Form <b>990</b>
-----------------

## **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. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inter	nal Reve	enue Service Go to www.iis.gow/Formado for instructions and the lat			Inspection
AI	For th	e 2022 calendar year, or tax year beginning $ { m JUL} 1, 2022 $ and endin	ng JU	<u>N 30, 2023</u>	
B	Check if applicab	e. C Name of organization	[	D Employer identif	ication number
	Addre				
	chang	DE TEEN CENTER OF WILTON INC		10 0000	
	chang	pe Doing business as		10-00000	
	returr	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite E	E Telephone number	
	Final returr termi	n-		(203)834	
	ated	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts \$	477,176.
	returr	WILLION, CI 00097	!	<b>-I(a)</b> Is this a group r	
	tion	F Name and address of principal officer. CINTITIA MODELA		for subordinate	
		SAME AS C ABOVE		H(b) Are all subordinates i	
		X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) or	527		a list. See instructions
	Vebs			H(c) Group exemption	
	orm o art l	f organization: X Corporation Trust Association Other L Summary	_ Year of	formation: 2002	M State of legal domicile: CT
Г	1	-			
é	1	Briefly describe the organization's mission or most significant activities: TO PROV			SUPERVISED
anc		TOBACCO, ALCOHOL AND DRUG FREE ENVIRONMENT F			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of			1 10
Š	3	Number of voting members of the governing body (Part VI, line 1a)			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
tivit	6	Total number of volunteers (estimate if necessary)			14
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			-
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		Oracle its discovery of the state (Deck) (III - line (11))		228,835.	
ne	8	Contributions and grants (Part VIII, line 1h)		83,897.	
Revenue	9	Program service revenue (Part VIII, line 2g)		477.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		170,291.	162,991.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		483,500.	450,317.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>   483,500.</u> 0.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		220,903.	-
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,903.	245,944.
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 0 •		• 0	
Ä		<b>5 1 1 1 1 1 1 1 1 1 1</b>	-	198,461.	236,563.
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	419,364.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		64,136.	
<u> </u>		Revenue less expenses. Subtract line 18 from line 12	Real	nning of Current Year	End of Year
Net Assets or	200	Total assats (Dart V. line 16)		1,040,104.	
Asse	20	Total assets (Part X, line 16)		293,220.	271,528.
let ∕	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		746,884.	713,909.
	art II			/40,004.	1 113,309.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatament		w knowledge and belief it is
UIIU	U Pell	annos or porjury, i ucolare mari nave examineu uns return, incluunny accompanyiny schedules and s	παισιπσιπ	3, מות נה נות מבצו חו	iy Kilowieuye allu Dellei, It IS

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CYNTHIA M Type or print name	OSER, DIRECT	OR (	CFM	-	11	Date /7/2023			
	Print/Type preparer	's name		Preparer's signature		Date	Chec		PTIN	
Paid	MAKAYLA M	SCHLOSSER,	CPA	MAKAYLA M	SCHLOSSER,				P0215149	6
Preparer	Firm's name B	OLLENBACHER	AND	ASSOCIATES	, LLC		Firm's EIN	20-	1695613	
Use Only	Firm's address 9	15 N MERIDIA	AN SI	REET						
	P	ORTLAND, IN	4737	1			Phone no.	260-	726 - 4207	
May the II	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	32001       12-13-22       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022)									

Form	1990 (2022) TEEN CENTER OF WILTON INC 10	-0000069 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	TO PROVIDE A SAFE AND SUPERVISED TOBACCO, ALCOHOL AND DRUG	FREE
	ENVIRONMENT FOR KIDS.	
	Did the experimetion we dout the experimetic and an experiment of wine the way which were part listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measing	• •
	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 \$311,809. including grants of \$750. ) (Revenue \$)	<b>300,638.</b> )
	TRACKSIDE (TEEN CENTER OF WILTON), TCW IS AVAILABLE TO MIDD	LE SCHOOL
		FISCAL YEAR
	2019, THE TCW PROVIDED SERVICES TO OVER 200 TEENS. THE SOU	RCE OF
	FUNDING WERE FROM FUNDRAISING, GRANTS AND FACILITY RENTALS	WHICH
	ALLOWED TCW TO PROVIDE FREE LOW COSTS MEALS, MENTORING RELA	TIONSHIPS,
	COACHING, AND A PLACE DESIGNED FOR THEIR INTEREST AND NEEDS	• KEY
	PROGRAMS INCLUDED GAMING CLUB, MOVIE AFTERNOONS AND NIGHTS,	AND A NEW
	· · · · ·	R HIGH NOTES
	INCLUDE THE 1ST ANNUAL WILTON FOOD TRUCK FESTIVAL AND CHUCK	
	BOTH PROGRAMS FOCUSED ON BUILDING AWARENESS AND COMMUNITY S	
	HELP GENERATE FUNDS FOR THE ORGANIZATION. ADDITIONALLY FAC	
	RENTALS AND FUNDRAISERS HELP SUPPORT THE WILTON TEENS WITH	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4.4	Other program convision (Desprish on Schodule O)	
4d	Other program services (Describe on Schedule O.)	)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses       311,809.	)
4e	Total program service expenses 311,809.	
		Form <b>990</b> (2022)

_	~~~	(0000)	
-orm	990	(2022)	

## Form 990 (2022) TEEN CENTER OF WILTON INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		<u> </u>
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		<u> </u>
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		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 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		X X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
45	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	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
12	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 22	
19		10		x
20-	complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 11
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u> </u>	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		_ <u></u>

			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 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 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		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 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			
0,	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 on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	

Form 990 (2022) TEEN CENTER OF WILTON INC 10-0000069 Page							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			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 29		37				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	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).						
<b>F</b> -							
	<b>5a</b> 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		<u>x</u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.	х				
L	any contributions that were not tax deductible as charitable contributions?	6a	А	<u> </u>			
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	64	х				
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the complete provided to the particle and partly for goods and continues provided to the parts?	70		x			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_7a _7⊳		<u> </u>			
	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	7b		<u> </u>			
C		7c		x			
Ь		10					
		7e					
f							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
U	an analysing the second second business heldings at any time during the second						
9							
a	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:						
	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						
11	Section 501(c)(12) organizations. Enter:						
а	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 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						
	organization is licensed to issue qualified health plans 13b						
С	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2022
----------------

#### TEEN CENTER OF WILTON INC

10 - 0000069Page 6

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. X

Check if Schedule O contains a response or note to any	line in this Part VI	
Check in Schedule O contains a response of hote to any	y in te in this Fait vi	

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	16				
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t 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 9	90 wa	s filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7a		<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			7b		X	
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х	
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
					Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	101			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?		o filing the form?	10b		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.			<u>11a</u>		<u></u>	
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			12a	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0			
Ū	on 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 approva						
	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 on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith 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	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>CT</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-1 (section 501(c)(3)s	s only) :	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	_					
40	Own website Another's website X Upon request Other (explain)			1 <b>c</b>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict (	of interest policy, and	a tinano	al		
20	statements available to the public during the tax year.	ke er	4 1000100				
20	State the name, address, and telephone number of the person who possesses the organization's boo OLGA ZARGOS TRAUB, SECRETARY – 203–257–2887	iks and	LIECOIDS				
	15 STATION ROAD, WILTON, CT 06897						

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Co	mpensated
	Employees, and Independe	ent 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, box 6 of 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an		compensation	compensation	amount of				
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) LORI FIELDS	40.00									
EXECUTIVE DIRECTOR		х						53,875.	0.	0.
(2) CINDY MOSER	40.00									
HR/GOVERNANCE DIRECTOR		Х						50,586.	0.	0.
(3) JOHN PRIEST	20.00									
PROGRAM DIRECTOR		Х						44,363.	0.	0.
(4) THOMAS FLETCHER	1.00									
DIRECTOR		Х						1,296.	0.	0.
(5) CORA HUFF	1.00									
DIRECTOR		Х						671.	0.	0.
(6) JOHN WYMAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) FORREST CLOSE	2.00									
PRESIDENT				Х				0.	0.	0.
(8) MEREDITH GILMOR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DONNA PETERSON	2.00								•	•
VICE PRESIDENT	1			х				0.	0.	0.
(10) KELLY MAGNER	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(11) DAVID FLYNN	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(12) OLGA ZARGOS	1.00			37				0	0	0
SECRETARY	1 00			Х				0.	0.	0.
(13) MICHAEL SAFKO	1.00							0.	0.	0
DIRECTOR	1 00	X						0.	0.	0.
(14) MICHAEL PEARSON DIRECTOR	1.00	x						0.	0.	0
(15) MIKE SHEEHY	1.00	A						0.	0.	0.
(15) MIKE SHEEHY DIRECTOR	1.00	х						0.	0.	0.
(16) FARAH MASANI	1.00							U•	0.	<u> </u>
DIRECTOR	<b>1.00</b>	x						0.	0.	0.
(17) MATT PRESKENIS	1.00							0.	0.	0.
DIRECTOR	<u> </u>	x						0.	0.	0.
	I	- 23		I	L	I	I	U •	<b>U</b> •	

Form 990 (2022) TEEN CENT									10-0000	069	Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Co								· ,			
(A) Name and title	(B) (C) Average hours per week officer and a director/truster						an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	Estir amo	F) mated unt of her
	(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)	fror organ and i	ensation n the nization related izations
(18) ADI MITAL	1.00		_	0	×	- 0					
DIRECTOR		X						0.	0.		0.
1b       Subtotal         c       Total from continuation sheets to Part VII         d       Total (add lines 1b and 1c)	, Section A							150,791. 0. 150,791.	0. 0. 0.		0.
2 Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable		0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	-			•			•	• •	•	3	Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ,000? If "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and dule	oth J fa	er compensation from t	he organization	4	x
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5	x
Section B. Independent Contractors				-							
Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y		ation from	1
(A) (B) Name and business address NONE Description of services C								Compens	ation		
<ul> <li>2 Total number of independent contractors (ir \$100.000 of compensation from the organized)</li> </ul>	•	ot lin	nitec	l to f	thos 0		ed	above) who received me	ore than		

	<u>990 (</u>					F WILTON			10-0000	069 Pag
		Check if Schedule O	conta	ains a respo	nse	or note to any line		(B)	(C)	[ 
							<b>(A)</b> Total revenue	Related or exempt		Revenue exclu
							Total revenue	function revenue	business revenue	from tax und
										sections 512 -
ţ	1 a	Federated campaigns		1a						
n	b	Membership dues		1b		15,289.				
ĕ	с	Fundraising events		1c						
IL A		Related organizations								
nila		Government grants (cont				22,000.				
Sir		All other contributions, gifts,								
Jer	•	similar amounts not included				87,088.				
₽	-				、	01,000.				
and Other Similar Amounts	g	Noncash contributions included in					124,377.			
g	n	Total. Add lines 1a-1f					124,577.			
						Business Code	170 000	170 000		
	2 a					900099	170,089.	170,089.		
Ð	b									
Revenue	С					ļ ļ				
ek	d									
Ξ.	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					170,089.			
	3	Investment income (inclu	ding	dividends, iı	ntere	st, and				
		other similar amounts)					282.			28
	4	Income from investment								
	5	Royalties			•	Ī				
		···· <b>j</b> -·····		(i) Real		(ii) Personal				
	6 a	Gross rents	62	137,97	1.					
		Less: rental expenses	6b		0.					
				137,97	-					
		Rental income or (loss)	、 <del></del>	•			137,971.	137,971.		
		Net rental income or (loss	s) <u></u>			(ii) Oth er	137,971.	137,971.		
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b			7,422.				
2	С	Gain or (loss)	7c			-7,422.				
		Net gain or (loss)					-7,422.	-7,422.		
	8 a	Gross income from fundrais	ng ev	ents (not						
5		including \$		of						
		contributions reported on								
		Part IV, line 18		-	8a	44,457.				
	b	Less: direct expenses			8b					
		Net income or (loss) from					25,020.			25,02
		Gross income from gamir					-,			,.
	Ja	Part IV, line 19			9a					
	L.				9b					
		Less: direct expenses								
		Net income or (loss) from			°					
	10 a	Gross sales of inventory,								
	_	and allowances			10a					
		Less: cost of goods sold			10b	· · · · · · · · · · · · · · · · · · ·				
	С	Net income or (loss) from	sale	s of invento	у					
						Business Code				
Revenue	11 a									
evenue	b									
eve	с									
ã		All other revenue								
		Total. Add lines 11a-11d								
	0	Total revenue. See instructi					450,317.	300,638.	0.	25,30

TEEN CENTER OF WILTON INC

ecti	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (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	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	750.	750.		
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,				
	trustees, and key employees	150,791.	150,791.		
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u> </u>			
7	Other salaries and wages	62,420.		62,420.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	C 505			
9	Other employee benefits	6,797.		6,797.	
C	Payroll taxes	25,936.		25,936.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1 500		1 500	
	Accounting	1,720.		1,720.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	576.		576.	
2	Advertising and promotion	474.	11 712	474.	
3	Office expenses	13,307.	11,713.	1,594.	
4	Information technology				
5	Royalties				
5		37,850.	37,850.		
7		57,050.	57,050.		
B	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	11,188.		11,188.	
)	Interest	11,100.		<u> </u>	
1 2	Payments to affiliates	64,428.	64,428.		
	Depreciation, depletion, and amortization	12,804.	12,804.		
} 	Other expenses, Itemize expenses not covered	12,004.	12,004.		
r	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE AND REPAIRS	37,317.		37,317.	
b	UTILITIES	32,857.	32,857.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c	DUES AND SUBSCRIPTIONS	7,672.		7,672.	
d	PAYROLL FEES	7,323.		7,323.	
	All other expenses	9,047.	616.	8,431.	
5	Total functional expenses. Add lines 1 through 24e	483,257.	311,809.	171,448.	
5 6	Joint costs. Complete this line only if the organization				
-	reported in column (P) joint costs from a combined				

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

TEEN CENTER OF WILTON INC	•
---------------------------	---

10-0000069 Page 11

I G		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			141,468.	1	167,926.
	2	Savings and temporary cash investments			195,306.	2	155,058.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa		· · · · ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	ied pers				
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,816,623.			
	b	Less: accumulated depreciation	10b	1,155,995.	701,498.	10c	660,628.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			1,832.	12	1,825.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1,040,104.	16	985,437.		
	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 F			21		
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrelate	ted third	d parties	293,220.	23	271,528.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		293,220.	26	271,528.
		Organizations that follow FASB ASC 958, check	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			746,884.	27	713,909.
Ba	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 95	58, che	ck here			
Ľ.		and complete lines 29 through 33.					
sot	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			746,884.	32	713,909.
	33	Total liabilities and net assets/fund balances			1,040,104.	33	985,437.

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

Form	990	(2022
101111	000	LOLI

Form	1990 (2022) TEEN CENTER OF WILTON INC	10-0000	069	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	450	, 31	L7.
2	Total expenses (must equal Part IX, column (A), line 25)	2	483	, 25	57.
3	Revenue less expenses. Subtract line 2 from line 1	3	-32		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	746	,88	34.
5	Net unrealized gains (losses) on investments	5		- 1	35.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	713	,90	)9.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			Y	/es	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 on Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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:				
	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.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

### **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
2022
Open to Public Inspection

Т

Nam	e of t	the organization						Employer	identification number		
		TEEN	CENTER OF	WILTON INC					0-000069		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The	organ	anization 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).)									
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	-								
7	X	An organization that norma	-	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
_		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10		university: An organization that norma		than 22 1/20/ of its our	ort from o	ontributior	n momborob	in food on	d aroon ronninto from		
10		activities related to its exer									
		income and unrelated busir	• • •	•	. ,			••	0		
		See section 509(a)(2). (Con				oco doqui		Janization			
11		An organization organized a	• •	velv to test for public sa	fetv. See	section 50	)9(a)(4).				
12		An organization organized a	•		•			rry out the	purposes of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte						ly integrate	ed with,		
		its supported organization									
d		J Type III non-functionally	• •					•			
		that is not functionally int			-		-	an attentiv	/eness		
		requirement (see instruction) Check this box if the organization									
е		functionally integrated, or					rype i, rype	п, туре п			
f	Ente	er the number of supported of		any integrated support		ation.					
		vide the following information	•								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
									ļ		
Tet											
Tota							1		1		

232022 12-09-22

Part II

Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

include any "unusual grants.")

2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge					
4 Total. Add lines 1 through 3	160,714.	204,662.	159,241.	232,337.	143,068.
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)					
6 Public support. Subtract line 5 from line 4					
Section B. Total Support	1	1			[
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
7 Amounts from line 4	160,714.	204,662.	159,241.	232,337.	143,068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,					
and income from similar sources $\dots$	166.	160.	432.	477.	282.
0 Not income from uprelated business					

#### Schedule A (Form 990) 2022 TEEN CENTER OF WILTON INC

(a) 2018

160,714.

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

(c) 2020

159,241.

(d) 2021

232,337.

**(b)** 2019

204,662.

fails to qualify under the tests listed below, please complete Part III.)

9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						901,53	39.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 50	01(c)(3)		
	organization, check this box and stop	o here						
Se	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	99.83	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.85	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, checł	this box and	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱				X
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, o	check this box	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	13, 16a, or 16b, a	nd line 14	is 10% or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the	e organization	
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported or	ganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	13, 16a, 16b, or 1	7a, and lir	ne 15 is 10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI h	ow the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see ins	tructions	
						Sch	edule A (Form 990) 2	022

(f) Total

900,022.

900,022.

900,022.

(f) Total 900,022.

1,517.

(e) 2022

143,068.

Schedule A	Form 990	) 2022

### TEEN CENTER OF WILTON INC

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

Section A. Fublic Support							
Calendar year (or fiscal year beginning in	) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	<b>(f)</b> Total
1 Gifts, grants, contributions, and							
membership fees received. (Do n	ot						
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							
<b>3</b> 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, a							
3 received from disqualified person 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							
<b>c</b> Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line							
Section B. Total Support							
Calendar year (or fiscal year beginning in	) (a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2	2022	<b>(f)</b> Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>							
b Unrelated business taxable income (less section 511 taxes) from busines acquired after June 30, 1975	sses						
<b>c</b> Add lines 10a and 10b							
<ol> <li>Net income from unrelated busin activities not included on line 10k whether or not the business is regularly carried on</li> </ol>	ess						
12 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part VI.)							
<b>13</b> Total support. (Add lines 9, 10c, 11, and							
<b>14 First 5 years.</b> If the Form 990 is 1	for the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) c	organizatio	on,
check this box and stop here							
Section C. Computation of P					<u> </u>		
<b>15</b> Public support percentage for 20			column (f))		15		%
16 Public support percentage from 2					16		%
Section D. Computation of In		•					
<b>17</b> Investment income percentage for					17		%
<b>18</b> Investment income percentage fr					18		%
19a 33 1/3% support tests - 2022.						and line 17	/ is not
more than 33 1/3%, check this be	-	•				0.4/00/	
b 33 1/3% support tests - 2021. I	-						na
line 18 is not more than 33 1/3%,							
20 Private foundation. If the organized	zation did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions		

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### Schedule A (Form 990) 2022 TEEN CENTER OF WILTON INC

1

			Yes	No
1	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		
ect	tion B. Type I Supporting Organizations			
			Yes	N
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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	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		

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).

Section D	. All Type	e III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	fv the Integral Part Test du	iring the year (see instructions).
-			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **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.*

2a

2b

3a

Yes No

orm 990) 2022	TEEN	CENTER	OF	WILTON	INC
				$\langle \alpha \rangle = \alpha$	

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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):			
a	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022
Part V Type III Non

1

_	dule A (Form 990) 2022 TEEN CENTER OI				0-0000069 Pag
	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations (continu	ied)	
ect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemption	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s	3	
ł	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<b>)</b>	Other distributions (describe in Part VI). See instructions.			6	
,	Total annual distributions. Add lines 1 through 6.			7	
5	Distributions to attentive supported organizations to which th	e organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
)	Distributable amount for 2022 from Section C, line 6			9	
)	Line 8 amount divided by line 9 amount			10	
ct	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	is	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
1	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
;	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
3	Remaining underdistributions for 2022. Subtract lines 3h				
	-				
	and 4b from line 1. For result greater than zero, explain in				

Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			OF WIL				10-000006	9 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and	3; Part IV, Se	ction E, lines	1c, 2a, 2i	b, 3a, and 3b; P	art V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Secti V, Section B, line 1e;	on C.

60		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	<b>HEDULE D</b> n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10,	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	tment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organization			Employe	er identification number
	-	TEEN CENTER OF WILT			10-0000069
Pa			d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line			
			(a) Donor advised funds	( <b>b)</b> Funds a	nd other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fund		
-			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o	•	
			r donor advisor, or for any other purpose conferr	U U	
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV,		. Yes No
1		servation easements held by the organization			
•		of land for public use (for example, recreat	· · · · ·	orically imp	ortant land area
		f natural habitat	Preservation of a certi		
		of open space			
2			ied conservation contribution in the form of a co	nservation	easement on the last
-	day of the tax year				d at the End of the Tax Year
а				2a	
b				2b	
с	Number of conserv		ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
	historic structure li	sted in the National Register	· · · · · · · · · · · · · · · · · · ·	2d	
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation durir	ng the tax
	year				
4	Number of states v	where property subject to conservation eas	ement is located		
5	Does the organizat	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of		
		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservation	n easemen	ts during the year
_		<u> </u>			
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements du	iring the year
•		untion accomment respected are the O(-1).	o option the requirements of a star date when	(;)	
8			e satisfy the requirements of section 170(h)(4)(B)	(I)	
0	and section 170(h)		on easements in its revenue and expense statem	ont and	Yes No
9		- ·	-		a tha
		ounting for conservation easements.	ote to the organization's financial statements the	at describe:	
Pa			Art, Historical Treasures, or Other S	imilar As	ssets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bala	ance sheet	works
	U U	· •	lic exhibition, education, or research in furtherar		
	,		icial statements that describes these items.		-
b			8, to report in its revenue statement and balance	sheet wor	ks of
	-		exhibition, education, or research in furtherance		

	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	\$	
	(ii) Assets included in Form 990, Part X	\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	\$	
b	Assets included in Form 990, Part X	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche		NTER OF WI							00069	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	t make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 🗌 I	_oan or exc	hange progra	am				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	-		-	-					
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang								ine 9. or	
	reported an amount on Form 990, Par			5				, ,		
<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for c	ontribution	s or other ass	sets not i	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a							······		
	······································								Amount	
с	Beginning balance						1c			
	Additions during the year						· – –			
	Distributions during the year									
f	Ending balance						. <u>16</u>			
2a	Did the organization include an amount on Fo						·		Yes	No
	If "Yes," explain the arrangement in Part XIII.							······ –		
Par							10.			
		(a) Current year		rior year	(c) Two year			/ears back	(e) Four y	ears back
1a	Beginning of year balance			-						
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	l e (line 1a	column (a)	)) held as:					
2	Board designated or quasi-endowment		e (iii ie ig مد	, column (a)	meiu as.					
a b	Permanent endowment	%								
0		%								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
20	Are there endowment funds not in the posses	-	ation that	are hold or	ad administor	od for th				
Ja		SSION OF THE OFGATILZA		are neiù ai	iu aurimister		e		L N	'es No
	organization by:									
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization								3a(ii)	
									3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	<u>u</u>	wment it	inas.						
	Complete if the organization answered		) Part IV	line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or c	· · ·		t or other		ccumulate	be	(d) Book	value
	Description of property	basis (investr		• •	(other)		preciation			value
1a	Land		,		. ,					
	Buildings			1,66	4,939.	1.0	006,7	42.	658	,197.
	Leasehold improvements			_,	,	/				,
	Equipment			15	1,684.	•	149,2	53.	2	,431.
	Other				_,		,4			,
	Add lines 1a through 1e. (Column (d) must en		V ochurs	n (D) line 1	(n)				660	,628.
Total		<u>uai ruini 990, Part</u>	A. COIUM	и (р. шие Т	00.7				000	,

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TEEN CENTER OF WILTON IN
-----------------------------------------------------

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(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" 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 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 2	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	

(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	

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

(5)

Sche	dule D (Form 990) 2022 TEEN CENTER OF WILTON INC		10-0000069 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.	
1	Total revenue, gains, and other support per audited financial statements		
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		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.	
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	Donated services and use of facilities	<b>2</b> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		
Pa	t 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.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2	022
Department of the Treasury		Attach to Form 990							n to Public ection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.	Employer	-	cation number
Name of the organization		NTER OF WILTON INC	I				10-00		
Part I Fundrais		Complete if the organization answ		'es" or	n Form 990, Part IV, I	ine 1			
	complete this part								
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	ions email solicitations tations licitations		ation of ation of I fundra	non-g gover aising (	overnment grants nment grants events	tees,	or		
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	orofessi	onal fi	undraising services?			Yes	No
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to	o be	
compensated at le	ast \$5,000 by the	organization.							
<b>(i)</b> Name and addres or entity (func		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	py) to (	) Amount paid (or retained by) organization
			Yes	No					
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (	exempt fron	n registra	ation

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

Schedule G (Form 990) 2022

TEEN CENTER OF WILTON INC

10-000069 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		FOOD TRUCK (event type)	OTHER (event type)	(total number)	col. <b>(c)</b> )
		(		(,	
1	Gross receipts	13,500.	18,707.		32,207
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	13,500.	18,707.		32,207
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
6	Food and beverages				
8			6,885.		19,437
9					19,437
10					12,770
	<b>III Gaming.</b> Complete if the organization				,
	\$15,000 on Form 990-EZ, line 6a.		,,,,,,,, _		
			(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (ad
		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
		(a) Bingo		<b>(c)</b> Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
2		(a) Bingo		(c) Other gaming	
2	Cash prizes			(c) Other gaming	
2	Cash prizes			(c) Other gaming	
2	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1 2 3 4	Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses			(c) Other gaming	
1 2 3 4 5	Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes%	
1 2 3 4 5 6 7	Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug		bingo/progressive bingo	☐ Yes %	
1 2 3 4 5	Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug		bingo/progressive bingo	☐ Yes %	
1 2 3 4 5 6 7 8	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7 nter the state(s) in which the organization condu		bingo/progressive bingo	Yes%	col. (a) through col. (a)
1 2 3 4 5 6 7 8 8	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7     Inter the state(s) in which the organization conduct gaming a	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (a)
1 2 3 4 5 6 7 8 8	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7 nter the state(s) in which the organization condu	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (
1 2 3 4 5 6 7 8 8	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7     Inter the state(s) in which the organization conduct gaming a	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (
1 2 3 4 5 6 7 8 El a Is 5 If	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7     Inter the state(s) in which the organization conduct     the organization licensed to conduct gaming a     "No," explain:	Yes%         No         1         7 from line 1, column (d)         2         4         5         5         6         7         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1<	bingo/progressive bingo	Yes% No	Col. (a) through col. (a) through col. (b)
3 4 5 6 7 8 8 5 15 15	Cash prizes     Noncash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line 7     Inter the state(s) in which the organization conduct gaming a	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	bingo/progressive bingo	Yes% No	col. (a) through col.

Sch	nedule G (Form 990) 2022 TEEN CENTER OF WILTON INC 10	0-0000069 Pa	age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	b An outside facility	13b	%
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
ł	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	ıt	
	of gaming revenue retained by the third party \$c If "Yes," enter name and address of the third party:		
Ċ	c in res, entername 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		
47	Mandatawy diateiky tianay		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th		
	organization's own exempt activities during the tax year \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 1	10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Part IV	Supplemental information (cor	ntinued)		

SCHEDULE O (Form 990)

Name of the organization

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.



TEEN CENTER OF WILTON INC

Employer identification number 10-000069

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.

#### 2022 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
	FURNITURE & FIXTURES														
13	CARPET	11/01/04	SL	5.00		16	7,130.				7,130.	7,130.		0.	7,130.
14	STAGE	11/01/04	SL	5.00		16	2,066.				2,066.	2,066.		0.	2,066.
15	FURNITURE	11/01/04	SL	7.00		16	7,742.				7,742.	7,742.		0.	7,742.
16	FOLDING TABLES	11/01/04	SL	7.00		16	4,747.				4,747.	4,747.		٥.	4,747.
17	STAGE	09/29/06	SL	5.00		16	5,149.				5,149.	5,149.		0.	5,149.
22	NEW HOT WATER HEATER	01/31/22	200DB	7.00	MQ	17	3,200.				3,200.	343.		816.	1,159.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						30,034.				30,034.	27,177.		816.	27,993.
	OTHER														
1	AUDIO SYSTEM AND LIGHTS	11/01/04	SL	7.00		16	51,601.				51,601.	51,601.		0.	51,601.
2	SECURITY SYSTEM	11/01/04	SL	7.00		16	11,000.				11,000.	11,000.		0.	11,000.
3	(D)COMPUTERS	11/01/04	SL	3.00		16	3,780.				3,780.	3,780.		0.	3,780.
4	SECURITY SYSTEMS	03/31/06	SL	5.00		16	8,680.				8,680.	8,680.		0.	8,680.
5	(D)DONATED COMPUTERS	09/11/08	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
6	(D)RICOH COPIER BARTER	11/11/08	SL	5.00		16	2,000.				2,000.	2,000.		٥.	2,000.
7	(D)SONY KPR TV	01/27/09	SL	5.00		16	100.				100.	100.		0.	100.
8	(D)BASEBALL ARCADE GAME	02/14/09	SL	5.00		16	325.				325.	325.		٥.	325.
9	(D)TRACK PASS 2.0 AMS	05/31/09	SL	5.00		16	5,450.				5,450.	4,814.		٥.	4,814.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

ORM 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
10	(D) DONATION	05/31/09	SL	5.00		16	23,830.				23,830.	21,050.		0.	21,050.
11	(D)COMPUTERS	08/24/09	SL	5.00		16	378.				378.	317.		٥.	317.
12	SOUND SYSTEM	10/28/09	SL	7.00		16	4,084.				4,084.	3,693.		0.	3,693.
18	BUILDING IMPROVEMENTS	11/01/04	SL	27.50	MM	16	1,587,416.				1,587,416.	941,133.		57,724.	998,857.
19	KITCHEN EQUIPMENT	11/01/04	SL	7.00		16	46,286.				46,286.	46,286.		0.	46,286.
20	RECEPTION RENOVATION	09/24/20	150DB	15.00	ну	17	7,300.				7,300.	1,059.		624.	1,683.
21	GUTTER REPAIRS	03/09/21	150DB	15.00	ну	17	3,750.				3,750.	544.		321.	865.
23	NEW WINDOWS AND DOORS	04/13/22	150DB	15.00	MQ	17	35,493.				35,493.	444.		3,505.	3,949.
24	(D)CARPET RENOVATION	08/25/21	150DB	15.00	MQ	17	4,378.				4,378.	383.		50.	433.
	BUILDING IMPROVEMENTS - GUTTERS BUILDING IMPROVEMENT -	09/01/22	SL	15.00		16	20,980.				20,980.			1,166.	1,166.
26	FLOORING	02/28/23	SL	15.00		16	10,000.				10,000.			222.	222.
	* 990 PAGE 10 TOTAL OTHER						1,828,331.				1,828,331.	1,098,709.		63,612.	1,162,321.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,858,365.				1,858,365.	1,125,886.		64,428.	1,190,314.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,827,385.			0.	1,827,385.	1,125,886.			1,188,926.
	ACQUISITIONS						30,980.			0.	30,980.	0.			1,388.
	DISPOSITIONS/RETIRED						41,741.			٥.	41,741.	34,269.			34,319.
	ENDING BALANCE						1,816,624.			0.	1,816,624.	1,091,617.			1,155,995.

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	ORM 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
	ENDING ACCUM DEPR LESS DISPOSITIONS										:	1,155,995.			
	ENDING BOOK VALUE											660,629.			

228111 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone