#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury

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.

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change BOYS & GIRLS CLUB OF GREENWICH Name change 06-0646655 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 4 HORSENECK LANE 203-869-3224 8,126,860. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return GREENWICH, CT 06830 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CRISTINA T. for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.BGCG.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1923 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: TO PREPARE YOUNG PEOPLE, THROUGH **Activities & Governance** ENRICHMENT OPPORTUNITIES AND SUPPORTIVE RELATIONSHIPS, TO BE if the organization discontinued its operations or disposed of more than 25% of its net assets. 32 3 Number of voting members of the governing body (Part VI, line 1a) 32 Number of independent voting members of the governing body (Part VI, line 1b) 4 104 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 193 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 3,613,984. 5,045,865. Contributions and grants (Part VIII, line 1h) 8 434,868. 824,631. Program service revenue (Part VIII, line 2g) 1,122,049. 843,598. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -23,113. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,056. 11 5,190,957. 6,690,981. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 175,317. 181,239. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,048,366. 2,252,295. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 220,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,793,352. 2,149,717. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,017,035. 4,803,251. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 173,922. 1,887,730. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 29,987,192. 28,343,936. 20 Total assets (Part X, line 16) 1,759,513. 847,462. 21 Total liabilities (Part X, line 26) 三年 28,227,679. 496,474 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CRISTINA T. VITTORIA, CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/02/23 self-employed P00740769 LAURA KIELCZEWSKI LAURA KIELCZEWSKI Paid Firm's name COHNREZNICK LLP Firm's EIN  $\ge 22 - 1478099$ Preparer Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR Use Only Phone no. 959-200-7000 HARTFORD, CT 06103 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

No

Pa	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PREPARE YOUNG PEOPLE, THROUGH ENRICHMENT OPPORTUNITIES AND
	SUPPORTIVE RELATIONSHIPS, TO BE RESPONSIBLE, CARING AND PRODUCTIVE COMMUNITY MEMBERS.
	COMMONITI MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code: ) (Expenses \$ 3,739,597 • including grants of \$ 181,239 • ) (Revenue \$ 845,239 •
	BOYS & GIRLS CLUB OF GREENWICH (BGCG) FULFILLS ITS MISSION TO PREPARE
	YOUNG PEOPLE, THROUGH ENRICHMENT OPPORTUNITIES AND SUPPORTIVE
	RELATIONSHIPS, TO BE RESPONSIBLE, CARING AND PRODUCTIVE COMMUNITY
	MEMBERS BY PROVIDING AFFORDABLE PROGRAMS IN THREE CORE AREAS OF YOUTH
	DEVELOPMENT: ACADEMIC SUCCESS; CHARACTER DEVELOPMENT; HEALTHY
	LIFESTYLES. BGCG SERVES YOUTH AGES 6-18. THE CLUB SERVES AN ANNUAL
	TOTAL OF 1,814 UNDUPLICATED MEMBERS, OF WHICH 64% IDENTIFY AS PEOPLE OF
	COLOR, 46% ARE FEMALE AND OVER 55% LIVE BELOW 50% MEDIAN IMCOME. 33%
	OF MEMBERS COME FROM A SINGLE-PARENT HOUSEHOLD. DURING THE COVID-19
	PANDEMIC WITH PROGRAM PARTICIPANT LIMITS AND SOCIAL DISTANCE
	REQUIREMENTS, BGCG SERVES APPROXIMATELY 300 YOUTH EACH DAY IN THE
	AFTER-SCHOOL PRORGRAM FROM 2:45-6:00, AFTER SCHOOL PROGRAMS AND FROM
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,739,597.

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 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	Ť		
U	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,			1
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
	Schedule D, Part III	8		X
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?			\ <sub>37</sub>
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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,	u		† <del></del>
	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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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

Part IV   Checklist of Required Schedules   Continued   Schedules   Continued   Schedules   Continued   Schedules   Continued   Schedules   Part IV   Column (N), line 2° / 11   Figs.   complete Schedule / Part I   and if   Schedules   Part IV	Forn	1990 (2021) BOYS & GIRLS CLUB OF GREENWICH 06-064	<u>6655</u>	Р	age 4
22 X  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, couring Alien 22 II "Twe", complete Schedule  , Part II and organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization shall be seen that the second of the second o	Ра	rt IV Checklist of Required Schedules (continued)			
Part IX, column (A), lime 2? if "Yes," complete Schodule ( Parts I and III 2)  23 Did the organization shares "Yes' to Part IVI, Section A, line 3.4, or 6.5 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 2				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Jine 3, 4, or 5, about compensation of the organization is current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 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 sued after December 31, 2002; If "Yes," answer lines 24th brough 24d and complete Schedule K. If "No," go to line 25a  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization are proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization are than a network and a temporary period exception?  27 Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  28 Section 50 (16)(3), 501(44), 405 (10)(42) organizations. But the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  28 Is the organization aware that le nagaged in an excess benefit transaction has not been reported on any of the organization specifies to any current or former officer, director, truste, key employee.  28 In the organization are part to the organization of the organization on payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II  29 Did the organization provide a grant or other assistance to any current or former officer, director, truste, key employee, creator or founder, organization and that it is a business transaction with no of the following particle specifies of the director trustes key employee thereof; or family interior of any of these persons? If "Y	22				
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Schedule J. Did the organization have at ax 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.", to to fine 25a.  24a X.  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25b Did the organization amentain an escrow account other than a refunding escrow at any time during the year?  25c Section 50(163), 50(164), 4nd 501(e)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.  25c Section 50(163), 50(164), 4nd 501(e)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.  25c Section 50(163), 50(164), 4nd 501(e)29 organizations. Did the organization engage 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 spilor Forms 990 or 990 E27. If "Yes," complete Schedule L. Part II.  25c Did the organization export 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 of member of any of these persons? If "Yes," complete Schedule L. Part II.  25d V. X.  27d 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 to a 35% controlled entity of mounder, substantial contributor or normal propriete Schedule L. Part IV.  27d Vas the organization review or fam 325,000 in non-cash contributions? If "Yes," complete Schedule L. Part IV.  28d Vas the organization review comber has \$25,000 in non-cash c	23				
240 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 twas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e.  24b b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24c b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d d Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 901(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year?  25b b the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction of the prior transaction of the prior transaction of the prior tran			00	v	
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? It "yea," complete Schedule I, Part I	h	, •			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section Soft(3), 501(4), and 501(4), an		, , , , ,	24c		
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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 E27 if "Yes," complete Schedule I, Part I in or former officer, director, trustee, key employee, creator or forunder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or former of reposition and the following parties (see the Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV, 288 X  b A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV, 288 X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV, IV, and Part IV, IV, and Part IV, IV, and I			25a		Х
Schedule L, Part I  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 X  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.  Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a X  28b X  c A 35% controlled entity of one or more individuals and/or organization selective to Part IV.  29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II.  29c Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  30c Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31c Did the organization new 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 II.  31d Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, III or IV, and Part V, Iiine 1  32d Section 501(c)(3) organizations. Did the organization more l	b	· · · · · · · · · · · · · · · · · · ·			
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a X  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 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 II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization neonute than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  38 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			. 27		X
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"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "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 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  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 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  55 Ib If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization organization organization organization organization organization organization organization organization complete Schedule Q and provide explanations on Schedule O f					
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b If "Yes" to line 35a, did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 24  1b 0	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0					_
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  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  38  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a  Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a  24  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  36		, , ,	35b		
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1 or X  Yes No	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  12 Part V  13 Part V  14 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  15 Definition of Forms W-2G included on line 1a. Enter -0- if not applicable  16 Definition of Forms W-2G included on line 1a. Enter -0- if not applicable  17 Definition of Forms W-2G included on line 1a. Enter -0- if not applicable			36		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	37				٠,,
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0		· · · · · · · · · · · · · · · · · · ·	. 37		<u>X</u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	38			v	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 24  1b 0	. u				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     24       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0		Chook it Concounce Contains a response of flote to any line in this fact v	<u></u>		N <sub>O</sub>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4	162	140
b Enter the number of Forme W 2d included of time 1d. Enter of the applicable			_		

(gambling) winnings to prize winners?

BOYS & GIRLS CLUB OF GREENWICH 06-0646655 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 104 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes." complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Х

14b

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	, , , , , , , , , , , , , , , , , , ,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CT , CA , FL , NJ , NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	LAURA KELLY - 203-869-3224						
	4 HORSENECK LANE, GREENWICH, CT 06830						

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average	age (do		(C) Position (do not check more than one box, unless person is both an					ne	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	offic				s both r/trust		compensation from	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) CRISTINA VITTORIA CEO	40.00			Х				213,139.	0.	36,607.		
(2) EMILY WAKELING	40.00			- 22				213,133.	0.	30,007.		
VP OF DEVELOPMENT	40.00					х		118,533.	0.	25,430.		
(3) MEGAN SWEENEY	40.00							110,333.	•	23,430.		
VP OF ADMINISTRATION	10.00					x		116,673.	0.	20,554.		
(4) DONALD PALMER	40.00							220,070	0.1	20,3321		
VP OF PROGRAMS AND YOUTH D						x		106,233.	0.	27,682.		
(5) LAURA KELLY	40.00											
VP OF FINANCE				х				99,146.	0.	33,218.		
(6) ANTHONY E. MANN	2.00									,		
DIRECTOR		Х						0.	0.	0.		
(7) BART WYAND	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(8) BURTON E. HILTON	2.00											
TREASURER		Х		Х				0.	0.	0.		
(9) CAMERON MACDOUGAL	2.00											
DIRECTOR		Х						0.	0.	0.		
(10) CHARLES CAFFRAY	2.00											
DIRECTOR		Х						0.	0.	0.		
(11) CHRISTOPHER A. WINHAM	2.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(12) CHRISTOPHER B. HARNED	2.00											
DIRECTOR		Х						0.	0.	0.		
(13) CHRISTOPHER S. WINTERS	2.00											
DIRECTOR		Х						0.	0.	0.		
(14) CHRISTY F. GIRARD	2.00	<u></u>								_		
VICE CHAIR		Х		Х				0.	0.	0.		
(15) CYNTHIA HERR	2.00	ς,							_	_		
DIRECTOR (16) PRAY W. PRIVI	2 00	Х						0.	0.	0.		
(16) DEAN W. BELL	2.00	v							_	_		
VICE CHAIR	10.00	Х		Х				0.	0.	0.		
(17) EILEEN TANG BOARD CHAIR	10.00	х		х				0.	0.	0.		
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Form 990 (2021) BOIS & G	TKTO CTC	פּי	UF	G	KE	·CI/	МΤ	Сп	00-0040	033 Page 0
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per week		, unles					compensation	compensation	amount of
	(list any	io:					Ĺ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tution	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) ELIZABETH LAKE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(19) FRISO VAN REESEMA	2.00	l								
DIRECTOR	<del> </del>	Х						0.	0.	0.
(20) GEORGE J. FOX	5.00	l								
VICE CHAIR		Х		Х				0.	0.	0.
(21) GREG MARTINEZ	2.00	1							_	
DIRECTOR		Х						0.	0.	0.
(22) HEATHER SARGEANT	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(23) IRIS TEJADA RIVERA	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(24) ISABEL LASKY	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(25) JOANNA SCHULMAN	2.00	1							_	
DIRECTOR		Х						0.	0.	0.
(26) KELLY VINTIADIS	2.00	1							_	
DIRECTOR		Х						0.	0.	0.
1b Subtotal								653,724.	0.	143,491.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	653,724.	0.	143,491.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	_
componentian from the examination										1

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KAEYER GARMENT AND DAVIDSON ARCHITECTS PC 285 MAIN STREET, MOUNT KISCO, NY 10549	ARCHITECT	214,637.
	FUNDRAISING CONSULTANT	140,000.
FAB MAINTENANCE SERVICES LLC 9 PARK STREET #108, NORWALK, CT 16851	CLEANING SERVICES	118,793.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

	GIRLS CLU	ľΒ	OF	' G	RE	ΕN	WI	CH	06-064	6655
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per					au au		from the	from related	other
	week (list any	tor				Highest compensated employee		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				ma pa		(W-2/1099-MISC)	(** 2) 1000 (**100)	organization
	related	tee or	ıstee			ensate		(** =* ** = * * * * * * * * * * * * * *		and related
	organizations	Itrus	Institutional trustee		Key employee	om pe				organizations
	below	ividua	titutio	Officer	emp,	hesto	Former			
	line)	pul	ısı	0#	Ke	Hig	For			
(27) KEVIN GILLESPIE	2.00								_	
DIRECTOR		Х						0.	0.	0.
(28) KRISSY SCHMITZ	2.00	l								
DIRECTOR		Х						0.	0.	0.
(29) KRISTINA GABELLI	2.00	l								
DIRECTOR		Х						0.	0.	0.
(30) MARIE ROCHA	2.00									_
DIRECTOR		Х	_					0.	0.	0.
(31) NANCY FAZZINGA	2.00	l								•
DIRECTOR		Х						0.	0.	0.
(32) NICK GRAZIANO	2.00	,,							_	0
DIRECTOR	1 2 00	Х						0.	0.	0.
(33) PATRICIA P. SANTONOCITO	2.00	,,							_	0
DIRECTOR CONTROL OF THE PROPERTY OF THE PROPER	1 2 00	Х						0.	0.	0.
(34) REBECCA S. BREED	2.00	37		7.7					0	0
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(35) ROBERT B. KIRKPATRICK VICE CHAIR	2.00	х		х				0.	0.	0.
(36) SALLY P. LAWRENCE	2.00	Δ		^				0.	0.	0.
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(37) SKYE M. BREWER	2.00	22							0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
								•	•	
		_	_	_	_	-	_			
Total to Part VII, Section A, line 1c										

Form 990 (2021)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII											
								(A)	(B)	(C)	(D)	
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under	
									Tariotion revenue	business revenue	sections 512 - 514	
တ္ တ	1	а	Federated campaigns			1a	19,707.					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b						
ي ق			Fundraising events			1c	817,229.					
ifts						1d	·					
nia G			Government grants (contri			1e	403,210.					
Sir			All other contributions, gifts,				•					
e ti		•	similar amounts not included			1f	3,805,719.					
흕		~	Noncash contributions included in I			1g \$	101,051.					
Ν		-	<b>Total.</b> Add lines 1a-1f		-	·g <sub> Ψ</sub>		5,045,865.				
0 %		<u>'''</u>	Total: Add lines 1a-11				Business Code	2,223,333				
	2	_	PROGRAM SERVICE FEES	<b>:</b>			713940	366,359.	366,359.			
ļice		a b	SUMMER CAMP				713940	348,251.	348,251.			
je ne		-	MEMBERSHIP DUES				713940	110,021.	110,021.			
n S		٠.					713310	110,021.	110,021.			
gra Re		d										
Program Service Revenue		e	All -41									
_			All other program service					824,631.				
-		g						024,031.				
	3		Investment income (includ					245,775.			245,775.	
			other similar amounts)					245,775.			245,775.	
	4		Income from investment o		-	-	roceeds					
	5		Royalties	·····	/:\	Real	(ii) Darsanal					
	_				(1)	Real	(ii) Personal					
			Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss)	···	(:) C-		/::\ Other:					
	7	а	Gross amount from sales of		.,	ecurities	(ii) Other					
			assets other than inventory	7a	1,8	88,581.						
		b	Less: cost or other basis			40.000	40.050					
nue			and sales expenses	7b		40,808.	49,950.					
ther Revenue			, ,			47,773.		505.003			505.002	
Ř			Net gain or (loss)				<b>D</b>	597,823.			597,823.	
ţ.	8	а	Gross income from fundraising									
0			including \$			I						
			contributions reported on		,		101 400					
		_	Part IV, line 18				101,400.					
			Less: direct expenses				145,121.	43.701			42 721	
			Net income or (loss) from t				<b></b>	-43,721.			-43,721.	
	9	а	Gross income from gaming	-								
			Part IV, line 19									
			Less: direct expenses									
			Net income or (loss) from									
	10	а	Gross sales of inventory, le									
			and allowances									
			Less: cost of goods sold									
$\dashv$		С	Net income or (loss) from s	sales	of inv	entory	<u> </u>					
<u>s</u>							Business Code					
Miscellaneous Revenue	11	а										
an en		b										
Se Se		С					00000					
Mis F			All other revenue				900099	20,608.	20,608.			
		е	Total. Add lines 11a-11d					20,608.				
	12		Total revenue. See instructio	ns				6,690,981.	845,239.	0.	799,877.	

# Form 990 (2021) BOYS & GIRLS Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	181,239.	181,239.		
3	Grants and other assistance to foreign				
	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,	360,440.	93,794.	197,707.	68,939.
6	trustees, and key employees	300,440.	93,194.	191,101.	00,939.
6	persons (as defined under section 4958(f)(1)) and				
	4050(-)(0)(D)				
7	Other salaries and wages	1,554,341.	1,203,400.	88,472.	262,469.
8	Pension plan accruals and contributions (include	-,,		,	,
-	section 401(k) and 403(b) employer contributions)	38,704.	31,927.	352.	6,425.
9	Other employee benefits	162,622.	122,927.	9,706.	29,989.
10	Payroll taxes	136,188.	93,451.	19,065.	23,672.
11	Fees for services (nonemployees):	-	-	-	
а	Management				
b	Legal	19,496.	5,580.	8,129.	5,787.
С	Accounting	76,690.	72,266.	2,584.	1,840.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	220,000.			220,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	250,898.	250,898.		
12	Advertising and promotion	021 700	210 420	7 010	F F C O
13	Office expenses	231,799.	218,429.	7,810.	5,560.
14	Information technology				
15	Royalties	702,451.	661,930.	23,670.	16,851.
16	Occupancy	33,168.	31,254.	1,118.	796.
17	Travel	33,100.	31,234.	1,110.	190•
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,955.	10,323.	369.	263.
20	Interest	±0,000•	10,525.	303.	203
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	651,276.	599,173.	39,077.	13,026.
23	Insurance	77,541.	73,068.	2,613.	1,860.
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	MISCELLANEOUS	37,579.	35,412.	1,266.	901.
b	EQUIPMENT & MAINTENANCE	35,609.	33,555.	1,200.	854.
С	NATIONAL STATE AND LOCA	22,255.	20,971.	750.	534.
d					
е	All other expenses	4 000 074	2 525	400 000	656 566
25	Total functional expenses. Add lines 1 through 24e	4,803,251.	3,739,597.	403,888.	659,766.
26	<b>Joint costs.</b> 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)				Form <b>990</b> (2021

Form 990 (2021)
Part X Balance Sheet

<u>ra</u> r	τX	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,532,203.	1	1,117,935
	2	Savings and temporary cash investments			4,648,065.	2	457,201
	3	Pledges and grants receivable, net		78,055.	3	1,828,086	
	4	Accounts receivable, net		4	7,280		
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described i		6			
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	Prepaid expenses and deferred charges			39,133.	9	75,196
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,609,111.			
	b	Less: accumulated depreciation					
	11	Investments - publicly traded securities			10,807,587.	11	12,077,510
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14	24 5 22		
	15	Other assets. See Part IV, line 11			388,026.	15	315,086
	16	Total assets. Add lines 1 through 15 (must equal			29,987,192.	16	28,343,936
	17	Accounts payable and accrued expenses		936,213.	17	220,142	
	18	Grants payable	002 200	18	607 200		
	19	Deferred revenue	823,300.	19	627,320		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
<u>  a</u>		controlled entity or family member of any of these	-			22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X		25	
	06	of Schedule D			1,759,513.	26	847,462
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec		X	1,733,313.	20	047,402
န္တ		and complete lines 27, 28, 32, and 33.	K HEIG				
ğ	27				23,337,916.	27	21,580,836
39	28	Net assets with donor restrictions	4,889,763.	28	5,915,638		
9	20	Organizations that do not follow FASB ASC 95			2,003,7000	20	3,323,333
בַ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equ			30		
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			28,227,679.	32	27,496,474
z	33				29,987,192.	33	28,343,936

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,80		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		28,22		
5	Net unrealized gains (losses) on investments	5	-2,54	5,9	<u>95.</u>
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	-7	2,9	<u>40.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,49	6,4	<u>74.</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
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

Employer identification number

06-0646655

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	H	A chord, convention of charcines, or association of charcines described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
	H			•		/L\/d\/A\/:	::\			
3	H	A hospital or a cooperative								
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from 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 org				ed in conju	inction with a land-grant	college		
		or university or a non-land-g				-	-	-		
		university:	y g · - · g. · -			···-,	,			
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from		
		activities related to its exen								
		income and unrelated busin		•				•		
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.		
44		See section 509(a)(2). (Col		valu ta taat far aublia aa	fatu Caa	aaatian E(	20(=)(4)			
11	Н	An organization organized a								
12		An organization organized a	•	•	-		•			
		more publicly supported or	-					Sneck the box on		
		lines 12a through 12d that					, ,			
а	ı		•	•	•	-				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting		
	_	organization. <b>You must o</b>	complete Part IV, Se	ections A and B.						
b	)		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	: [	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.			
c	ı 🗀	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness		
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	<b>V</b> .			
e	, [	Check this box if the orga	•	= '						
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	er the number of supported o	• •	nan, musgratsa sappera						
		vide the following information		d organization(s)						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						
	-1							<del> </del>		

## 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2550886.	2565498.	2702378.	3613984.	5045865.	16478611.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2550886.	2565498.	2702378.	3613984.	5045865.	16478611.
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)						717,927.
	Public support. Subtract line 5 from line 4.						15760684.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2550886.	2565498.	2702378.	3613984.	5045865.	16478611.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			2-2-242			100000
	and income from similar sources	267,701.	292,962.	272,942.	227,281.	245,775.	1306661.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	127 406	140 400	110 460	40 070	100 000	FC2 414
	assets (Explain in Part VI.)	13/,486.	142,488.	112,462.	48,970.		563,414.
	Total support. Add lines 7 through 10		`				18348686.
	Gross receipts from related activities,	•	,				,648,076.
13	First 5 years. If the Form 990 is for th	-		•			
Sac	organization, check this box and stop ction C. Computation of Public	c Support Per	centage				<b>P</b>
	Public support percentage for 2021 (li			olumn (fl)		14	85.90 %
	Public support percentage for 2021 (iii  Public support percentage from 2020					15	85.90 <u>%</u> 87.06 <u>%</u>
	33 1/3% support test - 2021. If the co					•	
104	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2020. If the o						
~	and <b>stop here.</b> The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=		vi now the organiz	▶ □
h	10% -facts-and-circumstances test	ū	•				
~	more, and if the organization meets th	-					, 0 0 .
	organization meets the facts-and-circu		ŕ				ightharpoonup
18	<b>Private foundation.</b> If the organization				•		s •

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
0-		
3a		
3b		
20		
3c		
4a		
4b		
40		
_		
4c		
F -		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

2024 01-04-21 Schedule A (Form 990) 2021

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	tion b. All Type III Supporting Organizations		· ·	
	Did the constitution with the control of the contro		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2021 BOYS & GIRLS CLUB OF GI			06-0646655 Page 6
Par	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHED	ULE A,	PART	II,	LINE 1	LO,	EXPL	NATION	FOR	OTHER	Ι	NCOME:		
FUNDR	AISING	INCON	1E										
2017	AMOUNT:	\$	137	,486.									
2018	AMOUNT:	\$	102	,950.									
2019	AMOUNT:	\$	107	,775.									
2020	AMOUNT:	\$	24,1	175.									
2021	AMOUNT:	\$	101	,400.									
OTHER													
2018	AMOUNT:	\$	39,5	538.									
2019	AMOUNT:	\$	4,68	37.									
2020	AMOUNT:	\$	24,7	795.									
2021	AMOUNT:	\$	20,6	508.									

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

06-0646655

Organization type (check one):							
Filers of: Section:							
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
Note: Or	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 grequirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# BOYS & GIRLS CLUB OF GREENWICH

06-0646655

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$20,259.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 105,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$537,700.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### BOYS & GIRLS CLUB OF GREENWICH

06-0646655

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$536,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# BOYS & GIRLS CLUB OF GREENWICH

06-0646655

Don't II	Name of Discounts (		0 0040033
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. 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		I Ψ	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** BOYS & GIRLS CLUB OF GREENWICH 06-0646655 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

**Employer identification number** 06-0646655

Schedule D (Form 990) 2021

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	<b>▶</b> \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h	)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r 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	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

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

	t III Organizations Maintaining Col					r Other S	Similar As	sets		Page Z
_	•								CONTINUE	<del>ea)</del>
3	Using the organization's acquisition, accession	, and other records	s, cneck	any or the	rollowing that	make sigr	nificant use o	or its		
	collection items (check all that apply):		. —							
a	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle							Part XIII	i.	
5	During the year, did the organization solicit or r									
_	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian									
	on Form 990, Part X?							. L\ <b>\</b>	Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	lowing t	able:						
								Aı	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						?	🔲 <b>ነ</b>	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planatio	n has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year		Prior year	(c) Two yea		d) Three years	back (e	<b>∍)</b> Four y€	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f										
g g	End of year balance									
2	Provide the estimated percentage of the curren	nt vear end halance	line 1	r column (a	// pelq sc.					
a	Board designated or quasi-endowment	it year end balance	%	y, coluitiii (a	)) ricia as.					
	Permanent endowment	%								
	Term endowment > %									
C	,									
0-	The percentages on lines 2a, 2b, and 2c should	•	.4: 41	ما اماما مسما						
за	Are there endowment funds not in the possess	ion of the organiza	ition tha	it are neid ar	na aaministei	rea for the	organization		V	es No
	by:							Г		65 140
	(i) Unrelated organizations							····	3a(i)	+-
	(ii) Related organizations							<u> </u>	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							L	3b	
Do:	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipment		wment f	unds.						
Fai	Complete if the organization answered		Dort IV	/ line 11e C	000 Form 000	Dort V lir	20.10			
	· · · · · · · · · · · · · · · · · · ·		-	i				Т.		
	Description of property	(a) Cost or of			or other		cumulated	(d	I) Book v	alue
		basis (investr	nent)		(other)	depr	eciation	-		070
	Land				9,872.	0 0	00 604	111		872.
	Buildings				5,178.		92,631		<u>,692,</u>	,547.
	Leasehold improvements				3,780.		33,780			0.
d	Equipment				6,130.		20,396			734.
е	Other			86	4,151.	1:	96,662			489.
Total	. Add lines 1a through 1e. (Column (d) must equ	ial Form 990. Part	X. colun	nn (B). line 1	0c.)		<b>&gt;</b>	12,	<b>,4</b> 65,	642.

Schedule D (Form 990) 2021

Part VIII   Investments - Other Securities.		S CLUB OF GRE	ENWICH 06	5-0646655 Page
(a) Bescription of security or category exclusing name of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (g)		on Farm OOO Boot IV line	11h Cas Faire 000 Bart V line 10	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				d-of-vear market value
(2) Closely held equity interests		(b) Book value	(c) Welfied of Valdation. Cost of Cit	d or year market value
(3) Other (A) (B) (C) (C) (C) (E) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(A)   (B)   (C)   (D)   (D)				
(B) (C) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
(C)				
(D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(E) (F) (G) (H) (G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part Viii   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (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) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	• •			
(F) (G) (H) (G) (H) (Total. (Col. (b) must squal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (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) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XI 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 value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part XI Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII   Investments - Program Related.  Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (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 X   Other Assets.  Complete if the organization answered "Ves" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X col. (B) line 15.) ▶ Part X   Other Liabilities.  Complete if the organization answered "Ves" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (6) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶ Part X   Other Liabilities.  Complete if the organization answered "Ves" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (2) (3) (4) (6)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII Investments - Program Related.			
(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 value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(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 value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (6)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(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 value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (6)	(1)			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X   Other Assets.				
(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 value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (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 value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (6)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX	(5)			
(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 value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(6)			
State   Color   Col	(7)			
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 value           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value           (1) Federal income taxes         (2)           (3)         (4)           (4)         (5)	(8)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes  (2)  (3)  (4)  (5)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	Part IX Other Assets.			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value (1) Federal income taxes (2) (3) (4) (5)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	_
[2] [3] [4] [5] [6] [7] [8] [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value (1) Federal income taxes (2) (3) (4) (5)	(1)			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(2)			
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(4)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(5)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)	(6)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 value  (1) Federal income taxes (2) (3) (4) (5)				
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 value  (1) Federal income taxes  (2)  (3)  (4)  (5)				
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 value  (1) Federal income taxes  (2)  (3)  (4)  (5)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	<b>&gt;</b>	
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (5)		on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	<u>.</u>
(1) Federal income taxes (2) (3) (4) (5)	(-) D (-) P (-) P (-)	on Form 990, Fait IV, line	THE OF THE GET FORM 990, Part A, line 25	
(2) (3) (4) (5)				(-,
(3) (4) (5)				
(4) (5)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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) 2021

(7) (8) (9)

6,690,981.

Schedule D (Form 990) 2021					GREENWICH			646655	Page
Part XI Reconciliation	n of Revenue	per Audit	ed Finar	ncial	Statements With Rev	venue per Ret	urn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1 Total revenue gains and	other support n	er audited fin:	ancial state	ement	8		1	4.121.	996

	complete it the organization anothered it to office of air try, into italia				
1	Total revenue, gains, and other support per audited financial statements			1	4,121,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,545,995.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-72,940.		
е	Add lines 2a through 2d			2e	-2,618,935.
3	Subtract line 2e from line 1			3	6,740,931.
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	-49,950.		
С	Add lines 4a and 4b			4c	-49,950.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,853,201. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c 49,950 Other (Describe in Part XIII.) 49,950. Add lines 2a through 2d 4,803,251. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 4,803,251 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE CLUB'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2019 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. IF THE CLUB HAD UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PERPETUAL TRUST

Schedule D (Form 990) 2021 BOYS & GIRLS CLUB OF GREENWICH  Part XIII Supplemental Information (continued)	06-0646655 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
	40.050
LOSS ON CAPITAL IMPROVEMENT	-49,950.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON CAPITAL IMPROVEMENT	49,950.
BODD ON CATTIAL IMPROVEMENT	49,950

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

Employer identification number

06-0646655

Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	ed funds through any of the following e Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fundamental contractions in the contractions of the contractio	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
COMMUNITY COUSELING SERVICE		Yes	No			
CO LLC - PO BOX 824885,	CAPITAL CAMPAIGN		Х	0.	220,000.	-220,000.
Fotal			<b>•</b>		220,000.	-220,000.
List all states in which the organization or licensing.  CT		ontribu	utions	or has been notified	it is exempt from req	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

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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

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			BENEFIT	YOUTH OF THE	NONE	(d) Total events
				YEAR		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(overic type)	(ovoint type)	(total flambol)	
Revenue			F77 702	240 027		010 620
Вè	י	Gross receipts	577,792.	340,837.		918,629.
			F00 200	216 027		017 000
	2	Less: Contributions	500,392.	316,837.		817,229.
				04 000		101 400
	3	Gross income (line 1 minus line 2)	77,400.	24,000.		101,400.
	4	Cash prizes				
		Noncash prizes				
ses			10 000	11 040		20 114
beu	6	Rent/facility costs	19,072.	11,042.		30,114.
Direct Expenses			05 041	12 025		20.076
ect.	7	Food and beverages	25,041.	13,835.		38,876.
ä						
	8	Entertainment		04 44 5		
	9	Other direct expenses	54,714.	21,417.		76,131.
		- · · · · · · · · · · · · · · · · · · ·			<b>&gt;</b>	145,121.
_		Net income summary. Subtract line 10 from li				-43,721.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	T		Т
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
žę						
_	1	Gross revenue				
S	2	Cash prizes				
Expenses						
ž	3	Noncash prizes				
St						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
10a	11/10	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:				
		Yes," explain:				

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 BOYS & GIRLS CLUB OF GREENWICH U6-0	J646655	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
	If "Yes," enter name and address of the third party:		
	Name >		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
aa	NIEDIIE O DADU I IINE OD IIOU OE WEN NIONEOU DAID ENNDDAIGEDO	٦.	
<u>5C</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>) :                                   </u>	
_		,	
<u>(I</u>	NAME OF FUNDRAISER: COMMUNITY COUSELING SERVICE CO LLC		
<u>(I</u>	) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182	2-4885	

Schedule G	i (Form 990)	BOYS	& GIRL	S CLUB	OF	GREENWICH	06-0646655	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)					
			,					

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

**Employer identification number** Name of the organization 06-0646655 BOYS & GIRLS CLUB OF GREENWICH Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIP GRANTS	36	181,200.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ıe 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ALL COLLEGE SCHOLARSHIP APPLICANTS	MUST HAV	E BEEN AN	ACTIVE MEM	BER OF THE	
BOYS & GIRLS CLUB OF GREENWICH FOR	AT LEAST	TWO YEARS	OR HAVE B	EEN EMPLOYED	
BY THE BOYS & GIRLS CLUB OF GREENW	ICH FOR A	T LEAST TV	O YEARS WI	TH A	
REQUIRED 20 HOURS OF VOLUNTEER SER	VICE TO T	HE CLUB DU	JRING THE G	RANTED	
PERIOD. ONCE THE SCHOLARSHIP APPLI					
ARE INTERVIEWED BY THE SCHOLARSHIP					
MEMBERS WILL DETERMINE THE APPLICA					
APPLICANT HAS BEEN SELECTED, THEY	ARE NOTIF	IED BY THE	E SCHOLARSH	IP COMMITTEE	

Part IV Supplemental Information							
AND THE AMOUNT OF THE AWARD THEY WILL RECEIVE. THE BOYS & GIRLS CLUB OF							
GREENWICH WILL MAIL THE SCHOLARSHIP AWARD DIRECTLY TO THE COLLEGE OR							
UNIVERSITY THE APPLICANT WILL BE ATTENDING.							

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

BOYS & GIRLS CLUB OF GREENWICH

Employer identification number 06-0646655

			Yes	No		
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant  X Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	c Participate in or receive payment from an equity-based compensation arrangement?					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9	l	l		

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

Schedule J (Form 990) 2021

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

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

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

	<b>(B)</b> Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CRISTINA VITTORIA	(i)	192,587.	20,000.	552.	6,600.	30,007.	249,746.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 7:						
THE EXECUTIVE TEAM RECEIVED A BOARD APPROVED CALENDAR YEAR BONUS WHICH WAS						
INCLUDED IN THEIR 2021 W2.						

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization BOYS & GIRLS CLUB OF GREENWICH Employer identification number 06-0646655

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termin	_	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	101,051.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c			• •	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

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### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

**Employer identification number** 

06-0646655 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESPONSIBLE, CARING AND PRODUCTIVE COMMUNITY MEMBERS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 5:30-7, AFTER -SCHOOL ENRICHMENT FOR UP TO 200 YOUTH. MODIFIED EVENING PROGRAMS OFFERED 6-7:15PM. BGCG'S COMPREHENSIVE AFTER-SCHOOL PROGRAM BOASTS MORE THAN 50 COURSE OFFERINGS IN OUR THREE CORE YOUTH DEVELOPMENT AREAS. IN 2021 TO JUNE 2022 AN AVERAGE OF 300 CHILDREN PER DAY ATTENDED THE AFTER-SCHOOL PROGRAM WHICH IS HELD AT THE CLUB'S MAIN LOCATION: A FOUR-STORY BUILDING IN CENTRAL GREENWICH WITH 52,000 SQUARE FEET OF USEABLE SPACE INCLUDING A 25-METER SIX LANE SWIMMING POOL, A MULTI-SPORT ARENA, READING LIBRARY, TWO LEARNING CENTERS AND A COMPUTER LAB. THE CLUB RUNS THREE SUMMER CAMPS (AN OUTDOOR CAMP AT THE CLUB'S 77 ACRE CAMP SIMMONS, A TEEN CAMP BASED AT THE MAIN WILDERNESS PROPERTY, CLUBHOUSE AND ANOTHER YOUTH CAMP AT THE MAIN CLUBHOUSE) THAT OPERATED FOR 8 WEEKS IN 2022. WE SERVED OVER 700 YOUTH IN OUR SUMMER CAMPS. CAMP TUITION IS AFFORDABLY PRICED AT \$175 PER WEEK, AND WE PROVIDED WAIVED OR REDUCED TUITION FOR 226 OF OUR CAMPERS, WHICH REPRESENTED 32% OF OUR 707 ENROLLED CAMPERS.

BOYS & GIRLS CLUB OF GREENWICH PROVIDES A SAFE PLACE FOR COMMUNITY YOUTH TO PARTICIPATE IN PROGRAMS AND SERVICES THAT INSTILL A SENSE OF COMPETENCE, USEFULNESS, BELONGING AND INFLUENCE. WE OFFER CLUB CHILDREN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

BOYS & GIRLS CLUB OF GREENWICH

Employer identification number 06-0646655

ONGOING SUPPORTIVE RELATIONSHIPS WITH PEERS AND CARING, PROFESSIONAL

ADULTS. GRADUATING HIGH SCHOOL SENIORS WHO EXEMPLIFY THE GOOD CHARACTER

OF BOYS & GIRLS CLUB PARTICIPANTS ARE ELIGIBLE TO APPLY FOR COLLEGE

SCHOLARSHIPS. THE CLUB AWARDED \$310,350 IN COLLEGE SCHOLARSHIPS IN

2021-2022.

FOUNDED IN 1910, BOYS & GIRLS CLUB OF GREENWICH IS PART OF A NATIONWIDE

MOVEMENT OF COMMUNITY-BASED ORGANIZATIONS, WHICH COLLABORATE WITH BOYS

& GIRLS CLUB OF AMERICA TO HELP YOUTH DEVELOP THE QUALITIES NEEDED TO

BECOME LEADERS. ALTHOUGH AFFILIATED WITH THE NATIONAL ORGANIZATION,

BGCG HAS ITS OWN PROGRAMS, BOARD OF DIRECTORS AND FUNDRAISING

RESPONSIBILITIES.

FORM 990, PART VI, SECTION A, LINE 6:

BOYS AND GIRLS CLUB OF GREENWICH HAS CLIENTS THAT ARE MEMBERS OF THE CLUB.

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

THE FORM 990 IS REVIEWED BY THE MANAGEMENT AND FINANCE COMMITTEE AND

PROVIDED TO THE BOARD FOR REVIEW AND APPROVAL FOR A PERIOD OF TWO WEEKS

BEFORE FILING WITH IRS.

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

THE BOARD OF DIRECTORS ACKNOWLEDGE AND DISCLOSE ANY CONFLICTS OF INTERESTS
THROUGH ANNUAL SIGN-OFFS OF THE CONFLICT OF INTEREST DISCLOSURE FORM.

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

COMPARATIVE COMPENSATION DATA FOR ALL SENIOR STAFF WAS COMPILED BY THE

HUMAN RESOURCE COMMITTEE OF THE BOARD FROM A CONSULTANT'S STUDY PAID FOR BY

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization BOYS & GIRLS CLUB OF GREENWICH	Employer identification number 06-0646655
THE BOYS AND GIRLS CLUBS OF AMERICA, REVIEW OF OTHER COMPA	RABLE ENTITY FORM
990'S AND INFORMAL SALARY SURVEYS. THE INFORMATION PROVIDE	D WAS REVIEWED BY
THE BOARD CHAIR AND, FOR MOST SENIOR STAFF, BY THE EXECUTI	VE COMMITTEE, WHO
FOUND THE COMPENSATION LEVELS TO BE REASONABLE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-72,940.
FORM 990, PART XI, LINE 2C:	
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEP	ENDENT
ACCOUNTANT HAS NOT BEEN CHANGED FROM PRIOR YEAR.	