** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	or ti	ne 2020 calendar year, or tax year beginning 001 1, 2020 and	enaing U	UN 30, 2021	
В	Check applica	if ble: C Name of organization		D Employer identific	cation number
	Add				
	Nam Char	nge Doing business as RIVER HOUSE ADULT DAY CENTE	:R	06-10667	87
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Fina retu	rn/ IZJ KIVEK KOAD EAI•		203-622-	0079
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,414,205.
	Ame	ended COS COB, CT 06807		H(a) Is this a group re	eturn
	App tion	F Name and address of principal officer: DONNA SPELLIMAN		for subordinates	? Yes X No
	pen	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Тах-е	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. See instructions
J	Webs	site: ► WWW.THERIVERHOUSE.ORG		H(c) Group exemptio	n number 🕨
K	orm	of organization: X Corporation Trust Association Other	L Year	of formation: 1977 N	1 State of legal domicile: CT
	art I				
	1	Briefly describe the organization's mission or most significant activities: TO AI	DDRESS	THE IMPACT	OF AGING
ဥ		ON FAMILIES IN OUR COMMUNITY BY PROVIDING			
L	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
ο Q	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			21
/itie	6	Total number of volunteers (estimate if necessary)			59
Activities & Governance	7 7			7a	0.
⋖	1	b Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		838,726.	984,608.
ž	9	Program service revenue (Part VIII, line 2g)		769,059.	423,777.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,174.	2,622.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,602,611.	1,411,007.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		93,340.	18,780.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,088,812.	1,022,763.
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	. ı	b Total fundraising expenses (Part IX, column (D), line 25)			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		585,112.	475,406.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,767,264.	1,516,949.
	19	Revenue less expenses. Subtract line 18 from line 12		-164,653.	-105,942.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,764,235.	3,631,720.
ASS	21	Total liabilities (Part X, line 26)		324,494.	297,921.
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		3,439,741.	3,333,799.
Pa	art I	Signature Block			
Und	ler pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	e e	DONNA SPELLMAN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	GARRETT M. HIGGINS GARRETT M. HIGGI	INS 0	4/11/22 self-employ	
Pre	parer	Firm's name ▶ PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945
Use	Only		AST		
		STAMFORD, CT 06905		Phone no. 20	3-323-2400
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Par	Statement of Program Service Accomplishments	₹
	<u> </u>	X
1	Briefly describe the organization's mission:	
	RIVER HOUSE ADULT DAY CARE ADDRESSES THE IMPACT OF AGING ON FAMILIES	
	IN OUR COMMUNITY BY PROVIDING COMPREHENSIVE, SUPPORTIVE SERVICES IN A	
	COMPASSIONATE, SAFE AND ENGAGING SETTING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 324, 726. including grants of \$18, 780.) (Revenue \$\$	<u>•</u>)
	THE 2021 FISCAL YEAR WAS A YEAR FOCUSED ON REBUILDING OUR CENSUS AS WE	
	MOVED FORWARD SUCCESSFULLY WELCOMING BACK OLD FAMILIES AND ADMITTING	
	NEW FAMILIES INTO OUR PROGRAM. WE WERE ABLE TO SUCCESSFULLY HOST AN	
	IN-PERSON FUNDRAISER, "GAME ON", AND IT WAS EXTREMELY WELL-RECEIVED BY	
	ALL WHO ATTENDED. OUR NUMBERS CONTINUED TO CLIMB UNTIL THE DELTA	
	VARIANT, FOLLOWED BY THE OMICRON VARIANT, OCCURRED. AT THAT TIME, OUR	
	CENSUS BEGAN TO DECREASE, PRIMARILY DUE TO THE FEAR THAT SO MANY OF OUR	
	FAMILIES EXHIBITED. IN SHORT, THE CHALLENGES THAT WE FACED AT THAT	
	TIME AND EVEN NOW CONTINUE TO CENTER AROUND THE UNCERTAINTY OF THE	
	PANDEMIC.	
	EVERYONE, BOTH STAFF AND CLIENTS ALIKE, CONTINUED TO FUNCTION WITH A	
41-	·	
4b	(Code:) (Expenses \$	— [']
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
4e	Total program service expenses ► 1,324,726.	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- v
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Part	IV	Checkl	ist of	Require	ed S	chedu	les	(contin	nued
						A	_		

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		.,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Confedure C Contains a response of flote to any line in this Fart V		Yes	Na
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		
	<u> </u>		000	(2020)

Form 990 (2020) GREENWICH ADULT DAY CARE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				, v
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed to the distribution of the state of the				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	issa provided to the pover?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	76	21	
·	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	l I			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40	amounts due or received from them.)	11b	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the second of the second o	100	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
_		·	_	000	

Form **990** (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAIME RUGGIERO - 203-622-0079			
	RIVER HOUSE, 125 RIVER ROAD EXT., COS COB, CT 06807			

032006 12-23-20

Form **990** (2020)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated thrush		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DONNA SPELLMAN, MS	40.00			3,7				142.070	0	4 210
EXECUTIVE DIRECTOR	0.00			Х				143,979.	0.	4,319.
(2) MARGARET DRENCKHAHN	38.00	-				ν,		106 310	0	0 500
ADMISSIONS COORDINATOR	0.00					X		106,319.	0.	8,588.
(3) NANCY H. THODE PRESIDENT	1.00	Х		х				0.	0.	0.
(4) PEGGY MARTINO	1.00	Λ		Δ				0.	0.	· ·
VICE PRESIDENT	0.00	Х		х				0.	0.	0.
(5) ROCCO NATALE	1.00	Λ		Δ				0.	0.	<u></u>
SECRETARY	1.00	Х		х				0.	0.	0.
(6) MICHAEL BASHAM	1.00	22		22				0.		
TREASURER	1.00	х		х				0.	0.	0.
(7) RICHARD DANEHOWER, MD	0.50	T-								
DIRECTOR	0.00	Х						0.	0.	0.
(8) HELEN DIXON	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(9) HILDA LORENZO-DIZON	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(10) BRUCE DIXON	0.50									
DIRECTOR, THRU APRIL 2021	0.00	Х						0.	0.	0.
(11) WILLIAM KALNA	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(12) HEATHER KEANE	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(13) MICHAEL LEACH	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(14) ALAN MACDONALD	0.50									
DIRECTOR, THRU APRIL 2021	0.00	Х						0.	0.	0.
(15) JEFFERY MCCARTHY	0.50									
DIRECTOR		Х						0.	0.	0.
(16) JOANN MCCARTHY	0.50								_	_
DIRECTOR	0.00	X					_	0.	0.	0.
(17) DAVID MOORE	0.50	. ,							•	_
DIRECTOR 032007 12-23-20	0.00	X					<u> </u>	0.	0.	0 • Form 990 (2020)

032007 12-23-20 Form **990** (2020)

(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) From From relate										ed of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom th ganizat d relat anizati	e ion ed
(18) JANICE RICHARDS DIRECTOR	0.50	Х						0.	0.			0.
(19) KAREN ROYCE	0.50											
DIRECTOR	0.00	Х				<u> </u>		0.	0.			0.
(20) KYLE SILVER DIRECTOR	0.50	х						0.	0.			0.
(21) MICHAEL LEACH	0.50					\vdash		0.	0.			<u> </u>
DIRECTOR	0.00	х						0.	0.			0.
(22) ALLISON WOLOWITZ	0.50											
DIRECTOR	0.00	Х				<u> </u>		0.	0.			0.
							Ļ	250,298.	0.	1	2,9	07
1b Subtotal								250,298.	0.		4,5	0.
d Total (add lines 1b and 1c)								250,298.	0.	1	2,9	
2 Total number of individuals (including but n						e) wh	o re		000 of reportable			
compensation from the organization											1	2
											Yes	No
3 Did the organization list any former officer,												Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a	accrue compen	ısati	on fr	om a	any	unre	elate	ed organization or individual	lual for services			
rendered to the organization? If "Yes," com										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ition fr	om	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig wi	ith c	or wi	thir	the organization's tax y	ear.		C)	
Name and business	address	NC	ONE	3				Description of s	ervices (nsatio	n
2 Total number of independent contractors (ii	•	ot lin	nited	to t	thos (_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zaliUii 📂									Form	990 (2020)

			Check if Schedule O cor	ntains a	a response	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
υs	1	a	Federated campaigns		1a	45,400.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
2 5			Fundraising events		1c	29,530.				
fts,			Related organizations			100,000.				
ig ig					1e	278,274.				
ons,			Government grants (contribu			270,274.				
utio		T	All other contributions, gifts, gra			531,404.				
들 된			similar amounts not included ab			331,404.				
ont		_	Noncash contributions included in line		1g \$		004 600			
<u>0</u> <u>e</u>		h	Total. Add lines 1a-1f				984,608.			
			CT TTITE TTTC			Business Code	402 555	400 000		
Se	2	а	CLIENT FEES			623000	423,777.	423,777.		
ë Xi		b								
S		С								
ar.		d								
Program Service Revenue		е								
ď		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f			>	423,777.			
	3		Investment income (including	g divid	ends, intere	st, and				
			other similar amounts)							
	4		Income from investment of to							
	5		Royalties			-				
			,	T	(i) Real	(ii) Personal				
	6	а	Gross rents 6	a 📉						
			Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)	<u> </u>						
			Gross amount from sales of	(i) :	Securities	(ii) Other				
	•	а		a		()				
		L	· -	<u>a </u>						
o l			Less: cost or other basis							
Ž			and sales expenses							
eve		С	Gain or (loss)	<u>c </u>						
ther Revenue			Net gain or (loss)							
the the	8		Gross income from fundraising							
0			including \$ 29,							
			contributions reported on lin	,		F 000				
			Part IV, line 18							
			Less: direct expenses			3,198.	0 600			0 600
			Net income or (loss) from fur			>	2,622.			2,622.
	9		Gross income from gaming a		I .					
			Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from ga	ming a	ctivities	<u></u>				
	10	а	Gross sales of inventory, less	s returi	าร					
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sal			>				
						Business Code				
sno	11	а								
Miscellaneous Revenue		b								
ella		С								
SC Be			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				1,411,007.	423,777.	0.	2,622.

Form 990 (2020) GREENWICH ADULT DAY CARE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	4).
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7b, 8b, 9b, and and domes and domes and domes are individual and against an organizat individual and against an organizat individual and against a persons (a persons de persons	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
and domes 2 Grants ar individual 3 Grants ar organizat individual 4 Benefits p 5 Compens trustees, 6 Compensa persons de persons	lude amounts reported on lines 6b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants ar individual Grants ar organizat individual Benefits p Compensa persons (a persons de perso	s and other assistance to domestic organizations				
individual Grants ar organizat individual Benefits p Compensa persons (a persons de Cother sale Pension pl section 40 Cother em Cother em Legal Accountin Lobbying Profession Investmen Cother. (If column (A Advertisir Column (A Royalties Roy	omestic governments. See Part IV, line 21				
Grants ar organizat individual A Benefits por Section 40 Persons de Pension plasection 40 Payroll ta 11 Fees for se a Managem b Legal Carrello Profession for Investmen gother. (If column (A Advertisin Golumn (A	s and other assistance to domestic				
organization individual 4 Benefits procession for trustees, for compensation for the section 40 for the sec	duals. See Part IV, line 22	18,780.	18,780.		
individual Benefits p Compens trustees, Compensa persons (a persons de Pension pl section 40 Payroll ta Fees for s Accountin Lobbying Profession Investmen Other. (If column (A Advertisir Column (A Advertisir Advertisir Advertisir Payments For any fe Conferent Confer	s and other assistance to foreign				
4 Benefits processory trustees, Compensative persons (a persons de la pe	nizations, foreign governments, and foreign				
trustees, Compensa persons (a persons (a persons de Tother sala Pension pl section 40 Payroll ta Tees for sa Managem Legal Accountin Lobbying Profession Investmen Other. (If column (A Advertisir Advertisir Royalties Cocupant Travel Rayments for any fe Conferent Interest Payments Conferent Insurance Conferent Confer	duals. See Part IV, lines 15 and 16				
trustees, Compensa persons (a person (fits paid to or for members				
6 Compensa persons (a persons de persons de Pension plasection 40 9 Other em 10 Payroll ta 11 Fees for sa Managem b Legal	pensation of current officers, directors,				
persons (a persons de persons de persons de 7 Other sal: 8 Pension plus section 40 9 Other em 10 Payroll ta 111 Fees for sa Managem b Legal	es, and key employees	142,805.	129,318.	5,284.	8,203
persons de 7 Other sala 8 Pension pl section 40 9 Other em 10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A Advertisin Office exp Information Royalties Occupant Travel Payments for any fe 19 Conferent 20 Interest Payments 21 Payments 22 Depreciat Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d All other expe	ensation not included above to disqualified				
7 Other sala 8 Pension pl section 40 9 Other em 10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupan 17 Travel 18 Payments for any fe 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expe	ns (as defined under section 4958(f)(1)) and				
8 Pension placetion 40 9 Other em 10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expeadove (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d d All other expendences	ns described in section 4958(c)(3)(B)				
section 40 9 Other em 10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisir 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Liss line 24e an amount, liss line 24e an amount, liss line 27e an 3 FOOD c PROGR d e All other expendance 24	salaries and wages	691,925.	626,577.	25,602.	39,746
9 Other em 10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Informatic 15 Royalties 16 Occupand 17 Travel 18 Payments for any fe 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Liss line 24e an amount, liss a REPAI b FOOD c PROGR d e All other expendance	on plan accruals and contributions (include				
a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A Advertisir 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expe	n 401(k) and 403(b) employer contributions)	22,691. 87,936.	20,548.	840.	1,303 5,051
10 Payroll ta 11 Fees for s a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other explaine 24e an amount, lis a REPAI b FOOD c PROGR d e All other explains	employee benefits		79,631.	3,254.	5,051
a Managem b Legal c Accountin d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupan 17 Travel 18 Payments for any fe 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other exp above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other exp	oll taxes	77,406.	70,096.	2,864.	4,446
b Legal c Accounting d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertising 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendabove (Lissing 24e and amount, listing 24 EPAI b FOOD c PROGR d e All other expendation	for services (nonemployees):				
c Accounting d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertising 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendation 24 Other expendation 25 Insurance 26 Other expendation 26 REPAI 27 FOOD 28 REPAI 39 ROGR 40 All other expendation 29 All other expendation 20 PROGR 40 All other expendation 20 PROGR	gement				
c Accounting d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertising 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendation 24 Other expendation 25 Insurance 26 Other expendation 26 REPAI 27 FOOD 28 REPAI 39 ROGR 40 All other expendation 29 All other expendation 20 PROGR 40 All other expendation 20 PROGR					
d Lobbying e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Informatic 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expeadove (Liss line 24e an amount, liss a REPAI b FOOD c PROGR d e All other expeadove	unting	25,923.		25,923.	
e Profession f Investmen g Other. (If column (A 12 Advertisin 13 Office exp 14 Informatic 15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expe	ying				
9 Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 17 Travel 18 Payments for any fer 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lisine 24e an amount, lis a REPAI 5 FOOD c PROGR d 4 All other expenses 19 PROGR d 4 All other expenses 19 PROGR d 12 PROGR d 12 PROGR d 15 PROGR d 15 PROGR d 16 PROGR d 16 PROGR d 16 PROGR d 17 PROG	ssional fundraising services. See Part IV, line 17				
9 Other. (If column (A 12 Advertisin 13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 17 Travel 18 Payments for any fer 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lisine 24e an amount, lis a REPAI 5 FOOD c PROGR d 4 All other expenses 19 PROGR d 4 All other expenses 19 PROGR d 12 PROGR d 12 PROGR d 15 PROGR d 15 PROGR d 16 PROGR d 16 PROGR d 16 PROGR d 17 PROG	tment management fees				
12 Advertisir 13 Office exp 14 Informatic 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other exp	c. (If line 11g amount exceeds 10% of line 25,				
12 Advertisir 13 Office exp 14 Informatic 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferen 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other exp	n (A) amount, list line 11g expenses on Sch O.)	4,249.	3,948.	119.	182
13 Office exp 14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendation 24 EEPAI 25 FOOD 26 ROGR 26 All other expendation 27 PROGR 28 All other expendation 29 PROGR 20 All other expendation 20 PROGR 21 PROGR 22 All other expendation 23 PROGR 24 All other expendation 24 All other expendation 25 PROGR 26 All other expendation 26 PROGR 27 PROGR 28 PROGR 29 PROGR 20 PROGR 20 PROGR 20 PROGR 20 PROGR 21 PROGR 21 PROGR 22 PROGR 23 PROGR 24 PROGR 25 PROGR 26 PROGR 26 PROGR 26 PROGR 26 PROGR 27 PROGR 27 PROGR 28 PROGR 29 PROGR 20 PROGR 20 PROGR 20 PROGR 20 PROGR 21 PROGR 22 PROGR 21	rtising and promotion	24,927.		23,727.	1,200
14 Information 15 Royalties 16 Occupant 17 Travel 18 Payments 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendence (Listeline 24e an amount, listeline 24e an amount,	expenses	33,884.	19,719.	12,924.	1,241
15 Royalties 16 Occupant 17 Travel 18 Payments for any fe 19 Conferent 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expect above (Lisiline 24e an amount, list a REPAI b FOOD c PROGR d e All other expect	nation technology	26,057.	23,611.	961.	1,485
16 Occupand 17 Travel 18 Payments for any fe 19 Conference 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expect above (Lisiline 24e an amount, list a REPAI b FOOD c PROGR d e All other expect	lties				
17 Travel 18 Payments for any fe Conferen. 20 Interest Payments Depreciat Insurance 24 Other expeatove (Lisine 24e an amount, list FOOD C PROGR d	pancy	65,271.	58,933.	2,855.	3,483
18 Payments for any fe 19 Conference 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendation (Listline 24e an amount, list a REPAI b FOOD c PROGR d e All other expendations		21,476.	21,476.		
for any fe 19 Conference 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expendation (Listline 24e an amount, list a REPAI b FOOD c PROGR d e All other expendation (Listline 24e)	nents of travel or entertainment expenses	-	-		
19 Conference 20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expension of the e	y federal, state, or local public officials				
20 Interest 21 Payments 22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expe	erences, conventions, and meetings	2,920.	2,920.		
21 Payments 22 Depreciat 23 Insurance 24 Other expee above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expenses		-	,		
22 Depreciat 23 Insurance 24 Other expe above (Lis line 24e an amount, lis a REPAI b FOOD c PROGR d e All other expensions	ents to affiliates				
23 Insurance 24 Other expensions a REPAI b FOOD c PROGR d All other expensions a REPAI c All other expensions a REPAI c PROGR	eciation, depletion, and amortization	137,200.	123,480.	6,860.	6,860
24 Other expensions a REPAI b FOOD PROGR d All other expensions and the second		11,032.	9,995.	408.	629
above (Lis line 24e an amount, lis FOOD PROGR d e All other e	expenses. Itemize expenses not covered	-,	- ,		
a REPAI b FOOD c PROGR d	(List miscellaneous expenses on line 24e. If the amount exceeds 10% of line 25, column (A) nt, list line 24e expenses on Schedule 0.)				
b FOOD c PROGR d e All other 6	PAIRS AND MAINTENANCE	67,466.	60,693.	3,391.	3,382
c PROGR d e All other e		47,246.	47,246.	-,	-,
de All other e	OGRAM SUPPLIES	7,755.	7,755.		
e All other		,,	.,		
	her expenses				
25 Total funct	functional expenses. Add lines 1 through 24e	1,516,949.	1,324,726.	115,012.	77,211
	costs. Complete this line only if the organization	-, J-J, J-J,	-,	110,0120	,,,211
	ed in column (B) joint costs from a combined				
•	tional campaign and fundraising solicitation.				
Check here					

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

<u>Part</u>	X	Balance Sheet					
		Check if Schedule O contains a response or note to a	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	382,782.	1	265,420		
	2	Savings and temporary cash investments	290.	2	71		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			42,144.	4	98,612
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	al cont	ributor, or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified p	oerson				
		under section 4958(f)(1)), and persons described in se	ection	4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			14,727.	9	21,579
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10	а	5,201,198.			
	b	Less: accumulated depreciation10	b	2,014,106.	3,324,292.	10c	3,187,092
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line 11				12	
1	13	Investments - program-related. See Part IV, line 11				13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11			0.	15	58,946
1	16	Total assets. Add lines 1 through 15 (must equal line			3,764,235.	16	3,631,720
1	17	Accounts payable and accrued expenses			47,149.	17	51,899
1	18	Grants payable		18			
1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part I			58,946.	21	58,946
တ္မ 2	22	Loans and other payables to any current or former of					
┋		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe				22	
- 2	23	Secured mortgages and notes payable to unrelated t	•			23	
2	24	Unsecured notes and loans payable to unrelated third				24	
2	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Co	omplete Part X	010 200		100.006
		of Schedule D			218,399.		187,076
 2	26	Total liabilities. Add lines 17 through 25			324,494.	26	297,921
ا ي		Organizations that follow FASB ASC 958, check h	ere	► <u>X</u>			
<u>ا</u> ۋ	_	and complete lines 27, 28, 32, and 33.			2 274 105		2 110 167
<u>a</u> 2	27	Net assets without donor restrictions			3,274,185.	27	3,118,167
2 2	28	Net assets with donor restrictions			165,556.	28	215,632
<u> </u>		Organizations that do not follow FASB ASC 958, c	check	here 🕨 📖			
-		and complete lines 29 through 33.					
) <u>1</u> 2	29	Capital stock or trust principal, or current funds				29	
SSe 3	30	Paid-in or capital surplus, or land, building, or equipm				30	
ا ب	31	Retained earnings, endowment, accumulated income			2 /20 7/1	31	2 222 700
_	32	Total net assets or fund balances			3,439,741.	32	3,333,799
	33	Total liabilities and net assets/fund balances			3,764,235.	33	3,631,720 Form 990 (202

Form **990** (2020)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				49.
3	Revenue less expenses. Subtract line 2 from line 1	3				42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,4	<u> 439</u>	7,7	41.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
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	3,3	333	3,79	99.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> :	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u> :	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?		<u>L</u> i	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990 ((2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GREENWICH ADULT DAY CARE, INC. Employer identification number 06-1066787

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.		
Γhe	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative		•			i).		
4	Ħ	A medical research organization						the hospital's name	
•		city, and state:	anon operated in co.	, a o a o a a a a a a a a a a a a a a	4000,11004	55546		and modernal o maine,	
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe	ad in	
5	ш			lege of diliversity owner	or operati	ed by a go	verninental unit describe	5 u III	
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70/I- \/ 4\/ A\/	. A		
6		A federal, state, or local gov	ū				• •	1.0 1 9 1	
′	X	An organization that norma	•	ntial part of its support fi	om a gove	ernmentai i	unit or from the general p	public described in	
_		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe			•				
9		An agricultural research org				-	-	•	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or	
		university:							
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section (509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	ported	
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization					• •		
d		Type III non-functionally						zation(s)	
		that is not functionally int					· · · · · · · · · · · · · · · · · · ·		
		requirement (see instructi	-		-				
е		Check this box if the orga	·						
		functionally integrated, or							
f	Ente	er the number of supported o	* *	, , , , , , , , , , , , , , , , , , , ,					
g		vide the following information		d organization(s).				_	
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
					<u> </u>				
		<u> </u>							
[ota		·							

08070420 756359 1441460.000

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.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	530,829.	723,137.	732,646.	838,726.	984,608.	3809946.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	500 000	E00 40E	E20 646	000 506	004 600	2000016
	Total. Add lines 1 through 3	530,829.	723,137.	732,646.	838,726.	984,608.	3809946.
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,						700 000
	column (f)						798,892. 3011054.
	Public support. Subtract line 5 from line 4.						3011054.
	• • • • • • • • • • • • • • • • • • • •	/=\ 001C	/h) 0017	/-\ 0010	(4) 0010	(=) 0000	(f) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2016 530, 829.	(b) 2017 723,137.	(c) 2018 732,646.	(d) 2019 838,726.	(e) 2020 984,608.	(f) Total 3809946.
	***************************************	330,023.	723,137.	732,040.	030,720.	J04,000.	3007740.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	783.	682.				1,465.
0	and income from similar sources Net income from unrelated business	703•	002.				1,403.
9	activities, whether or not the						
	business is regularly carried on					2,622.	2,622.
10	Other income. Do not include gain					2,0220	2,0220
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3814033.
12	Gross receipts from related activities,	etc. (see instructio	nns)			12 4	,136,019.
	First 5 years. If the Form 990 is for th	•	,				, ,
	organization, check this box and stor			•			
Sec	tion C. Computation of Publi						,
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	78.95 %
15	- · · · · · · · · · · · · · · · · · · ·					15	82.52 %
16a	33 1/3% support test - 2020. If the o					ore, check this box	c and
	stop here. The organization qualifies as a publicly supported organization ▶ X						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∐
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
(Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is							
12	regularly carried on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,	
	check this box and stop here							
Se	ction C. Computation of Publi	c Support Per	rcentage	·				
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%	
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%	
Se	ction D. Computation of Inves							
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
	Investment income percentage from					18	%	
						33 1/3%, and line 1	7 is not	
	19a 33 1/3% support tests - 2020. 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							
k	33 1/3% support tests - 2019. If the							
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization		
20	Private foundation If the organization							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Oh-		
3b		
3с		
4a		
4b		
4c		
5a		
		
5b 5c		
30		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		

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

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	subtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

GI	REENWICH ADULT DAY CARE, INC.	06-1066787					
Organization type (check of	one):						
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c) General Rule)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
Note: Only a section 501(c)	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's						
	y one contributor. Complete Farta Farta II. God instructions for determining a contributor of	, total contributions.					
Special Rules							
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from					
contributor, during literary, or educati	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.						
year, contributions is checked, enter purpose. Don't co	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						
· ·	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo						

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

GREENWICH ADULT DAY CARE, INC.

06-1066787

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		\$ <u>218,399</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$88,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREENWICH ADULT DAY CARE, INC.

06-1066787

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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREENWICH ADULT DAY CARE, INC.

06-1066787

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** GREENWICH ADULT DAY CARE, INC. 06-1066787 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GREENWICH ADULT DAY CARE, INC.

Employer identification number 06-1066787

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

032051 12-01-20

Schedule D (Form 990) 2020

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a Labit certainty apply: a Public exhibition	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Ot	her S	imilar Asse	ts _{(conti}	inued)		
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e signi	ficant use of it	s	ĺ		
b Scholarly research e Other Preservation for future generations 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 air, historical treasures, or other similar assets to be sed to raise funds a that that the 10 be martiared as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: ■ Beginning balance ■ Beginning balance ■ Intermediary that I the Intermediary to reserve or custodial account liability? ■ It Regularization include an amount on Form 980, Part X, line 21, for escrew or custodial account liability? ■ It Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. ■ Beginning of year balance ■ Intermediary that I the Intermediary to the explanation has been provided on Part XIII. ■ Beginning of year balance ■ Intermediary that Y, line 10. ■ Beginning of year balance ■ Intermediary that Y is the explanation has been provided on Part XIII. ■ Beginning of year balance ■ Intermediary that Y is the explanation has been provided on Part XIII. ■ Beginning of year balance ■ Intermediary that Y is the explanation has been provided on Part XIII. ■ Beginning of year balance ■ Intermediary that Y is the explanation of Part XIII. ■ Beginning of year balance ■ Intermediary that Y is the explanation of Y is the explanation of Y is the year of Y is the Yes Y is Y is the Yes Y is the Yes Y is Y is Y is Y is Y i		collection items (check all that apply):									
c	а	a Public exhibition d Loan or exchange program									
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 asserts to be sold to raise funds a rather than to be maintained as part of the organization answered "Yes" on Form 900, Part IV, line 9, or received an amount on Form 900, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funder after than to be maintained as part of the organization's collection? Part IV Escrow and Gustodial 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. I I I I I I I I I I	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's e	exempt	purpose in Pa	rt XIII.			
Secrow 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?	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	nilar ass	sets			_	
Teleported an amount on Form 990, Part X, line 21. Yes X No	_									No	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No If Yes, explain the arrangement in Part XIII and complete the following table: Amount 1c	Pai			ete if the organizatio	n answered "Yes"	on Fo	rm 990, Part I\	/, line 9, o	r		
on Form 990, Part X? Ves X No		· · · · · · · · · · · · · · · · · · ·									
b f Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	1a			•			_		77	٦	
C Beginning balance C Beginning balance C Beginning the year Beginning the year Beginning the year C Beginning the year Beginning th							L	Yes	X	. No	
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					_		
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? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete the organization answered "Yes" on Form 990, Part X, line 10.							 	Amour	<u>nt</u>		
Example Distributions during the year Fe Inding balance 1											
1											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼ Yes No 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 1, 788, 185, 958, 331. 1, 000, 698. 1, 788, 366, 1, 146, 932. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back 1, 789, 185, 958, 331. 1, 000, 698. 1, 788, 366, 1, 146, 932. (d) Three years back 1, 146, 932. b Contributions 225, 000. 1, 1, 141. 25, 000. 25, 000. 3, 1, 141. 25, 000. 3, 1, 141. 3, 25, 000. 3, 1, 141. 3, 1,	_										
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. Call Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Contributions (b) Prior years (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years						ability o		Y Vac		¬ No	
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) Tree years back (e) Four years (e) Four years back (e) Four years back (e) Four years (e) Four years back (e) Four years back (e) Four years		-				-			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 778, 185. 958, 331. 1,000, 698. 1,078, 386. 1,146, 932. b Contributions 25,000. 1,141. 25,000. 1 c Net investment earnings, gains, and losses 133,313. -4,888. 30,473. 60,529. 52,910. d Grants or scholarships 100,000. 175,258. 68,320. 154,086. 111,964. f Administrative expenses 836,498. 778,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.1100 % 10000 % 1,000,698. 1,078,386. 3a Are there endowment ▶ 29.8300 9 10000 % 100000 % 10000 % 10000 % 10000 % 10000 % 10000 % 10000 % 10000 % 10000 % 10000 % 100000 % 100000 % 100000 %									. 22		
1a Beginning of year balance 778,185. 958,331. 1,000,698. 1,078,386. 1,146,932. b Contributions 25,000. 1,141. 25,000. 52,910. c Net investment earnings, gains, and losses 133,313. -4,888. 30,473. 60,529. 52,910. d Grants or scholarships 100,000. 175,258. 68,320. 154,086. 111,964. e Other expenditures for facilities and programs 100,000. 175,258. 68,320. 154,086. 111,964. f Administrative expenses 9,661. 9,131. 9,492. 9,492. 9,131. 9,492. g End of year balance 836,498. 778,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 100,000. 1,078,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 100,000. 100,000. 100,000. 100,000. 100,000. 100,000. 100,000.		2 2 Complete					Three years had	k (a) For	ır vears	hack	
b Contributions	1a	Reginning of year balance									
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 100,000. 175,258. 68,320. 154,086. 111,964. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.1100 % b Permanent endowment ▶ 29.8900 % 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 (iii) Related organizations 5 If "Yes" on line 3a(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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) basis (investment) basis (other) 1a Land b Buildings 4 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment c Other Cotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c. ▶ 3,187,092.	_		,	, , , , , , , ,					, ,	•	
d Grants or scholarships e Other expenditures for facilities and programs 100,000. 175,258. 68,320. 154,086. 111,964. f Administrative expenses			,	-4.888.	,	_			52.	910.	
e Other expenditures for facilities and programs 100,000. 175,258. 68,320. 154,086. 1111,964. f Administrative expenses g End of year balance 8 836,498. 778,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 29.8900			, -	, -	,		,				
and programs											
f Administrative expenses g End of year balance 836,498. 778,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.1100 % b Permanent endowment ▶ 29.8900 % 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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 Buildings 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment 4444,842. 420,650. 241,192. ETOtal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B). line 10c. ▶ 3,187,092.	·		100,000.	175,258.	68,32	0.	154,086	5.	111,	964.	
g End of year balance 836,498. 778,185. 958,331. 1,000,698. 1,078,386. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ 70.1100 % b Permanent endowment ▶ 29.8900 % Term endowment ▶ .0000 % 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 (iii) Related organizations (iv) Permanent endowment funds as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 4 Land 5 Buildings 6 Equipment 6 Equipment 6 Equipment 70.1100 70.110	f	. •	,	,	· · · · · ·						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.1100 % b Permanent endowment ▶ 29.8900 % 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 (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. 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 Buildings c Leasehold improvements d Equipment 4444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,187,092.	q		836,498.	778,185.	·	-					
a Board designated or quasi-endowment ▶ 70.1100 % b Permanent endowment ▶ 29.8900 % 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 3a(i) X 3a(ii) X b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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) basis (other) (c) Accumulated depreciation 1a Land (b) Buildings 44,756,356. 1,593,456. 3,162,900. c Leasehold improvements 4444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			ent year end balance	e (line 1g, column (a)) held as:	•		•			
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Succession Suc		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization (iii) Related organization (iii) Related organization (ivi) X (ivi) X (ivi) Related organization (ivi) X (ivi) X (ivi) Related organization (ivi) X (ivi) X (ivi) X (ivi) A (ivi) Related organization (ivi) A (ivi) Book value (ivi) Book value (ivi) Book value (ivi) Book value (ivi) Accumulated depreciation (ivi) Book value (ivi) Book value (ivi) Accumulated depreciation (ivi) Accumulated	За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered fo	or the o	rganization				
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3b X 4 A Table Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3b X 4 A Table Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		(i) Unrelated organizations						3a(i)		X	
A Describe in Part XIII the intended uses of the organization's endowment funds. 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 1a Land b Buildings 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment 444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,187,092.		(ii) Related organizations						3a(ii)			
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 (other) (c) Accumulated depreciation 1a Land 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements 444,842. 420,650. 24,192. d Equipment 444,842. 420,650. 3,187,092. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,187,092.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	X		
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 (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land 4 , 756 , 356 • 1 , 593 , 456 • 3 , 162 , 900 • 24 , 192 • 25				wment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Pai										
basis (investment) basis (other) depreciation 1a Land b Buildings 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements d Equipment 444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,187,092.		-									
1a Land 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements 444,842. 420,650. 24,192. d Equipment 444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) > 3,187,092.		Description of property	1 ' '	, ,	,	•		(d) Boo	ok valu	е	
b Buildings 4,756,356. 1,593,456. 3,162,900. c Leasehold improvements 444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) > 3,187,092.			<u> </u>	nent) basis	(otner)	aepre	ciation				
c Leasehold improvements 444,842. 420,650. 24,192. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,187,092.	_			A 75	6 256 1	EO	2 1F6	2 1 6	2 0	00	
d Equipment				4,/5	0,330.	L,59	3,430.	ა,⊥ნ	۷,9	00.	
e Other	_			A A	1 912	10	0 650	า	/ 1	<u>a 2</u>	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				44	4,044.	4 4	0,050.		4,1	<u> </u>	
					I			3 1 Ω	7 0	92	
	rota	. Add lilles Ta trirough Te. (Column (d) must e	qual Form 990, Part .	x, column (B), line 10	JC.)						

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (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 000 Part IV line	11c Soc Form 900 Bart V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
	(b) Book value	(e) morrou er variadren: eest	or one or your 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"		e 11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		•
Part X Other Liabilities.	: 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X I	ine 25
(a) Description of liability	on 1 on 1 ooo, 1 are 14, iin	7 110 01 111. Geo 1 01111 000, 1 are 22, 1	(b) Book value
**			(B) Dook value
DATES TO SECURE OF THE PROPERTY OF THE PROPERT	M T.OAN		187,076
	MI LOAN		107,070
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			1
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶ 187,076

032053 12-01-20

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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	1,427,617.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	135,390.		
е	Add lines 2a through 2d			2e	135,390.
3	Subtract line 2e from line 1			3	1,292,227.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	118,780.		
С	Add lines 4a and 4b			4c	118,780.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· <u>··</u> ·····	5	1,411,007.
Par	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,500,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	2,077.		
е	Add lines 2a through 2d			2e	2,077. 1,498,169.
3	Subtract line 2e from line 1			3	1,498,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	18,780.		
С	Add lines 4a and 4b			4c	18,780. 1,516,949.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,516,949.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inforn	nation.		
D 3 D	m T17				
PAR	T IV, LINE 2B:				
miir	ODGANIZATION HOLDS SEGUDITAL DEDOSTAS EDOS	<i>r</i> mii	TENTODO TN	7 T T	EGGDOW
THE	ORGANIZATION HOLDS SECURITY DEPOSITS FROM	I THE S	SENTORS IN	AN I	ESCROW
700	OTING MITERE DEDOCTOR ARE REMITABLE DO MITE	י האדד הם נ		TTP	A T 7 T T T T T T T T T T T T T T T T T
ACC	COUNT. THESE DEPOSITS ARE RETURNED TO THE S	DENTORS	MUEN THEY	1162	AVE THE
CEN.	TER.				
CEN	ILEK.				
DNE	m v time 1.				
PAR	T V, LINE 4:				
CAL	C'S ENDOWMENT FUND IS HELD BY GREENWICH AI	זר ייי. דוזר	ע ראסב חסוו	פי ו	ייים אייי
GAL	C S ENDOWMENT FUND IS HELD BY GREENWICH AN	אם דייוטנ	Y CARE TRU	9T 1	FUND (THE
" TOT	ייסוג איים שמשפע איי משני שני א ייסוגו	א א רוז	IMATNO DONO	ום ם	
<u> </u>	ND"), A RELATED TAX-EXEMPT ENTITY. THE FU	ND MAIL	NIAINS DONO	K-KI	FOIKICIED
7 NT	DONDD-DECTONAMED FINDS WUOSE DIDDOSE TO	ז מם חיי	TDE IONC_M	гом	CIIDDODM
ANL	BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS T	LO PROV	TOMG-J.	rkm	BUFFUKT
EOE	DDOCDAMS OF CARS THOUGHT FUNDING FOR MI	באד.פ ל	T.TENT PPPC		
r Or	PROGRAMS OF GADC INCLUDING FUNDING FOR MI	ALD, (TITEMI LEES	<i></i>	
gar.	OLADCUTDC AND CDEAMINE ADM				
DCI.	OLARSHIPS, AND CREATIVE ART.				

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT GADC HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO

LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAX JURISDICTIONS FOR

PERIODS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INVESTMENTS OF RELATED ORG	133,313.
RECLASS OF SPECIAL EVENT EXPENSE, PART VIII, LINE 8B	2,077.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	135,390.
TOTAL TO SCHEDULE D, PART AI, LINE 2D	133,390.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION	FROM	KELATED	ORG.	ELIMINTATED	ON	CONS.

FINANCIAL STATEMENTS	100,000.
INDIVIDUAL ASSISTANCE NET WITH SPECIAL EVENT INCOME ON	
FINANCIAL STATEMENTS	18,780.

PART	XTT.	LINE	2D	_	OTHER	ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XI, LINE 4B

RECLASS	OΨ	SPECTAL	EVENT	EXPENSES	REPORTED	OM	FORM	990
KECHVDD	OT.	DIECTUD	TO A TOTAL T		KEI OKIED	OTA	T. OIGH	, , ,

PART VIII, LINE	8B	2,077.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIVIDUAL ASSISTANCE NET WITH SPECIAL EVENT INCOME ON

FINANCIAL STATEMENTS	18,780.
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Schedule D (Form 990) 2020

118,780.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
GREENWI	CH ADULT DAY CARE,	INC	С.			06-1066	787
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with policiduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ited in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	I						
List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	gistration
-							

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GAME ON col. (c)) (event type) (event type) (total number) 35,350. 35,350. 1 Gross receipts 29,530. 2 Less: Contributions 29,530. 5,820. 5,820. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 3,198. 3,198 Other direct expenses 3,198 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 GREENWICH ADULT DAY CARE, INC. 06-	<u> 1066787</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) Part IV Supplemental In	GREENWICH	ADULT DAY	CARE,	INC.	06-1066787	Page 4
Part IV Supplemental In	formation (continued	")				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

GREENWICH	ADULT DA	Y CARE, INC	•				06-1066787
Part I General Information on Grants a	nd Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	n
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domesti	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	onal space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government ord	ganizations listed in th	e line 1 table	1	1	1	•
3 Enter total number of other organization	-						

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JBSIDIZED ADULT CARE	9	18,780.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SADC PROVIDES FINANCIAL ASSISTANC	E TO SENIC	RS THAT C	ANNOT AFFOR	D THE COST	
OF DAY CARE. THE SUBSIDY IS APPLI					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREENWICH ADULT DAY CARE, INC.

Employer identification number 06-1066787

Schedule O (Form 990 or 990-EZ) 2020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES IN A COMPASSIONATE, SAFE AND ENGAGING SETTING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SORT OF "PANDEMIC CLOUD" HANGING OVER THEIR HEADS. CAREGIVERS SEND
THEIR LOVED ONES TO RIVER HOUSE WITH AN UNAVOIDABLE LEVEL OF ANXIETY.
WHILE EVERYONE WOULD AGREE THAT THE BENEFITS OF COMING TOGETHER AND
RECEIVING THE COMPREHENSIVE CARE PROVIDED AT OUR ONSITE PROGRAM FAR
OUTWEIGH THE RISKS ASSOCIATED WITH THE PANDEMIC, THE ANXIETY REMAINS
PALPABLE. FAMILIES AND STAFF OFTEN COMMENT THAT THEY PANIC WHEN AT
HOME, DUE TO THE NEWS, PARTICULARLY THE CONSTANT COVID-RELATED UPDATES
AND COMMERCIALS. BUT THEN WHEN THEY'RE AT RIVER HOUSE, EVERYTHING FEELS
"NORMAL" AND SAFE. DAILY SCREENING, MASK-WEARING, ONSITE TESTING, AND
SOCIAL DISTANCING HAS BECOME OUR NORM. WHILE WE REMAIN DETERMINED TO
MARCH FORWARD, STAY OPEN AND SERVE OUR COMMUNITY, THE THREAT OF FUTURE
VARIANTS LOOMS OVER US. ALTHOUGH WE CONTINUE TO FOLLOW THE CDC GUIDANCE
BY THE BOOK, WE CONTINUE TO FEAR SYSTEMIC OUTBREAKS.
FORM 990, PART VI, SECTION A, LINE 2:
THE FOLLOWING DIRECTORS HAVE A FAMILY RELATIONSHIP:
JEFFREY MCCARTHY AND JOANN MCCARTHY
BRUCE DIXON AND HELEN DIXON
FORM 990, PART VI, SECTION B, LINE 11B:
GADC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS

032211 11-20-20

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

Name of the organization GREENWICH ADULT DAY CARE, INC.

Employer identification number 06-1066787

ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION

REPORTED IS COMPLETE AND ACCURATE. ONCE THE FORM 990 IS PREPARED IT IS

PROVIDED TO THE BOARD FOR THEIR REVIEW AND COMMENT. AFTER ANY COMMENTS ARE

ADDRESSED AND RESOLVED, THE RETURN IS APPROVED BY THE BOARD FOR FILING WITH

THE INTERNAL REVENUE SERVICE.

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

ANNUALLY, ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED

TO CERTIFY, IN WRITING, ADHERENCE TO THE THEN CURRENT CODE OF ETHICS AND

CONFLICT OF INTEREST POLICY. THE SIGNED CERTIFICATIONS OF ADHERENCE ARE

SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW. ANNUALLY, THE AUDIT COMMITTEE

REVIEWS THE ORGANIZATION'S COMPLIANCE WITH ITS CODE OF ETHICS AND CONFLICT

OF INTEREST POLICY AND REPORTS ITS FINDINGS TO THE EXECUTIVE COMMITTEE,

WHICH TAKES ACTION AS REQUIRED.

EXECUTIVE DIRECTOR WILL BE NOTIFIED PROMPTLY AND INVESTIGATE THE

CONFLICTING INTEREST TRANSACTION. THE RESULTS OF THE INVESTIGATION WILL BE

DOCUMENTED BY THE CHAIR OF THE AUDIT COMMITTEE AND REPORTED TO THE BOARD OF

DIRECTORS. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE MEMBER

OF THE BOARD OR STAFF IS NOTIFIED AND IS NOT ALLOWED TO VOTE OR BE A PART

OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE

CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT.

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

ANNUALLY, THE PERSONNEL CHAIR, PRESIDENT AND TREASURER MAKE A

RECOMMENDATION OF A PERCENTAGE INCREASE DEPENDING ON THE RESULTS OF THE

EXECUTIVE DIRECTOR'S ANNUAL EVALUATION, CONSIDERING THE APPROPRIATE RANGE

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GREENWICH ADULT DAY CARE, INC.	Employer identification number 06-1066787
WITHIN THE AREA INDUSTRY. FOLLOWING THAT PERIOD OF TIME, M	ERIT BASED
INCREASES HAVE BEEN USED FOR THE EXECUTIVE DIRECTOR AS WEL	L AS. THE
PERCENTAGE INCREASE IS ALWAYS BASED ON THE BUDGET AND WHAT	THE ORGANIZATION
CAN AFFORD IN ANY GIVEN YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
GADC MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS	REQUIRED UNDER
SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS A	VAILABLE ON
GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. GADC AL	SO MAKES ITS FORM
990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBS	ITE.
ADDITIONALLY, THE CONFLICT OF INTEREST POLICY, ARTICLES OF	INCORPORATION
AND BYLAWS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR T	HE OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF	AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T	HE PRIOR
YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

GREENWICH ADULT DAY CARE, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-1066787

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	I .	Direct o	(f) Direct controlling entity	
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more re	elated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		ent	olled ity?
				501(c)(3))			Yes	No
GREENWICH ADULT DAY CARE TRUST FUND - 22-2894544, 125 RIVER ROAD EXT, COS COB, CT	MANAGES THE INVESTMENTS FOR GREENWICH ADULT DAY					CH ADULT		
06807	CARE	CONNECTICUT	501(C)(3)	LINE 12B, II	DAY CAR	E, INC.	X	

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

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

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

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)				1b		X			
				1c	X				
				1d		X			
				1e		_X_			
				1f		X			
g Sale of assets to related organization(s)				1g		X			
h Purchase of assets from related organization(s)				1h		<u>X</u>			
				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
				1k		Х			
				1m 1n	Х	<u> </u>			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)				10		<u>X</u>			
						X			
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 Transaction Type (a-s) (1) GREENWICH ADULT DAY CARE TRUST FUND C 100,000. BOARD DETERMINATION (2) (3) (4)									
q Reimbursement paid by related organization(s) for expenses				1q		X			
						7.7			
				1r		_X_			
				1s		X			
If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Yes," are "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are "Yes," are "Yes," and "Yes," are "	ho must complete th I	nis line, including covered r I	elationships and transaction thresholds.						
(a)				امميرامر					
Name of related organization		Amount involved	Method of determining amount in	oivea					
	-7 (7								
A CREENWICH ADIILT DAY CARE TRICT FIND	_	100 000	BOARD DETERMINATION						
(I) OKILINWICH ADOLI DAI CAKLI IKODI IOND		100,000.	BOARD BEILIGHTNATION						
(9)									
(4)									
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\- <u>'</u>									
(6)									
1-1		<u> </u>	Schodula	D (Form	~ 000)	2020			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print GREENWICH ADULT DAY CARE, INC. 06-1066787 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 125 RIVER ROAD EXT. return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. COS COB, CT 06807 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JAIME RUGGIERO The books are in the care of ► RIVER HOUSE, 125 RIVER ROAD EXT. - COS COB, CT 06807 Telephone No. ► 203-622-0079 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ___ , and ending <u>JUN</u> 30 , 2021 ► X tax year beginning JUL 1, 2020

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Initial return

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2020)

0.

Change in accounting period

any nonrefundable credits. See instructions.

Final return

3b