

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOYS AND GIRLS VILLAGE, INC.		D Employer identification number 22-2562827
	Doing business as		E Telephone number 203-713-7716
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 23,651,827.
	528 WHEELERS FARMS ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MILFORD, CT 06461		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: KIM SHAUNESY, PH.D. SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTP://WWW.BGVILLAGE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1942	M State of legal domicile: CT

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: BOYS AND GIRLS VILLAGE SERVES CHILDREN AND FAMILIES IN AT-RISK SITUATIONS BY STRENGTHENING THEIR			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	359
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,804,888.
9 Program service revenue (Part VIII, line 2g)		16,284,027.	14,163,608.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		95,480.	79,095.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,148,448.	-457,436.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,332,843.	23,611,635.
Expenses		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)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,815,930.	17,374,838.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,784.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,494,284.	6,491,991.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,310,214.	23,866,829.	
19 Revenue less expenses. Subtract line 18 from line 12	7,022,629.	-255,194.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 45,383,557.	End of Year 43,280,312.
	21 Total liabilities (Part X, line 26)	6,769,417.	5,616,758.
	22 Net assets or fund balances. Subtract line 21 from line 20	38,614,140.	37,663,554.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	
	KIM SHAUNESY, PH.D., PRESIDENT & CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name FRANCIS BRODERICK	Preparer's signature FRANCIS BRODERICK	Date 04/28/23
	Firm's name ▶ BEERS, HAMERMAN, COHEN & BURGER, P.C.	Firm's EIN ▶ 47-2517893	Check if self-employed <input type="checkbox"/> PTIN P01437465
	Firm's address ▶ 234 CHURCH STREET NEW HAVEN, CT 06510	Phone no. (203) 787-6527	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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: BOYS AND GIRLS VILLAGE SERVES CHILDREN AND FAMILIES IN AT-RISK SITUATIONS BY STRENGTHENING THEIR ABILITY TO SUCCEED IN LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,101,901. including grants of \$) (Revenue \$ 1,700,689.) COMMUNITY PROGRAMS BOYS & GIRLS VILLAGE (BGV) CURRENTLY HAS 8 COMMUNITY PROGRAMS. INTENSIVE IN HOME CHILD AND ADOLESCENT SERVICES (IICAPS), MULTI-SYSTEMIC THERAPY FOR YOUTH WITH PROBLEM SEXUAL BEHAVIORS (MST-PSB), MULTI-DIMENSIONAL FAMILY THERAPY (MDFT), EXTENDED DAY TREATMENT (EDT), OUTPATIENT CLINIC, THE WORK TO LEARN PROGRAM, ADOLESCENT SEXUAL BEHAVIOR TREATMENT & EDUCATION PROGRAM (ASBTE), AND MULTI-SYSTEMIC THERAPY - BUILDING STRONGER FAMILIES (MST-BSF). IICAPS IS A PROGRAM FOR CHILDREN AND ADOLESCENTS AGES 6 TO 18 WITH SERIOUS EMOTIONAL DISORDERS AND THEIR FAMILIES. IICAPS OFFERS INTENSIVE CLINICAL SERVICES AND SUPPORT TO CHILDREN AND YOUTH RETURNING FROM OUT-OF-HOME CARE OR WHO ARE AT RISK OF REQUIRING OUT-OF-HOME CARE DUE

4b (Code:) (Expenses \$ 6,273,412. including grants of \$) (Revenue \$ 8,000,861.) CHARLES F. HAYDEN SCHOOL IS AN APPROVED PRIVATE SPECIAL EDUCATION FACILITY THAT IMPLEMENTS INDIVIDUALIZED EDUCATION PLANS AND PROVIDES COMPREHENSIVE EDUCATIONAL AND CLINICAL DAY TREATMENT SERVICES TO A DIVERSE STUDENT POPULATION RANGING FROM AGES 5-21. THE SCHOOL PROVIDES A SAFE NURTURING ENVIRONMENT WHERE STUDENTS EXPERIENCE EMOTIONAL, BEHAVIORAL AND ACADEMIC GROWTH WITH THE ULTIMATE GOAL OF A SUCCESSFUL RETURN TO A MAINSTREAM ENVIRONMENT. CHARLES F. HAYDEN SCHOOL OFFERS A PROGRESSIVE INTEGRATED LEARNING MODEL DESIGNED TO PROVIDE A RICH MULTIDISCIPLINARY CURRICULUM ALIGNED WITH THE CSDE, CT CORE STANDARDS AND DESIGNED TO PROVIDE STUDENTS (K-12TH GRADE) WITH THE SKILLS NECESSARY TO BE SUCCESSFUL IN A SCHOOL AND COMMUNITY SETTING. OUR CURRICULUM INCORPORATES SPECIALIZED GROUP AND

4c (Code:) (Expenses \$ 5,868,156. including grants of \$) (Revenue \$ 2,696,453.) RESIDENCE PROGRAMS BGV CURRENTLY HAS THREE RESIDENTIAL PROGRAMS, SAFE HAVEN (SH), HAMILTON AND REGIONS. SH IS A 12 BED RESIDENTIAL TREATMENT FACILITY FOR BOYS BETWEEN THE AGES OF 11 AND 17 YEARS WITH PROBLEM SEXUAL BEHAVIOR. BGV USES A HOLISTIC APPROACH TO ASSESS AND SERVE OUR CLIENTS BY ADDRESSING AND ASSESSING ALL FACTORS INCLUDING SOCIAL, INTERPERSONAL, FAMILY, CAPACITY FOR EMPATHY AND MORAL DEVELOPMENT, EDUCATIONAL FUNCTIONING AND WHAT EXPERIENCES HE MAY HAVE EXPERIENCED THAT HAVE INFLUENCED THE EXPRESSION OF HIS PSB. TREATMENTS ARE CONDUCTED BY EXPERIENCED AND TRAINED STAFF WHO COLLABORATE TO DEVELOP INDIVIDUALIZED AND CUSTOMIZED INTERVENTIONS. SAFE HAVEN CLIENTS TYPICALLY PARTICIPATE FOR 9 TO 12 MONTHS, PROVIDING THAT THE CLIENT FAMILY PARTICIPATES IN TREATMENT AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,629,454. including grants of \$) (Revenue \$ 1,765,605.)

4e Total program service expenses 18,872,923.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	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		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	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		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		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		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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 203-713-7716
528 WHEELERS FARMS ROAD, MILFORD, CT 06461

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIM SHAUNESSEY PRESIDENT & CEO	40.00			X			299,934.	0.	144,590.	
(2) STEVEN KANT CHIEF MEDICAL OFFICER	40.00			X			313,792.	0.	70,377.	
(3) HILLARY KLEIN PSYCHIATRIST	40.00				X		254,169.	0.	32,676.	
(4) DANIEL FRENCH VP VOCATIONAL & EDUCATIONA	40.00					X	169,568.	0.	57,649.	
(5) MARIA GIAIMO CHIEF FINANCIAL OFFICER	40.00			X			158,921.	0.	52,071.	
(6) CARRA CONLAN VP COMM SERVICES	40.00					X	155,260.	0.	52,084.	
(7) GINO PELACCIA VP OF FACILITIES & SECURIT	40.00					X	143,872.	0.	50,784.	
(8) FAY SEAFORTH DIRECTOR OF HUMAN RESOURCE	40.00					X	139,789.	0.	51,176.	
(9) KATHLEEN GRAZIANO APRN	40.00					X	147,855.	0.	17,257.	
(10) CAROLE SMITH HARKER CHAIR	1.00	X		X			0.	0.	0.	
(11) BRIAN MOLES VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) EDWARD RIVERA DIRECTOR	1.00	X					0.	0.	0.	
(13) RICHARD EPSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(14) ELLEN BEATTY, PH. D DIRECTOR	1.00	X					0.	0.	0.	
(15) PORTIA BONNER SECRETARY	1.00	X		X			0.	0.	0.	
(16) KEITH SOMERS DIRECTOR	1.00	X					0.	0.	0.	
(17) JOSEPH ENRIGHT TREASURER	1.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GINA CARLONI HART DIRECTOR	1.00	X						0.	0.	0.
(19) JOSEPH MAGER III DIRECTOR	1.00	X						0.	0.	0.
(20) JOSEPH TRAMUTA, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(21) GREGORY FAUCCI TREASURER	1.00	X		X				0.	0.	0.
(22) GAYLE MCMILLAN DIRECTOR	1.00	X						0.	0.	0.
(23) LAUREN BARONE DIRECTOR	1.00	X						0.	0.	0.
(24) GREG M. FENN CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								1,783,160.	0.	528,664.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,783,160.	0.	528,664.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW ENGLAND SYSTEMS, INC. 102 GREAT HILL ROAD, NAUGATUCK, CT 06770	CONSTRUCTION	464,260.
HILDA RUIZ DBA MH MAINTENANCE LLC 230 EAST MAIN ST, MERIDEN, CT 06450	MAINTENANCE	145,032.
QUALIFACTS SYSTEMS, INC, 315 DEADERICK ST STE. 2300, NASHVILLE, TN 37238	ELECTRONIC HEALTH RECORDS	137,670.
BISMARCK CONSTRUCTION 100 BRIDGEPORT AVE, MILFORD, CT 06460	CONSTRUCTION	124,248.
CENTER FOR PEDIATRIC THERAPY 606 NEW HAVEN AVE, MILFORD, CT 06460	THERAPY	114,063.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	9,545,878.				
	f	All other contributions, gifts, grants, and similar amounts not included above	280,490.				
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		9,826,368.			
Program Service Revenue			Business Code				
	2 a	TUITION - SPECIAL EDUCATION	611600	8,000,861.	8,000,861.		
	b	SAFE HAVEN	624100	2,696,453.	2,696,453.		
	c	DCF- TFC	624100	1,765,605.	1,765,605.		
	d	IICAPS	624100	994,110.	994,110.		
	e						
	f	All other program service revenue	624100	706,579.	706,579.		
g	Total. Add lines 2a-2f		14,163,608.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		37,224.		37,224.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	107,634.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		107,634.			
	d	Net rental income or (loss)		107,634.		107,634.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		82,063.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		40,192.			
7 c	Gain or (loss)		41,871.				
d	Net gain or (loss)		41,871.		41,871.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	CHANGE IN BENEFICIAL INTEREST IN	624100	-565,070.		-565,070.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		-565,070.				
12	Total revenue. See instructions		23,611,635.	14163608.	0.	-378,341.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,214,466.	322,402.	892,064.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,952,304.	10,961,803.	1,990,501.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,121,529.	1,796,821.	324,708.	
10 Payroll taxes	1,086,539.	899,445.	187,094.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 O.)	1,120,746.	538,703.	582,043.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	191,754.	167,188.	24,566.	
15 Royalties				
16 Occupancy	361,249.	304,827.	56,422.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	127,893.		127,893.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,671,932.	1,257,515.	414,417.	
23 Insurance	731,228.	645,318.	85,910.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOSTER CARE STIPENDS	632,991.	632,991.		
b FACILITY MAINTENANCE AN	563,541.	451,401.	112,140.	
c FOOD	286,687.	284,969.	1,718.	
d PROVISION FOR UNCOLLECT	211,000.	211,000.		
e All other expenses	592,970.	398,540.	185,646.	8,784.
25 Total functional expenses. Add lines 1 through 24e	23,866,829.	18,872,923.	4,985,122.	8,784.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,800.	1 588.
	2	Savings and temporary cash investments	8,137,950.	2 6,926,508.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	2,583,196.	4 3,225,795.
	5	Loans and other receivables from 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		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	258,079.	9 229,419.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,802,669.	
	b	Less: accumulated depreciation	10b 11,894,167.	10c 21,908,502.
	11	Investments - publicly traded securities	3,889,779.	11 4,385,526.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	7,769,044.	15 6,603,974.
16	Total assets. Add lines 1 through 15 (must equal line 33)	45,383,557.	16 43,280,312.	
Liabilities	17	Accounts payable and accrued expenses	3,278,295.	17 2,318,351.
	18	Grants payable		18
	19	Deferred revenue	787,927.	19 697,621.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties	2,703,195.	23 2,600,786.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to 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	6,769,417.	26 5,616,758.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	26,666,903.	27 27,454,411.
	28	Net assets with donor restrictions	11,947,237.	28 10,209,143.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	38,614,140.	32 37,663,554.
33	Total liabilities and net assets/fund balances	45,383,557.	33 43,280,312.	

Form 990 (2021)

Part 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	23,611,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,866,829.
3	Revenue less expenses. Subtract line 2 from line 1	3	-255,194.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,614,140.
5	Net unrealized gains (losses) on investments	5	-695,392.
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	37,663,554.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **BOYS AND GIRLS VILLAGE, INC.** Employer identification number **22-2562827**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7915770.	7697690.	9832893.	12804888.	9826368.	48077609.
2 Tax revenues levied for the organization'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	7915770.	7697690.	9832893.	12804888.	9826368.	48077609.
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.						48077609.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	7915770.	7697690.	9832893.	12804888.	9826368.	48077609.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	129,504.	144,690.	140,119.	118,374.	144,858.	677,545.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	54,054.	61,235.				115,289.
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						48870443.
12 Gross receipts from related activities, etc. (see instructions)					12	84,777,615.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.38 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.01 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

Supplemental Information.

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

COPY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

Employer identification number

22-2562827

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

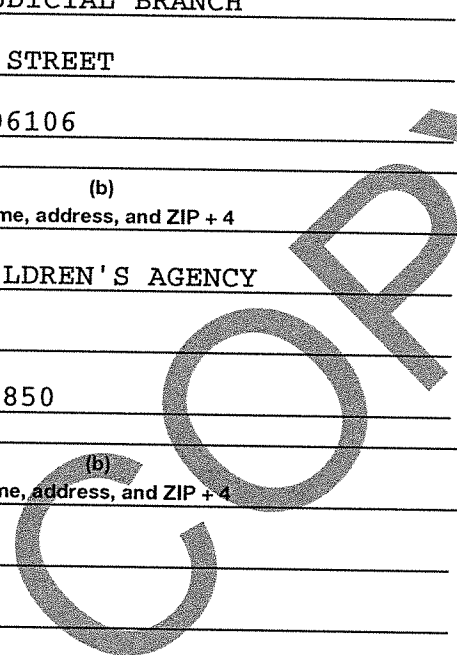
LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization BOYS AND GIRLS VILLAGE, INC.	Employer identification number 22-2562827
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

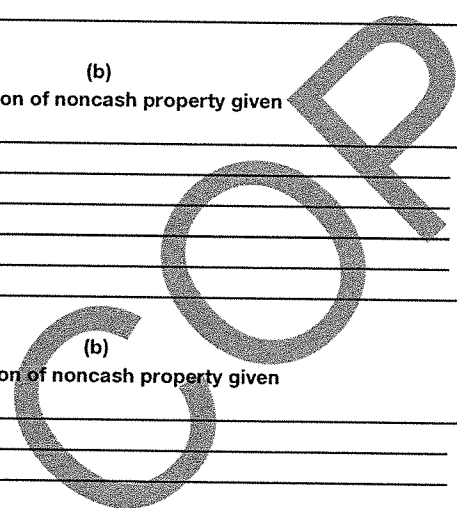
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES 505 HUDSON STREET HARTFORD, CT 06106	\$ 4,458,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONNECTICUT JUDICIAL BRANCH 90 WASHINGTON STREET HARTFORD, CT 06106	\$ 4,707,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	\$ 298,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization BOYS AND GIRLS VILLAGE, INC.	Employer identification number 22-2562827
---	---

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

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



Name of organization

Employer identification number

BOYS AND GIRLS VILLAGE, INC.

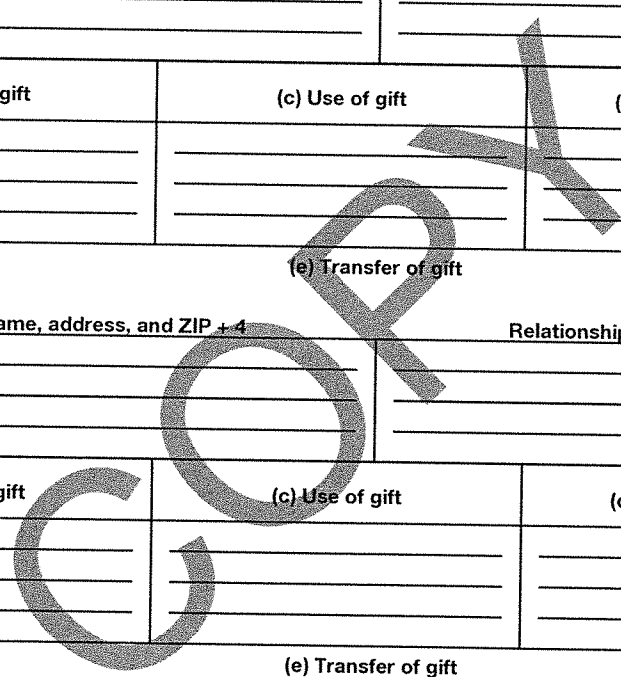
22-2562827

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **BOYS AND GIRLS VILLAGE, INC.** Employer identification number **22-2562827**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		42,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			42,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

GAFFNEY, BENNETT AND ASSOCIATES, INC. HAS BEEN RETAINED BY BOYS AND GIRLS VILLAGE, INC. TO HANDLE ITS RELATIONS WITH STATE OF CONNECTICUT OFFICIALS IN AN EFFORT TO ENABLE THE ORGANIZATION TO ACCOMPLISH ITS MISSION. THIS INCLUDES MEETING WITH LEGISLATIVE LEADERS, COMMISSIONERS, AND THE GOVERNOR'S OFFICE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

Employer identification number

22-2562827

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,769,044.	6,120,892.	6,119,030.	6,077,758.	5,926,866.
b Contributions					
c Net investment earnings, gains, and losses	-488,857.	2,115,393.	337,817.	348,456.	632,658.
d Grants or scholarships					
e Other expenditures for facilities and programs	600,000.	400,000.	268,500.	247,500.	408,053.
f Administrative expenses	76,213.	67,241.	67,455.	59,684.	73,713.
g End of year balance	6,503,974.	7,769,044.	6,120,892.	6,119,030.	6,077,758.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations
 - (ii) Related organizations
- | | Yes | No |
|--------|-------------------------------------|-------------------------------------|
| 3a(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		25,223,072.	8,129,459.	17,093,613.
c Leasehold improvements				
d Equipment		5,421,939.	2,258,405.	3,163,534.
e Other		3,157,658.	1,506,303.	1,651,355.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,908,502.

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) BENEFICIAL INTEREST IN NET ASSETS OF THE VILLAGE	
(2) FOUNDATION, INC.	6,603,974.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,603,974.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	22,916,243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-695,392.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-695,392.	
3	Subtract line 2e from line 1	3	23,611,635.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,611,635.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	23,866,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	23,866,829.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,866,829.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE MISSION OF THE VILLAGE FOUNDATION, INC. IS TO BENEFIT AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF BOYS AND GIRLS VILLAGE, INC., AND TO ACQUIRE, IMPROVE, HOLD AND LEASE TO THE ORGANIZATION ANY REAL OR PERSONAL PROPERTY USEFUL TO THE PURPOSES OF THE FOUNDATION OR ORGANIZATION, AND TO RECEIVE AND ACCEPT PUBLIC AND PRIVATE GIFTS, TRUSTS, DONATION, GRANTS AND LOANS TO PROMOTE THE PURPOSES OF THE FOUNDATION OR THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

Employer identification number

22-2562827

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE FOLLOWING EMPLOYEES HAVE A SECTION 457(F) NON QUALIFIED RETIREMENT

PLAN. THE AMOUNTS HAVE BEEN INCLUDED IN PART II, COLUMN C.

KIMBERLY SHAUNESEY, CEO \$70,000

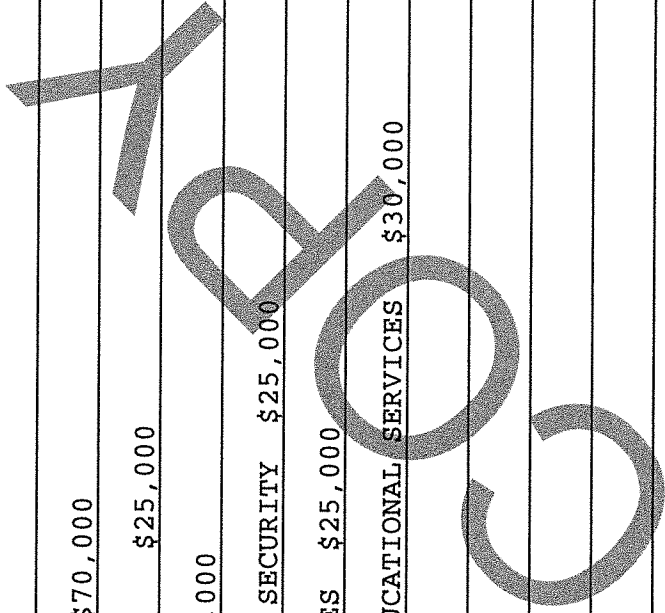
MARIA GIAIMO CFO \$25,000

CARRA CONLAN VP COMM SVCS \$25,000

GINO PELACCIA VP OF FACILITIES & SECURITY \$25,000

FAY SEAFORTH VP OF HUMAN RESOURCES \$25,000

DANIEL FRENCH VP VOCATIONAL & EDUCATIONAL SERVICES \$30,000



**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

Employer identification number

22-2562827

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

ABILITY TO SUCCEED IN LIFE.

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

TO PSYCHIATRIC, EMOTIONAL, OR BEHAVIORAL DIFFICULTIES. SERVICES TAKE PLACE IN THE CHILD'S HOME AND INVOLVE THE FAMILY AND COMMUNITY. OUR GOAL IS TO PROVIDE CLINICAL INTERVENTION AND SUPPORTS NECESSARY TO HELP EACH CLIENT MAINTAIN THEIR PLACE IN HIS OR HER HOME AND COMMUNITY. MDFT AT BOYS & GIRLS VILLAGE IS FOR CHILDREN AND ADOLESCENTS AGES 9 TO 18 WHO ARE AT RISK FOR SUBSTANCE ABUSE AND ARE EXHIBITING EMOTIONAL AND BEHAVIORAL DIFFICULTIES, INCLUDING: AGGRESSIVE BEHAVIOR, DISRESPECT OR DISOBEDIENCE AT HOME OR SCHOOL, LEGAL PROBLEMS, LOW SELF-ESTEEM, AND TRAUMA ISSUES. SUCCESS IS GAINED BY TAKING A COMPREHENSIVE, MULTI-DIMENSIONAL APPROACH THAT INVOLVES PEOPLE FROM ALL AREAS OF THE YOUNG PERSON'S LIFE, INCLUDING: FAMILY, PEERS, AND TEACHERS - JUVENILE JUSTICE OFFICIALS AND THOSE FROM OTHER COMMUNITY NETWORKS. MST-BSF IS A UNIQUE, GOAL-ORIENTED, IN-HOME COMPREHENSIVE TREATMENT PROGRAM DESIGNED TO SERVE FAMILIES WITH FOUNDED CHILD ABUSE AND NEGLECT, AND A CAREGIVER WHO STRUGGLES WITH SUBSTANCE USE. MST-BSF IS DESIGNED FOR FAMILIES WITH COMPLEX, MULTI-SYSTEM INVOLVEMENT WHO COME TO THE ATTENTION OF CHILD PROTECTIVE SERVICES DUE TO ADULT PHYSICAL ABUSE AND/OR NEGLECT OF A CHILD(REN), ADULT SUBSTANCE USE AND ABUSE PROBLEMS, AND YOUTH AT RISK OF REMOVAL FROM THEIR HOME. MST-BSF TEAMS PROVIDE COMPREHENSIVE IN-HOME TREATMENT FOR FAMILIES ADDRESSING ALL PRESENTING PROBLEMS UTILIZING HIGHLY SPECIALIZED INTERVENTIONS. SUBSTANCE USE, ANGER MANAGEMENT, TRAUMA AND PTSD, FAMILY CONFLICT, COMMUNICATION AND EMPLOYMENT ARE ALL

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization BOYS AND GIRLS VILLAGE, INC.	Employer identification number 22-2562827
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TARGETED AREAS OF THIS PROGRAM. THE GOAL IS TO ELIMINATE PHYSICAL ABUSE, NEGLECT AND PROBLEMATIC SUBSTANCE USE, WHILE PRESERVING AND REUNIFYING THE FAMILY UNIT. A MASTER'S LEVEL CLINICIAN PROVIDES INDIVIDUAL, PARENT, AND FAMILY THERAPY IN THE HOME. CLINICIANS MEET WITH THE FAMILY 3-5 TIMES PER WEEK FOR UP TO 9 MONTHS. TREATMENT ALSO INCLUDES PSYCHIATRIC CONSULTATION AND MEDICATION MANAGEMENT AS NEEDED. A CRISIS CASEWORKER WILL WORK WITH THE FAMILY TO CONNECT THEM WITH ADDITIONAL SERVICES AND SUPPORTS. MST-PSB IS A COMPREHENSIVE TREATMENT PROGRAM DELIVERED IN THE CLIENT'S NATURAL ENVIRONMENT (HOME, SCHOOL AND COMMUNITY) TO IMPROVE OUTCOMES. THE PROGRAM HAS BEEN ADAPTED TO MEET THE UNIQUE NEEDS OF CLIENTS WITH PROBLEM SEXUAL BEHAVIORS. THIS PROGRAM INCLUDES: INTENSIVE SAFETY PLANNING, STRUCTURAL AND STRATEGIC FAMILY THERAPY, SOCIAL SKILLS TRAINING, AND SPECIALIZED APPROACHES. INTERVENTION STRATEGIES INCLUDE FAMILY THERAPY, BEHAVIOR MANAGEMENT TRAINING AND COGNITIVE BEHAVIOR THERAPY. THESE STRATEGIES AIM TO DEVELOP OUR CLIENT'S COMPETENCE BY IMPROVING THE RELATIONSHIPS, INTERACTIONS, AND SKILLS OF THOSE WHO SURROUND THEM, ESPECIALLY FAMILY MEMBERS. BGV THERAPISTS HAVE SMALL CASELOADS AND ON-CALL SERVICES ARE PROVIDED FOR CLIENTS AND THEIR FAMILIES SEVEN DAYS PER WEEK AROUND THE CLOCK TO PROVIDE FIRST RESPONSE IN CRISIS SITUATIONS. OUR PROGRAM STAFF WORK TO EMPOWER PARENTS AND IMPROVE THEIR EFFECTIVENESS BY IDENTIFYING STRENGTHS, DEVELOPING NATURAL SUPPORT SYSTEMS, AND ADDRESSING AND REMOVING BARRIERS TO SUCCESS. PARENTS LEARN SKILLS THAT ASSIST THEM WITH MEETING CURRENT AND FUTURE CHALLENGES. TREATMENT IS PROVIDED MULTIPLE TIMES PER WEEK FOR AN AVERAGE OF 5 TO 7 MONTHS, AS DETERMINED BY NEED. EDT PROGRAM IS DESIGNED FOR CHILDREN AGES 5 TO 14 WITH SIGNIFICANT EMOTIONAL AND BEHAVIORAL DIFFICULTIES. CLIENTS ARE TYPICALLY CHILDREN WHO REQUIRE AN ORGANIZED, STRUCTURED PROGRAM THAT

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

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22-2562827

PROVIDES CLINICAL AND RECREATIONAL GROUPS WITHIN A THERAPEUTIC ENVIRONMENT. THE PROGRAM AIMS TO HELP CLIENTS IMPROVE THEIR CHANCE FOR SUCCESS IN LIFE BY PROVIDING ADAPTIVE LIVING AND COPING SKILLS AND DECREASE MALADAPTIVE, UNHEALTHY BEHAVIORS. BGV'S DAY TREATMENT PROGRAM GOAL IS TO PROVIDE NECESSARY SUPPORT TO FAMILIES TO MAINTAIN THE CHILD IN THEIR OWN HOME. EDT INCLUDES: PSYCHIATRIC EVALUATION, TREATMENT PLANNING AND OVERSIGHT, AND A TRANSITION ELEMENT THAT SERVES AS A STEP DOWN TO, OR DIVERSION FROM, INPATIENT LEVELS OF PSYCHIATRIC CARE. THE WORK TO LEARN PROGRAM IS DESIGNED TO PROVIDE EDUCATIONAL AND VOCATIONAL SERVICES TO ASSIST YOUTH TO SUCCESSFULLY TRANSITION INTO ADULTHOOD. THE PROGRAM PROVIDES TRAINING AND SERVICES IN THE FOLLOWING AREAS: EDUCATIONAL, VOCATIONAL, EMPLOYMENT, FINANCIAL LITERACY, LIFE SKILLS, PERSONAL AND COMMUNITY CONNECTIONS, PHYSICAL AND MENTAL HEALTH, AND HOUSING. THE PROGRAM PROVIDES YOUTH AGES 16-21 WITH THE SKILLS AND COACHING NECESSARY TO SUCCEED FINANCIALLY IN LIFE. THE PROGRAM CAN SUPPORT 72 INDIVIDUALS AND HELPS THEM ACQUIRE LIFE SKILLS, JOB SKILLS, AND TO MANAGE THEIR OWN SAVINGS WITH THE GOAL OF PURCHASING ASSETS. CLIENTS HAVE OPPORTUNITIES TO WORK AND VOLUNTEER IN BGV YOUTH BUSINESSES AND INTERNSHIPS WITHIN THE COMMUNITY. AS CLIENTS PROGRESS THROUGH THE PROGRAM, WE ALSO HELP THEM PREPARE FOR THE COMPETITIVE WORKFORCE. BGV PROVIDES OUTPATIENT THERAPIES FOR CHILDREN UP TO AGE OF 18 YEARS OLD THAT ADDRESS EMOTIONAL AND PSYCHOLOGICAL ISSUES SUCH AS: ANXIETY, DEPRESSION AND OTHER MOOD DISORDERS, STRESS AND ADJUSTMENT ISSUES, INTERPERSONAL RELATIONSHIPS, SCHOOL PROBLEMS OF ADJUSTMENT AND PERFORMANCE, ATTACHMENT DIFFICULTIES, AND WORKING THROUGH TRAUMA AND LOSS. OUR SERVICES INCLUDE COMPREHENSIVE ASSESSMENTS, PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, AND INDIVIDUAL, FAMILY, AND GROUP THERAPIES. EVIDENCE BASED APPROACH: BGV EMBRACES A PERSONALIZED,

Name of the organization BOYS AND GIRLS VILLAGE, INC.	Employer identification number 22-2562827
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INDIVIDUAL EVIDENCE-BASED APPROACH AND USES FRAMEWORKS SUCH AS TARGET.

WE ALSO PROVIDE FOLLOW-UP CARE FOR CHILDREN WHO HAVE PREVIOUSLY BEEN IN MORE INTENSIVE TREATMENT SETTINGS SUCH AS HOSPITAL INPATIENT, INTENSIVE OUTPATIENT OR PARTIAL-HOSPITALIZATION PROGRAMS, EXTENDED DAY PROGRAMS, GROUP HOME OR RESIDENTIAL PLACEMENT.

ASBTEP IS A COMMUNITY-BASED PROGRAM FOR JUVENILES WHO HAVE MANIFESTED INAPPROPRIATE SEXUAL BEHAVIOR RESULTING IN THEIR COURT INVOLVEMENT; WHERE TREATMENT, EDUCATION AND REHABILITATIVE SERVICES (THAT INCLUDE THE JUVENILE AND FAMILY) WILL BE PROVIDED. THE ASBTEP WILL CONDUCT AN INTAKE AND ASSESSMENT, PROVIDE SEXUALITY EDUCATION, CARE MANAGEMENT AS WELL AS COMPREHENSIVE, INDIVIDUALIZED TREATMENT. THE ASBTEP WILL OFFER TWO SERVICE LEVELS BASED ON THE INAPPROPRIATE SEXUAL BEHAVIORS EXHIBITED BY THE JUVENILE. LEVEL ONE SERVICES WILL BE FOR JUVENILES WHOSE BEHAVIORS ARE NOT PATHOLOGICAL AND/OR RESULT FROM LACK OF KNOWLEDGE AND BOUNDARIES. SERVICES IN THIS LEVEL INCLUDE SEXUALITY EDUCATION AND CASE MANAGEMENT. THE APPROXIMATE LENGTH OF SERVICE IS FROM ONE TO THREE MONTHS. LEVEL TWO SERVICES WILL BE FOR CLIENTS WHOSE BEHAVIORS ARE PATHOLOGICAL, MAY INCLUDE A VICTIM, AND/OR ARE OUTSIDE OF STANDARD ADOLESCENT BEHAVIORS. SERVICES IN THIS LEVEL INCLUDE SEXUALITY EDUCATION, CASE MANAGEMENT AND INDIVIDUALIZED TREATMENT. THE LENGTH OF THESE SERVICES IS APPROXIMATELY THREE TO TWELVE MONTHS. THE PROGRAM WILL ALSO COLLABORATE WITH FAMILIES, ENSURING THAT CASE PLANNING IS CENTERED ON FAMILY STRENGTHS, NEEDS AND RESOURCES.

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

INDIVIDUALIZED FUNCTIONAL READING, STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATHEMATICS), SOCIAL STUDIES AND VOCATIONAL PROGRAMS EMBEDDED THROUGHOUT OUR STUDENTS' DAY. OUR CLASSROOMS MAINTAIN

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

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22-2562827

A LOW STUDENT TO ADULT RATIO, GENERALLY WITH A TEACHER AND PARAPROFESSIONALS IN A CLASSROOM OF SIX TO TEN STUDENTS. CHARLES F. HAYDEN SCHOOL PROVIDES A FULL RANGE OF CLINICAL SERVICES UTILIZING SPECIALIZED APPROACHES. EACH CHILD'S TREATMENT TEAM IS COMPRISED OF A SOCIAL WORKER, TEACHER, PARA-EDUCATOR, BOARD CERTIFIED BEHAVIOR ANALYST, PSYCHIATRIST, CLINICAL COORDINATOR, AND TRANSITIONAL SPECIALIST. OUR GIRLS AND BOYS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN HANDS ON EXPERIENTIAL ACTIVITIES SUCH AS PROJECT ADVENTURE (A HIGH ROPES TEAM BUILDING COURSE), GARDENING, AND TRANSITIONAL PROGRAMMING TO INCLUDE ON AND OFF CAMPUS VOCATIONAL OPPORTUNITIES FOR CAREER TRAINING IN THE FIELDS OF CULINARY, AUTOMOTIVE, FARMING, RESTAURANT INDUSTRY, COMPUTER TECHNOLOGY, PRINTING INDUSTRY, EVENT PLANNING, HEALTH AND FITNESS INTERNSHIPS AND COMMUNITY SERVICE/SOCIAL SERVICES PLACEMENTS.

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

THERE IS APPROPRIATE AFTERCARE SERVICES AVAILABLE. THE SPECIFIC LENGTH OF STAY IS NOT FIXED AND WILL BE BASED ON A COLLABORATIVE ASSESSMENT OF SAFETY/RISK AND PROGRESS MADE TO SUCCEED IN A LESS RESTRICTIVE SETTING. THE HAMILTON PROGRAM IS AN ALTERNATIVE TO DETENTION PROGRAM FOR BOYS AGES 14-18, FUNDED BY COURT SUPPORT SERVICES DIVISION (CSSD). HAMILTON (HELPING ADOLESCENT MALES IN LEARNING THEIR OPTIONS NOW) IS A 6-BED RESIDENTIAL HOME WHERE BOYS ARE PROVIDED SHORT-TERM RESPITE, EDUCATIONAL AND TREATMENT SERVICES. DURING THE CHILD'S STAY THEY WILL RECEIVE ONGOING ASSESSMENT, FAMILY THERAPY, OFF-SITE EDUCATIONAL SERVICES AT OUR MILFORD CAMPUS SCHOOL, LIFE SKILLS TRAINING, PROSOCIAL ACTIVITIES, MENTORING AND POSITIVE COMMUNITY INVOLVEMENT. ADDITIONALLY, THE STAFF WILL WORK TO CONNECT THE CHILD AND THEIR FAMILY TO ONGOING

Name of the organization

BOYS AND GIRLS VILLAGE, INC.

Employer identification number

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SERVICES IN THEIR HOME COMMUNITY IN THE EFFORT TO SUPPORT SUSTAINED PROGRESS MADE WHILE IN THE PROGRAM. THE HAMILTON PROGRAM WILL WORK WITH LOCAL EDUCATION AGENCIES TO ENSURE THE SUCCESSFUL TRANSITION OF THE CLIENT BACK INTO THEIR NEIGHBORHOOD SCHOOL AT TIME OF DISCHARGE FROM THE PROGRAM. REGIONS HOUSE IS A 12-BED STAFF SECURE, RESIDENTIAL FACILITY FOR ADOLESCENT BOYS INVOLVED WITH THE JUDICIAL SYSTEM. THE GOAL OF THIS 4-6-MONTH PROGRAM IS TO THERAPEUTICALLY INTERVENE IN THE CYCLE OF OFFENDING AND IS DESIGNED TO ADDRESS JUVENILE DELINQUENCY RISK AND NEEDS. YOUTH APPROPRIATE FOR THE REGIONS HOUSE OFTEN HAVE A LENGTHY HISTORY OF INVOLVEMENT WITH THE JUVENILE COURT SYSTEM AND HAVE EXPERIENCED A VARIETY OF CHALLENGES INCLUDING IN THE EDUCATIONAL SETTING, DISENGAGEMENT FROM PAST TREATMENT SERVICES, INVOLVEMENT WITH ANTISOCIAL PEERS, A LACK OF PROSOCIAL AND DEVELOPMENTALLY APPROPRIATE RECREATIONAL ACTIVITIES, HAVE EXHIBITED IMPULSIVE AND/OR OPPOSITIONAL BEHAVIORS, AND OFTEN HAVE EXPERIENCED SIGNIFICANT FAMILY DISTRESS. REGIONS HOUSE SERVES YOUTH WHO ARE ON PROBATION AND REQUIRE A RESIDENTIAL LEVEL OF CARE. REGIONS, WHICH STANDS FOR RE-ENTRY, GOAL-ORIENTED, INDIVIDUALIZED, OPPORTUNITY TO NURTURE SUCCESS, SERVES YOUTH FROM ACROSS THE STATE OF CONNECTICUT AND PROVIDES A HOME-LIKE ENVIRONMENT WITH A THERAPEUTIC, TRAUMA INFORMED, CULTURALLY RESPONSIVE MILIEU. ALL YOUTH ATTEND OUR ON-SITE SCHOOL, CHARLES F. HAYDEN, FOR ASSESSMENT, RECONNECTION TO THE EDUCATIONAL SYSTEM AND CREDIT RECOVERY. SERVICES INCLUDE ASSESSMENT, TREATMENT, ATTAINMENT OF INDIVIDUALIZED GOALS, VOCATIONAL INSTRUCTION AND PARTICIPATION, ON-SITE SCHOOLING, AND STAFF-SUPPORTED REINTEGRATION BACK INTO THE COMMUNITY. THE PROGRAM EMPLOYS A RESTORATIVE PRACTICE AND A RISK REDUCTION FRAMEWORK. BEHAVIORS ARE REVIEWED DAILY, CORRECTIVE TEACHING IS UTILIZED ON AN ONGOING BASIS, AND THE PROGRAM INCLUDES A MOTIVATION SYSTEM TO PROMOTE

Name of the organization BOYS AND GIRLS VILLAGE, INC.	Employer identification number 22-2562827
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STRENGTHS AND POSITIVE BEHAVIOR. PSYCHIATRIC EVALUATION AND ONGOING PSYCHIATRIC OVERSIGHT AND MEDICATION MANAGEMENT IS INTEGRATED WITHIN A COMPREHENSIVE MULTIDISCIPLINARY TREATMENT TEAM, USING INTERVENTIONS THAT TARGET IMPROVED FUNCTIONING AND BEHAVIOR. AFTER-CARE SUPPORT IS ALSO PROVIDED FOLLOWING DISCHARGE BACK TO THEIR HOME COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PERMANENCY PLANNING SERVICES

BOYS & GIRLS VILLAGE (BGV) PERMANENCY PLANNING SERVICES IS COMPRISED OF 4 PROGRAMS, THERAPEUTIC FOSTER CARE (TFC), INTENSIVE FAMILY PRESERVATION (IFP), PARENTING SUPPORT SERVICES (PSS), AND REUNIFICATION/THERAPEUTIC FAMILY TIME (RTFT). TFC PROGRAM MATCHES QUALIFIED FOSTER PARENTS WITH CHILDREN 6 TO 17 YEARS OLD WHO ARE IN THE CUSTODY OF THE CT DCF. CHILDREN WHO BENEFIT FROM THERAPEUTIC FOSTER CARE MAY HAVE HISTORIES OF ABUSE OR NEGLECT. OTHERS ARE WORKING TO OVERCOME LEARNING, BEHAVIORAL OR EMOTIONAL PROBLEMS. ALL ARE IN NEED OF THE COMFORT, UNDERSTANDING, AND SECURITY THAT ONLY A DEDICATED AND SUPPORTIVE THERAPEUTIC FOSTER FAMILY CAN PROVIDE. IFP IS A SHORT-TERM, INTENSIVE, IN-HOME SERVICE DESIGNED TO INTERVENE QUICKLY TO: REDUCE IMMEDIATE SAFETY RISKS, CURB THE RISK OF FUTURE ABUSE AND/OR NEGLECT, AND PREVENT THE NEED FOR OUT-OF-HOME PLACEMENT. IFP IS DESIGNED TO EMPOWER AND STRENGTHEN FAMILIES, SO THEY CAN SURVIVE TRAUMATIC SITUATIONS. TO ACHIEVE THIS, IFP STAFF VISIT THE HOME A MINIMUM OF TWO TIMES (FIVE HOURS) PER WEEK FOR 12 WEEKS, OFFERING INTERVENTIONS DESIGNED TO: DEVELOP EFFECTIVE PARENTING SKILLS, INCREASE SELF-SUFFICIENCY AND COPING ABILITIES, CONNECT THE FAMILY WITH NEEDED COMMUNITY RESOURCES, AND PROVIDE SUPPORT AND GUIDANCE TO ENSURE SAFETY IN THE HOME. RTFT IS A FAMILY CENTERED PROGRAM CONSISTING OF THREE

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SERVICES THAT CAN BE USED IN COMBINATION WITH ONE ANOTHER OR INDIVIDUALLY: REUNIFICATION READINESS ASSESSMENT, REUNIFICATION SERVICES, AND THERAPEUTIC FAMILY TIME.

THE REUNIFICATION READINESS ASSESSMENT IS AN ASSESSMENT THAT ASSISTS DCF IN DETERMINING A FAMILY'S READINESS FOR REUNIFICATION WITH THEIR CHILD(REN) WHO ARE IN OUT-OF-HOME CARE. REUNIFICATION SERVICES ARE A PLANNED AND STAGED PROCESS OF SAFELY RETURNING CHILDREN IN OUT-OF-HOME CARE TO THEIR FAMILIES OF ORIGIN. THERAPEUTIC FAMILY TIME IS AN INTERVENTION BETWEEN CHILDREN AND THEIR PARENT(S) USED TO ASSIST THEM IN MAINTAINING AND/OR RE-ESTABLISHING RELATIONSHIPS THAT ARE HEALTHY FOR THE CHILD. THIS SERVICE PROVIDES DIRECT CONSULTATION, ASSESSMENT, DIRECT WORK WITH PARENT(S) ON PARENTING SKILLS, IMPROVING PARENT-CHILD INTERACTIONS AND PROMOTING ATTACHMENTS. RTFT DELIVERS A STAGED MODEL TO SUPPORT FAMILIES THROUGHOUT THE REUNIFICATION PROCESS. THE SERVICE IS DESIGNED TO ENGAGE THE FAMILY AND BUILD THEIR NETWORK OF SUPPORTS. IN ADDITION, WE ACTIVELY ENGAGE AND INVOLVE THE NON-CUSTODIAL PARENT IN THE REUNIFICATION PROCESS. DESIGNED TO PRESERVE AND RESTORE THE PARENT/CHILD ATTACHMENT, WE USE A "VISIT COACHING MODEL" THAT OCCURS IN THE LEAST RESTRICTIVE, MOST HOMELIKE SETTING POSSIBLE AND REDUCES THE CHILD'S SENSE OF ABANDONMENT AND LOSS. WE WORK HARD TO FACILITATE PERMANENCY PLANNING AND EMPHASIZE CONTINUITY OF EVERY RELATIONSHIP. OUR SERVICES CAN ALSO OFFER A STEP-DOWN OPTION IF FAMILIES REQUIRE ADDITIONAL SUPPORTS.

EXPENSES \$ 2,629,454. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,765,605.

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

THE FULL BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 TO REVIEW BEFORE FILING THE FORM.

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

ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN A STATEMENT IN WHICH THEY AGREE TO DISCLOSE ANY POSSIBLE CONFLICT OF INTERESTS TO OTHER BOARD MEMBERS AND THAT THEY WILL NOT VOTE OR USE THEIR PERSONAL INFLUENCE WHEN A POSSIBLE CONFLICT OF INTEREST EXISTS. ALL NEW BOARD MEMEBERS ARE NOTIFIED OF THE POLICY AND INDICATE THEIR AGREEMENT BY SIGNING THE POLICY STATEMENT. THE POLICY IS REVIEWED AND UPDATED ANNUALLY AS NEEDED.

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

EACH YEAR THE BOD'S EXECUTIVE COMPENSATION COMMITTEE EVALUATES THE CEO WITH A FORMAL PERFORMANCE APPRAISAL PROCESS WHICH ASSESSES PERFORMANCE AGAINST PREVIOUSLY ESTABLISHED GOALS AND OBJECTIVES. THE BOD CHAIR THEN MEETS PRIVATELY WITH THE CEO TO DISCUSS THE APPRAISAL AND THE RESULTS. THE EXECUTIVE COMPENSATION COMMITTEE THEN MEETS IN EXECUTIVE SESSION TO REVIEW MARKET DATA FURNISHED BY AN OUTSIDE COMPENSATION CONSULTANT AND THEN TO DETERMINE THE APPROPRIATE PERFORMANCE BASED SALARY INCREASE AND BONUS AWARED TO BE MADE TO THE CEO.

SIMILARLY, AN INDEPENDENT FIRM IS USED TO DETERMINE REASONABLENESS OF THE COO SALARY AND BENEFITS, WHICH IS THEN REVIEWED BY THE BOARD COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION'S MAILING ADDRESS.

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

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FINANCIAL STATEMENTS ARE AVAILABLE ON THE AGENCY'S ANNUAL REPORT. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTS THE INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANGED FROM PRIOR YEARS.

COPY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	THE VILLAGE FOUNDATION, INC.	C	600,000.	FAIR MARKET VALUE		X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

