC.

chedule O (Form 990 or 990-EZ) (2019) Page 2							
Name of the organization AIDS CONNECTICUT, INC.	Employer identification number * * - * * * 4883						
EXECUTIVE DIRECTOR AND TOP MANAGEMENT BASED ON PERFORMANC	E. THE BOARD ALSO						
CONSIDER THE RANGE OF SALARY INCREASES GIVEN TO EMPLOYEES	AS WELL AS						
SALARIES OF CEO'S OF OTHER, SIMILARLY-SIZED NONPROFITS. C	OMPENSATION FOR						
THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES IS BASED ON	JOB PERFORMANCE						
AND DETERMINED BY EXECUTIVE DIRECTOR.							

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IN HARD COPY UPON REQUEST AT THE ORGANIZATION'S OFFICE. IN ADDITION, INFORMATION AND FORM 990 ARE AVAILABLE ON GUIDESTAR.

PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FROM PRIOR YEAR.

2019.04000 AIDS CONNECTICUT, INC.

932212 09-06-19

Form	3868
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(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	Eile	~ ~ ~	noroto	0 m m	lication	for	aaab	roturn	
┍	File	a se	parate	app	lication	TOR	eacn	return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see inst	ructions.		Taxpayer identification number (TIN					
print	AIDS CONNECTICUT, INC. **-**4883								
File by th		coo instruo	tions			4005			
due date filing your	110 BARTHOLOMEW AVENUE NO								
City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06106									
Enter th	ne Return Code for the return that this application is for	(file a separa	te application for each return)			01			
Applica	ation	Return	Application			Return			
Is For			Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	90-BL	02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above) JOHN MERZ	06	Form 8870			12			
box 1 I ti	the organization named above. The extension is for the organization's return for:								
	Change in accounting period this application is for Forms 990-BL, 990-PF, 990-T, 472	20. or 6069	enter the tentative tax less						
	ny nonrefundable credits. See instructions.	.0, 01 0009,	onto the tentative lax, 1035	3a	\$	0.			
_	this application is for Forms 990-PF, 990-T, 4720, or 600	69. enter an	v refundable credits and						
	stimated tax payments made. Include any prior year over			Зb	\$	0.			
_	alance due. Subtract line 3b from line 3a. Include your								
u	sing EFTPS (Electronic Federal Tax Payment System). S	ee instructio	ons.	3c	\$	0.			
Cautio instruct	n: If you are going to make an electronic funds withdraw ions.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	868 (Rev. 1-2020)			

923841 12-30-19