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

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

▶ 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.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning $\mathrm{JUL}1,2019$	ending J	UN 30, 2020	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Address change				
	Name change			10-00000	69
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 15 STATION ROAD	Room/suite	E Telephone numbe (203)834	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	322,420.
	Amende	William, Ci 00057		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer:CINTILLA MOBER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	r 527	i '	list. (see instructions)
		e: ► WWW.TRACKSIDE.ORG	1/	H(c) Group exemptio	
_		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2002 N	1 State of legal domicile: CT
Г		Briefly describe the organization's mission or most significant activities: TO PF	OVIDE	A CAFF AND	CIIDEBALCED
Se	1 6	FOR TOBACCO, ALCOHOL AND DRUG FREE ENVIRONMEN	TT FOR	KIDS.	DOLEKATORD
Activities & Governance	_	Check this box if the organization discontinued its operations or dispos			eete
Ver		The state of the s		3	20
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	20
တ္တ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			3
/itie		Total number of volunteers (estimate if necessary)			14
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		160,714.	186,083.
		Program service revenue (Part VIII, line 2g)		32,692.	12,302.
ě	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		166.	160.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,303.	92,826.
	12 7	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		243,875.	291,371.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$		102,253.	109,050.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)	0.	222 720	102 150
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		232,728.	193,150.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		334,981.	302,200.
_ <u>S</u>	19 +	Revenue less expenses. Subtract line 18 from line 12		-91,106.	-10,829.
t Assets or nd Balances	20 7	Fetal accepts (Part V. line 16)	Ве	ginning of Current Year 868,673.	End of Year 1,004,476.
Asse Ball	20 1 21 1	「otal assets (Part X, line 16) 「otal liabilities (Part X, line 26)		199,773.	346,952.
Net/ Fund	22 1	Net assets or fund balances. Subtract line 21 from line 20		668,900.	657,524.
	rt II	Signature Block		000,000	00.70220
		ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of whi		·	,
Sign	ո	Signature of officer		Date	
Her		CYNTHIA MOSER, DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		SCOTT A BOLLENBACHER, CPASCOTT A BOLLENBA			
		Firm's name BOLLENBACHER AND ASSOCIATES, LLC		Firm's EIN	20-1695613
Use	Only	Firm's address 5 915 N MERIDIAN STREET			
		PORTLAND, IN 47371		Phone no. 26	0-726-4207
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	
'	Briefly describe the organization's mission: TO PROVIDE A SAFE AND SUPERVISED TOBACCO, ALCOHOL AND DRUG FREE
	ENVIRONMENT FOR KIDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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.
4a	(Code:) (Expenses \$229,765 • including grants of \$) (Revenue \$93,749 •)
	TRACKSIDE (TEEN CENTER OF WILTON), TCW IS AVAILABLE TO MIDDLE SCHOOL
	AND HIGH SCHOOL STUDENTS AFTER SCHOOL AND WEEKENDS. IN THE FISCAL YEAR
	2019, THE TCW PROVIDED SERVICES TO OVER 200 TEENS. THE SOURCE OF
	FUNDING WERE FROM FUNDRAISING, GRANTS AND FACILITY RENTALS WHICH
	ALLOWED TCW TO PROVIDE FREE LOW COSTS MEALS, MENTORING RELATIONSHIPS,
	COACHING, AND A PLACE DESIGNED FOR THEIR INTEREST AND NEEDS. KEY
	PROGRAMS INCLUDED GAMING CLUB, MOVIE AFTERNOONS AND NIGHTS, AND A NEW
	AND IMPROVED CLUB OUR "GREEN TEENS COMMUNITY GARDEN". OTHER HIGH NOTES
	INCLUDE THE 1ST ANNUAL WILTON FOOD TRUCK FESTIVAL AND CHUCK A DUCK.
	BOTH PROGRAMS FOCUSED ON BUILDING AWARENESS AND COMMUNITY SUPPORT TO
	HELP GENERATE FUNDS FOR THE ORGANIZATION. ADDITIONALLY FACILITY
	RENTALS AND FUNDRAISERS HELP SUPPORT THE WILTON TEENS WITH BROADER
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 229,765.

Form 990 (2019) TEEN CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Х
	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		X
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
D	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	40h		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

D = 1 1/	Checklist of Required Schedules	/
Part IV	Checklist of Regulired Schedilles	(continued)
I GILIV	i Officeringt of Hegalica defication	(COHILIHIA C A)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

TEEN CENTER OF WILTON INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	•			
	were not tax deductible?		6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the first seven access.	•	- -		x
	to file Form 8282?	ı	7с		_^
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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	10b			
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				-
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.	t in a comp 0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to line 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.

				X
	Check if Schedule O contains a response or note to any line in this Part VI			Δ
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	-		
	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 1b 20			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s onl) avail	able
. =	for public inspection. Indicate how you made these available. Check all that apply.	, -···)	,	
	Own website Another's website W 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, ar	d finai	ncial	
	statements available to the public during the tax year.	iui	141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	ROBERT J LENIHAN, TREASURER - (203)210-7704			
	15 STATION ROAD, WILTON, CT 06897			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	the organizations (W-2/1099-MISC)		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) OLIVIA GLADSTEIN	1.00	х						0.	0.	0
DIRECTOR: STUDENT	1.00	Α.						0.	0.	0.
(2) CAROLINE HESS	1.00	x						0.	0.	0.
OIRECTOR:STUDENT (3) BUD BOUCHER	2.00	^						0.	0.	0.
(3) BUD BOUCHER DIRECTOR	2.00	x						0.	0.	0.
(4) JOHN WYMAN	2.00	^						0.	0.	<u> </u>
VICE PRESIDENT	2.00	X		x				0.	0.	0.
(5) FORREST CLOSE	2.00	^		^				0.	0.	<u></u>
PRESIDENT	2.00	X		x				0.	0.	0.
(6) GREGORY SOMMER	1.00	122							•	
DIRECTOR	100	x						0.	0.	0.
(7) MEREDITH GILMOR	1.00									
DIRECTOR		X						0.	0.	0.
(8) CAROLINE SAFKO	1.00	<u> </u>							<u> </u>	
DIRECTOR: STUDENT		X						0.	0.	0.
(9) MICKEY T WILCOX	1.00									
DIRECTOR: STUDENT		Х						0.	0.	0.
(10) SARAH HEATH	1.00									
EX OFFICIO DIRECTOR 4/20		Х						0.	0.	0.
(11) LORI FIELDS	2.00									
SECRETARY: JOINED 8/19		X		Х				0.	0.	0.
(12) ROBERT LENIHAN	2.00									
TREASURER				Х				0.	0.	0.
		1								
		1								
		1								
		<u> </u>	_	_		_	_			
		4								
							l	1		

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	()							<u> </u>	069	Pa	age č			
Pa	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck ss pe	ition more rson		one h an	(D) Reportable	(E) Reportable compensation from related	า		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	ions comp MISC) fro orga and		npensa rom the ganizat d relat anizatie	e ion ed
			<u>=</u>	드	JO.	Ke	三品	2						
			_											
			_											
			_											
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportable	Э			(
3	Did the organization list any former officer,	director, trust	ee, k	cey e	empl	love	e, oi	r hic	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								box componentian from			3		X
4	and related organizations greater than \$150	0,000? If "Yes,	," co	mple	ete S	Sche	edule	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-						5		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation	from	
	(A) Name and business	-		ONI					(B) Description of s		C		C) nsatio	n
2	Total number of independent contractors (i		not lii	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(U							

10-0000069 TEEN CENTER OF WILTON INC Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 109,350. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 76,733. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 186,083. h Total. Add lines 1a-1f **Business Code** 6,977. 900099 6,977. 2 a TEEN EVENT Program Service Revenue 5,325. 5,325. **b** SPONSERSHIPS 900099 С f All other program service revenue 12,302. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 160. 160. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 81,000. 6 a Gross rents 0. **b** Less: rental expenses ... 81,000. c Rental income or (loss) 81,000. 81,000. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) _____ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 42,428. Part IV, line 18 31,049. **b** Less: direct expenses _____ 11,379. 11,379. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 447. 447. 11 a MISCELLANEOUS INCOME 900099 b

447.

291,371.

93,749.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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				
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,	07 002	87,083.		
•	trustees, and key employees	87,083.	07,003.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	8,857.		8,857.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	0,057.		0,057•	
σ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,333.		2,333.	
10	Payroll taxes	10,777.		10,777.	
11	Fees for services (nonemployees):	20,7777		20,7777	
'' a	Management				
b	Legal				
	Accounting	2,041.		2,041.	
	Lobbying	, -		, -	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	227.		227.	
12	Advertising and promotion	2,022.		2,022.	
13	Office expenses	14,232.	10,304.	3,928.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,789.	1,789.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0 000		0.000	
20	Interest	9,877.		9,877.	
21	Payments to affiliates	<u> </u>	57,724.		
22	Depreciation, depletion, and amortization	57,724. 6,650.	6,650.		
23	Insurance	0,030.	0,030.		
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.) CONTRACT LABOR	45,292.	45,292.		
a h	MAINTENANCE AND REPAIRS	23,510.	±5,252•	23,510.	
D	UTILITIES THE REPAIRS	20,923.	20,923.	23,310.	
d	DUES AND SUBSCRIPTIONS	2,616.	_0,525•	2,616.	
_	All other expenses	6,247.		6,247.	
25	Total functional expenses. Add lines 1 through 24e	302,200.	229,765.	72,435.	0.
26	Joint costs. Complete this line only if the organization	. , =	- ,	, =	3.0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (2010)

Form 990 (2019) Part X Balance Sheet

Pa	ILΛ	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	y line in this Part X		<u>.</u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,083.	1	212,203.
	2	Savings and temporary cash investments			8,722.	2	26,674.
	3	Pledges and grants receivable, net			• • • • • • • • • • • • • • • • • • • •	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current				7	
	ਁ	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
	`	under section 4958(f)(1)), and persons describ			6		
Ø	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D		1,773,264.			
	b	Less: accumulated depreciation		1,007,665.	823,868.	10c	765,599.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			868,673.	16	1,004,476.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	lated thir	d parties	199,773.	23	346,952.
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables t	to related third			
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X			
		of Schedule D			400 000	25	246 050
	26	Total liabilities. Add lines 17 through 25			199,773.	26	346,952.
S		Organizations that follow FASB ASC 958, ch	eck here				
nce		and complete lines 27, 28, 32, and 33.			660 000		CE7 E04
ala	27	Net assets without donor restrictions			668,900.	27	657,524.
d B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	958, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fund				29	
\SS(30	Paid-in or capital surplus, or land, building, or				30	
et A	31	Retained earnings, endowment, accumulated			660 000	31	657 524
ž	32	Total net assets or fund balances			668,900. 868,673.	32	657,524. 1,004,476.
	33	Total liabilities and net assets/fund balances			000,073.	33	1,004,476.

Form **990** (2019)

Form	1 990 (2019) TEEN CENTER OF WILTON INC	10-000	0069	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	668	3,9	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-5	47.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	65'	7 <u>,5</u>	24.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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	l 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	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Sir	igle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		l

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TEEN CENTER OF WILTON INC 10-0000069 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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			<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	,	,	,	,	,		
	membership fees received. (Do not							
	include any "unusual grants.")	203,282.	212,056.	185,612.	160,714.	204,662.	966,326.	
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	203,282.	212,056.	185,612.	160,714.	204,662.	966,326.	
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)						966,326.	
	Public support. Subtract line 5 from line 4.						900,320.	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total	
	Amounts from line 4	(a) 2015 203, 282.	(b) 2016 212,056.	(c) 2017 185, 612.	(d) 2018 160,714.	(e) 2019 204,662.	(f) Total 966,326.	
	Gross income from interest,	203,202.	212,030.	103,012.	100,711.	201,002.	300,320.	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	54.	68.	160.	166.	160.	608.	
9	Net income from unrelated business	0 _ 1						
Ŭ	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						966,934.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
_	organization, check this box and stop						_	
	ction C. Computation of Publ		<u> </u>				00.04	
	Public support percentage for 2019 (I					14	99.94 %	
	Public support percentage from 2018					15	%	
16a	33 1/3% support test - 2019. If the c	-						
	stop here. The organization qualifies							
b	33 1/3% support test - 2018. If the c	O .		,		,		
47-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances test	· ·			, , ,		•	
	and if the organization meets the "fac		•	•	•	•		
h	meets the "facts-and-circumstances"							
D	 10% -facts-and-circumstances test more, and if the organization meets the 	_						
	organization meets the "facts-and-circ						, 	
18								
.0	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Section A. Public Support	low, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-, -5.5	(-, 25.5	(-,	(-, 25.5	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-)
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a secti	 on 501(c)(3) organi	zation
check this box and stop here	· ·			•		L
Section C. Computation of Public						
15 Public support percentage for 2019 (lin		<u> </u>	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					,	70
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	% %
19a 33 1/3% support tests - 2019. If the c						
more than 33 1/3%, check this box an	-					▶ □
b 33 1/3% support tests - 2018. If the c						and
line 18 is not more than 33 1/3%, chec	•			·	•	
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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
SD		
3с		
4a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
_		
7		
c		
8		
9a		
9b		
9с		
10a		
46.		
10b		

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

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organi	izations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	· · · · · ·		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	J		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
•	and 4	- I			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
e	LAUUS	J U J U J U J U U U			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 TEEN CENTER OF WILTON INC	10-0000069 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEEN CENTER OF WILTON INC

Employer identification number 10-0000069

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring		
	impermissible private benefit?		Yes No		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired		ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ear				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year		
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year		
•			0/1-1/41/171/21		
8	Does each conservation easement reported on line 2(d) above	•			
^	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati	•			
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the		
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets		
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.		
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works		
ıu	of art, historical treasures, or other similar assets held for put	•			
	service, provide in Part XIII the text of the footnote to its final	, ,	•		
h	If the organization elected, as permitted under FASB ASC 95				
-	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
			L .		
2	If the organization received or held works of art, historical tre				
_	the following amounts required to be reported under FASB A		g, p. 5 g		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$		
b	Assets included in Form 990, Part X				

Pai	rt III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	ts (contin	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how th	ney further t	he organizat	ion's exer	npt purpose	in Parl	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he orga	nization's co	ollection?				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?							L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing	table:						
									Amount	:
С	Beginning balance						. 1c			
	Additions during the year									
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three year	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	ınd administe	ered for th	ie organizati	on	г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	\	· ·							3b	
4 Do:	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	rt VI Land, Buildings, and Equipme						ı. 40			
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	k value
		basis (investr	nent)	Dasis	(other)	аер	reciation			
	Land			1 50	7 116	0	25 605		76	1 721
	•			1,58	7,416.	8	25,685	'•	/ 0.	1,731.
	Leasehold improvements			10	5,848.	1	81,980	. —		3,868.
	1 1			1 10	J,040.		.01,300	' •	•	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Other		V 1	(D) ": : :	10-)		<u> </u>		761	5,599.
Iota	I. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part	x, colur	nn (B), line 1	i uc.)		<u></u>	<u> </u>	/ 0 :	J, JJJ.

Schedule D (Form 990) 2019 TEEN CENTE	R OF WILTON	INC	10-0000069 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security		(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes		line 11d. See Form 990, Part X, line 15.	
•	a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	V 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		<u> </u>
	- F 000 D+ / /	the data and the Oce Ferrer COO Best V. the	. 05
Complete if the organization answered "Yes	s" on Form 990, Part IV,	line TTe or TTf. See Form 990, Part X, line	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... □

(7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	rt XII Reconciliation of Expenses per Audited Financia	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	Prior year adjustments	2b		
С	***************************************			
	,	•		
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	, , , ,			
	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 4 VIIII Supplemental Information	ne 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		art V, line 4; Part X, line 2; Pa	rt XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Employer identification number Name of the organization TEEN CENTER OF WILTON INC 10-0000069 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through FOOD TRUCK OTHER col. (c)) (event type) (event type) (total number) Revenue 11,526. 30,902. 42,428. 1 Gross receipts 2 Less: Contributions 11,526. 30,902. 42,428. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 31,0496,762. 24,287. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 TEEN CENTER OF WILTON INC	000	069	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No 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		%
	o An outside facility	13b		<u>%</u>
14	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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	TEEN	CENTER	OF	WILTON	INC		10-0000069	Page 4
Part IV	Supplemental Infor	mation (d	continued)						

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2019
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEEN CENTER OF WILTON INC

Employer identification number 10-0000069

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY TIES, ENGAGEMENTS, AND HELPED DEVELOP SOCIAL SKILLS DURING

SPECIAL EVENTS.

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

UPON COMPLETION OF THE 990 BY THE ACCOUNTANT, A COPY IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR REVIEW AND CLARIFICATION. THE EXECUTIVE DIRECTOR SCHEDULES A MEETING WITH THE MEMBERS OF THE FINANCE COMMITTEE TO REVIEW THE 990 FORM FOR QUESTIONS AND CLARIFICATION. UPON SATISFACTORY REVIEW THE 990 IS APPROVED BY THE COMMITTEE AND THE ACCOUNTANT IS INSTRUCTED TO FINALIZE THE RETURN.

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

THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BYLAWS

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

THE POLICY OF DETERMINING COMPENSATION FOR TOP MANAGEMENT IS DETERMINED BY
THE BOARD OF DIRECTORS USING THE SAME PROCEDURE USED FOR CEO, EXECUTIVE
DIRECTOR AND TOP MANAGEMENT.

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

THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE MAINTAINED AT THE ORGANIZATIONS HEADQUARTERS AND
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	AUDIO SYSTEM AND LIGHTS	11/01/04	SL	7.00	1	L6	51,601.				51,601.	51,601.		0.	51,601.
2	SECURITY SYSTEM	11/01/04	SL	7.00	1	L6	11,000.				11,000.	11,000.		0.	11,000.
3	COMPUTERS	11/01/04	SL	3.00	1	L 6	3,780.				3,780.	3,780.		0.	3,780.
4	SECURITY SYSTEMS	03/31/06	SL	5.00	1	L 6	8,680.				8,680.	8,680.		0.	8,680.
5	DONATED COMPUTERS	09/11/08	SL	3.00	1	L 6	1,500.				1,500.	1,500.		0.	1,500.
6	RICOH COPIER BARTER	11/11/08	SL	5.00	1	L6	2,000.				2,000.	2,000.		0.	2,000.
7	SONY KPR TV	01/27/09	SL	5.00	1	L 6	100.				100.	100.		0.	100.
8	BASEBALL ARCADE GAME	02/14/09	SL	5.00	1	L6	325.				325.	325.		0.	325.
9	TRACK PASS 2.0 AMS	05/31/09	SL	5.00	1	L 6	5,450.				5,450.	4,814.		0.	4,814.
10	DONATION	05/31/09	SL	5.00	1	L6	23,830.				23,830.	21,050.		0.	21,050.
11	COMPUTERS	08/24/09	SL	5.00	1	L6	378.				378.	317.		0.	317.
12	SOUND SYSTEM	10/28/09	SL	7.00	1	L6	4,084.				4,084.	3,693.		0.	3,693.
13	CARPET	11/01/04	SL	5.00	1	L6	7,130.				7,130.	7,130.		0.	7,130.
14	STAGE	11/01/04	SL	5.00	1	L6	2,066.				2,066.	2,066.		0.	2,066.
15	FURNITURE	11/01/04	SL	7.00	1	L6	7,742.				7,742.	7,742.		0.	7,742.
16	FOLDING TABLES	11/01/04	SL	7.00	1	L6	4,747.				4,747.	4,747.		0.	4,747.
17	STAGE	09/29/06	SL	5.00	1	L6	5,149.				5,149.	5,149.		0.	5,149.
18	BUILDING IMPROVEMENTS	11/01/04	SL	27.50	MM1	L6	1,587,416.				1,587,416.	767,961.		57,724.	825,685.

928111 04-01-19

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	KITCHEN EQUIPMENT	11/01/04	SL	7.00		16	46,286.				46,286.	46,286.		0.	46,286.
	* TOTAL 990 PAGE 10 DEPR						1,773,264.				1,773,264.	949,941.		57,724.	1,007,665.