232001 12-13-22

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A F</u>	or the	2022 calendar year, or tax year beginning	and	ending			
Во	heck if	C Name of organization	-		D Employer identi	fication nun	nber
a	pplicable:	GREATER NEW YORK COUNCILS, BOY SC	OUTS				
	Address change	OF AMERICA					
	Name change	Doing business as			13-162401	5	
$\vdash$	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numb	er	
F	Final	475 RIVERSIDE DRIVE	,	600	212-242-110		
	⊥return/ termin- ated	City or town, state or province, country, and	IP or foreign postal code		G Gross receipts \$		18,194,896.
	∏Amende		in or foreign postar code		H(a) Is this a group	refure	<u> </u>
-	,,∐return ∏Applica		A FRIEDMAN-GONZALEZ		for subordinate		Voc X No
L	⊥tion pending	SAME AS C ABOVE	THIDDING COMMISSION		H(b) Are all subordinates		
			(1	507			
******		mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach		structions
	Vebsite			1	H(c) Group exempti		
		organization; X Corporation Trust As Summary	sociation Other	L Year	of formation: 1922	M State of le	gal domicile; NY
	1 E	riefly describe the organization's mission or most	significant activities: TO SER	VE SOCIET	Y BY HELPING TO		
Activities & Governance		NSTILL VALUES IN YOUNG PEOPLE					
nar	2 0	Check this box if the organization discor	tinued its operations or dispos	ed of more	than 25% of its net a	ssets.	
ē		lumber of voting members of the governing body (	·				63
Ĝ	ı	lumber of independent voting members of the gov					63
•ర	1	otal number of individuals employed in calendar y					226
ţies		otal number of volunteers (estimate if necessary)					2900
₹.	Ł						0.
Ac	l .	otal unrelated business revenue from Part VIII, col					0.
	1 10 1	let unrelated business taxable income from Form	990-1, Part I, line 11	·····	Prior Year		rent Year
	١.,	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5,008,698		4,013,466.
ď	1				<del> </del>		
Revenue	į.				2,172,241		2,272,533.
ě	1	nvestment income (Part VIII, column (A), lines 3, 4,			1,369,619		7,654,925.
ч.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		271,610		738,293.
	12	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		8,822,168		14,679,217.
	13 (	Grants and similar amounts paid (Part IX, column (	4), lines 1-3)		0	<u> </u>	0,
	14	Benefits paid to or for members (Part IX, column (A	), line 4)		176,700	_	312,683.
v	15 8	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		3,850,907		4,696,754.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)	L	39,250		36,000.
ě	ь-	otal fundraising expenses (Part IX, column (D), line		878.			
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d,			3,539,479		4,411,046.
		Total expenses. Add lines 13-17 (must equal Part li			7,606,336		9,456,483.
	1	Revenue less expenses, Subtract line 18 from line			1,215,832	,	5,222,734.
<u></u>		Total and too experience, deprine the first limit			ginning of Current Year	r En	d of Year
ets or	20	Fotal assets (Part X, line 16)			24,275,253		20,939,615.
Net Asset	21	Fotal liabilities (Part X, line 26)		·····-	10,437,498	_	4,739,845.
to 5	22	Net assets or fund balances. Subtract line 21 from	line 20		13,837,755		16,199,770.
Ŕ	art II		III le 20			• [	
22127	error train, vierb	I —	:14:		anta and to the best of t	mu knawladae	and ballet it in
	-	ties of perjury, I declare that I have examined this return,	- ' ' '			ny knowieuge	and bener, it is
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.		
	- 1	Ol-setup of efficient			Doto		
Sig		Signature of officer	$C_{\alpha}$	Δ	Date	114	23
Hei	re	SAROYA FRIEDMAN-GONZALEZ, SCOUT EXECU	TIVE/CEO/SEC.			1   17	~
		Type or print name and title	$\overline{}$	<u> </u>			
		Print/Type preparer's name	Preparer's signature		Date Check	PTI	N
Paid	d	ALEXANDER LAZZARUOLO			ır self-emş	oloyad ₽017	75353
Pre	parer	Firm's name CONDON O'MEARA MCGINTY & 1	OONNELLY LLP		Firm's EIN	13-3628	255
Use	Only	Firm's address ONE BATTERY PARK PLAZA, 7	PH FL.				
	-	NEW YORK, NY 10004			Phone no. 21	12-661-77	77
Ma	v the IF	S discuss this return with the preparer shown abo	ve? See instructions				Yes No
-		The second second second by a part of the control o			************************		

# Form 990 (2022) OF AMERICA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		**	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		<u>x</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? /f "Yes," complete Schedule D, Part V	10	X	O CONTROL OF THE CO
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.		in partie	raile.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part V/	11a	Х	<u> </u>
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
C	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		X
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	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	ļ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	L	Х
			000	(2020)

Form	1 000 (2022)	24015	P	age 4
Par	t IV Checklist of Required Schedules (continued)		<b>,</b>	
			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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	64°2563	aissite	ji iniga
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f	00-		x
	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	
¢	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
29 30	Did the organization receive more than \$25,000 in nor-cash contributions r in "yes," complete schedule in	29		<del></del>
30	contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U.E.	Cohodula Al David	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	····		
-	sections 301.7701-2 and 301.7701-37 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		<del> </del>	
<b>.</b>	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		T	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	·····   <u></u>		
		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule O  Tt.V. Statements Regarding Other IRS Filings and Tax Compliance		·	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8	Jan S	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	75.0941.00 1c	X	128 SEC. 1985
232004	4 12-13-22		990	(2022

22 Enter the number of amployees 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  22 b If at least one is 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  23 b Id the organization have unrelated business gross income of \$1,000 or more during the year?  3a D Id the organization have unrelated business gross income of \$1,000 or more during the year?  3a B Id If Yes', has filed a Form 999-17 for this year? If **No* to files &p. provide an explanation on Schedule O  3b If Yes', sha filed a Form 999-17 for this year? If **No* to files &p. provide an explanation on Schedule O  3a If Yes's the shall be calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a forming country (such as a bank account, securities account, or other financial account; ending the tax year?  5b If Yes's the file at many of the foreign country  5c If Yes's the file at growing the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization apprix to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes's the ins & for 5tb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the rent tax deductibles on this business of the statement that such contributions or giffs were not tax deductibles on the value of the good or services provided?  5c If Yes, did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductibles.  5d If Yes, include the number of Forms 8282 filed during the year than the party of the organization of the foreign state of the party of the such part	Forn	n 990 (2022) OF AMERICA 13-16240	15	F	age 5
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return  It at least one is reported on fine 2e, did the organization file all required federal employment tax returns?  2b If 1 year, has it filed a Form 990-T for this year? If 1 wor is fine 3b, provide an explanation on Schedulic O  3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5a Was the organization a party to a prioribited tax shelter transaction at any time during the text year?  5a Was the organization a party to a prioribited tax shelter transaction at any time during the tax year?  5b Did any stateble party notify the organization have that it was or is a party to a prohibited tax shelter transaction? any contributions a party to a prohibited that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did she that the organization are properly to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stateble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Year' to line 5e or 5b, did the organization file form 8886:17  6c Does the organization shelt were not tax deductible on that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible?  6c Did the organization receive a payment in excess of \$76 made party sa contribution and party for pools and services provided to the payor?  7 organization state any payment in excess of \$76 made party sa contribution of payment and payment in excess of \$76 made party sa contribution of payment and payment	Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	ugo, -
2a Enter the number of employees reported on Form Wis, Transmittal of Wage and Tax Statements, filled for the callendar year anding with or within the year covered by this antum.  2		(Section des)		Yes	No
filed for the calendar year ending with or within the year covered by this return	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.		Significant Control	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross homes of \$1,000 or more during the year?  5 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule 0  3a If any time during the calendar year, did the organization have an Interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, ecordine, and count, or other financial account)?  5 If "Yes," enter the name of the foreign country  5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes" time 5 are 5b, of the organization file Form 8888-17?  5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that time nor tax deductible as charitable contributions?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization state a payment in excess of \$75 made party for goods and services provided to the payor?  7 If "Yes," did the organization notify the chorn or of the value of the goods or sentices provided?  8 If "Yes," incline the number of Forms 8282 filed during the year  9 Did the organization receive a contribution of cas, boats, alphanes, or other vehicles, did the organization file a Form 1098-C?  9 Sponsoring organization				io sino La sino	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Diff Yes, "has it filled a Form 1980 For this year? "Mo" to file 3b, provide an explanation or Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (seuch as a bank account, escurities account, or other financial accounts (FBAR).  5b If "Yes," either the name of the foreign country  5e instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization for year to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible as chariable contributions?  6c If "Yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  7b If "Yes," did the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.0?  8 Sponsoring organization neces and a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.0?  9 Sponsoring organization m	b		2b	x	1877 T. W. W.
b if "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schadule 0 4 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securities account).  5 If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," to line 5 a or 5b, did the organization file Form 8886-17?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 9282 filed during the year  9 If "Yes," indicate the number of Forms 9282 filed during the year  10 If the organization receive a pryment in excess of \$75 meds party as a contribution and party for goods and services provided to the payor?  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, provided?  11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization this expression make any taxable distribution under section 4968?  12 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization makes any taxable distributions und	За				х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a If "Yes," enter the name of the foreign country  5b If "Yes," enter the name of the foreign country  5c Was the organization aparty to a prichibed tax sheller transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization shelt at a normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If "Yes" did the organization that was a contribution and party to group and a services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year or the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 are required?  7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization received a contribution of cars, boats, aliphanes, or other vehicles, did the organization and th	b				t
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 f   g   ft the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 g   7 g   ft the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8   Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8   Sponsoring organizations maintaining donor advised funds.  9   Sponsoring organizations maintaining donor advised funds.  10   Did the sponsoring organization make any taxable distributions under section 4966?  10   Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9   Did the sponsoring organizations. Enter:  10   Initiation fees and capital contributions included on Part VIII, line 12  11   Gross receipts, included on Form 990, Part VIII, line 12  12   Gross income from members or shareholders  13   Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12   Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13   Section 501(c)(2) qualified nonprofit health insurance issuers.  14   If Yes, enter the amount of tax-exempt interest received or accrued during the year   12b   12a   12		Did the expenience receive any funds directly as indirectly to provide the control of the contro	******	1104497	X
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c Enter the amount of reserves on hand 13c 14a 14a		organization is licensed to issue qualified health plans		with	
14a Did the organization receive any payments for indoor tanning services during the tax year?	¢	Enter the amount of reserves on hand			e die
	14a	Did the executantian paper to any any analysis for the land and the second and th	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?		excess parachute payment(s) during the year?	15		х
If "Yes," see the instructions and file Form 4720, Schedule N.		If "Yes," see the instructions and file Form 4720, Schedule N.		JANE B	niske:
46 feather and 19 to 10	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.				M. Masi	t de dita. List William
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		(**************************************	17		
MINOR DEFINITION OF THE PROPERTY OF THE PROPER					a in the

GREATER NEW YORK COUNCILS, BOY SCOUTS OF AMERICA 13-1624015 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 63 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 C. 63 b Enter the number of voting members included on line 1a, above, who are independent ..... 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure 1

7	List the states with which	h a copy of this	Form 990 is requ	ired to be filed	N)

Another's website	LX Upon request	Other (explain on Schedule
-------------------	-----------------	----------------------------

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records RENETTE BAYNE ISSAKA, CONTROLLER - 212-651-2886

475 RIVERSIDE DRIVE, STE. 600, NEW YORK, NY 10115

Form 990 (2022)

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensa (C)						(D)	(E)	(F)
Name and title	Average	l (do		Pos		) than c	ne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	son is both an rector/trustee)		compensation	compensation	amount of
	week	├	Cer ar	lu a u	BUID	(/uua	ee,	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ĕ	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trustee	Institutional trustee		ake	E E		1099-NEC)	,	and related
	below	Individual	tution	ii.	Кеу етрвоуее	est co	ıer			organizations
	line)	텰	lasti	Officer	Key	是量	Former			
(1) SAROYA FRIEDMAN-GONZALEZ	40.00									
SCOUT EXECUTIVE/CEO/SEC. AS OF 11/22		<u> </u>		_	X			325,000.	0.	4,575.
(2) RICHARD A, DAVIES	40.00									
SCOUT EXECUTIVE/CEO/SEC. TO 10/22					Х			200,000.	0.	16,812.
(3) JEFF FANARA	40.00									
DIRECTOR OF SPECIAL EVENTS		$ldsymbol{ld}}}}}}$		<u> </u>		X_		163,582.	0.	15,098
(4) CHRISTOPHER GUARNIERE	40,00									
DEPUTY SCOUT EXECUTIVE						х		149,800.	0.	13,947
(5) RENETTE BAYNE ISSAKA	40.00		ļ			1				
CONTROLLER		_		L		X	_	124,800.	0,	11,530
(6) JOSEPH SCHILTZ	40,00	1								
DIRECTOR OF FIELD SERVICE		ļ				Х		118,342.	0.	11,381
(7) DOROTHY BROWNE	40.00	1								
DIRECTOR OF CORP, & FDN.		<u> </u>		_		Х		114,005.	0.	10,466
(8) MARK CARAWAN	3.00	1								
CHAIRMAN		Х		Х		Ĺ		0.	0.	0.
(9) RICHARD G. MASON, ESQ.	3.00					l				
CHAIR EMERITUS		Х	<u> </u>	X.		_		0.	0.	0
(10) RAY QUARTARARO	3.00	1		1						_
CHAIR EMERITUS		X		X				0.	0.	0
(11) PAUL J. RESZUTEK	3,00	1								
TREASURER		X	Ļ	X		<u> </u>		0.	0.	0
(12) ALEX FREDERICKS	3,00		1							
ASSISTANT TREASURER		х	ļ	Х				0.	0.	0
(13) THOMAS S. BAIN	3.00	1								
V.P RISK MANAGEMENT		Х	<u> </u>	х				0.	0.	0
(14) KIMARA BONHOMME	3.00	1								
V.P SCOUTREACH		Х	_	Х		╙		0,	0.	0
(15) WILLIAM Q. DERROUGH	3,00	1								
V.P DEVELOPMENT	ļ	Х	<u> </u>	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(16) JAMES K. DONAGHY	3,00			l .		.				
V.P EXPLORING		Х	<u> </u>	х	ļ	igsqcup	<u> </u>	0.	0.	0
(17) ANTHONY FIORI	3,00									
V.P MEMBERSHIP		Х		Х			L	0.	0.	0

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Form 990 (2022)

13-1624015

Form 990 (2022) OF AMERICA									13-16	2401	5 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	J Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	٫٫٫	+ _		ition			Reportable	Reportable		Estimated
	hours per	box	not a , unle	ss pe	rson i	is botl	h an	compensation	compensatio	п	amount of
	week	$\vdash$	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other
	(list any	director					Ì	the	organization		compensation
	hours for	븅	يو ا			賈	i	organization	(W-2/1099-MIS	iC/	from the
	related	trustee or	truste			E		(W-2/1099-MISC/	1099-NEC)		organization
	organizations below	ᄪ	pua		ploye	E a		1099-NEC)			and related
	line)	Individual	Institutional trustee	Officer	Кеу етрюуев	Highest compensated employee	Former				organizations
(18) THEODORE R. GAMBLE, JR.	3.00			Ť			Ī				
V.P FINANCE		x		x				0,		0.	0.
(19) ELLEN R. HARRIS, CFA	3,00					"				·	
V.P. INVESTMENT		Х		х				0.		0.	0.
(20) THOMAS J. KAVALER, ESQ.	3,00	1									
V.P BOARD GIVING		X		X			<u> </u>	0.	·	0.	0.
(21) GEOFFREY A. MILLS	3,00		l								
V.P CAMPING & PROGRAMS		х	L	х		<u> </u>		0.		0.	0.
(22) ROBERT NATT	3.00		l			1					
V.P PROPERTIES		X		Х		_		0,		0,	0,
(23) RICHARD HANS	3.00		j	١							
(24) J.E. REEVES, JR.	3,00	X	├	X		┢	-	0.		0.	0.
DIRECTOR	3,00	x	1	x				0.	•	0.	0.
(25) DAMIAN SCHAIBLE	3,00	<del>                                     </del>		<del>                                     </del>			İ			•	
V.PALUMNI DEVELOPMENT		x		x	ĺ			0.		٥.	0.
(26) ROBERT J. CESKE	3,00		✝	Г		T					
BOROUGH PRESIDENT - MANHATTAN		х		x				0.		0.	0.
1b Subtotal								1,195,529.		0.	83,809.
c Total from continuation sheets to Part VI	I, Section A							0.		٥.	0.
d Total (add lines 1b and 1c)								1,195,529.		0.	83,809.
2 Total number of individuals (including but n								eceived more than \$100,0	000 of reportable		
compensation from the organization											7
											Yes No
3 Did the organization list any former officer,			•		•		_	•	•		
line 1a? If "Yes," complete Schedule J for s										• • • •	3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedul	e J f	or si	ıch	oers	on	• • • • • • •				5 X
Complete this table for your five highest con	mneneated inc	lono	ndo	nt co	antro	acto	rc th	ant received more than \$	100 000 of comp	onco	tion from
the organization. Report compensation for										GIISE	don nom
(A)				159 11		<u> </u>		(B)			(C)
Name and business	address	NO	NE				1	Description of s	ervices	C	ompensation
							_				
							1				
											•
· · · · · · · · · · · · · · · · · · ·											
						·······				is areas	colling in line Street, new 20 100
2 Total number of independent contractors (in	_	ot lir	nite	d to		se lis O	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	cation					v				BOWN.	机动物形成物块

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

232008 12-13-22

orm 990 OF AMERICA									13-16240	15
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)	
<b>(A)</b> Name and title	(B) Average			Pos				( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	(c	heck	( all '	that	Π	ly)	compensation from	compensation from related	amount of other
	week (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)	compensation from the organization and related organizations
27) KEITH D. CHRISTENSEN	3,00									
OROUGH PRESIDENT-STATEN ISLAND		x		х				0.	0.	0,
28) GREGORY CLANCY	3.00									
OROUGH PRESIDENT - BRONX		х		х				0.	0.	0.
29) STEVEN MIRONES	3.00									
OROUGH PRESIDENT - BROOKLYN		Х		х				0.	0.	0.
30) MICHAEL E. SIBILIA	3.00									
OROUGH PRESIDENT - QUEENS		x		x				0.	0.	0.
31) JAMES DELOREY	3.00									
OUNCIL COMMISSIONER		x		x				0.	0.	0
32) STEVEN M. ALDEN, ESQ.	3.00									
IRECTOR		x		ĺ				0.	0.	0,
33) VINCENT ALVAREZ	3.00			l''''						
IRECTOR		x						0.	0.	0.
34) DAVID S. BAGATELLE	3.00									
IRECTOR		x						0.	0.	0.
35) STEPHEN R. BARRETT	3.00	1		Г					1177	
IRECTOR		x		1				0.	٥,	0
36) LAWRENCE E. BATHGATE, II	3.00						Г			
IRECTOR		x	1				l	0.	0,	0
37) JOHN BELBUSTI	3,00									
IRECTOR		x	1				1	0.	0.	0
38) JACLYN BERNSTEIN	3,00									
IRECTOR		x						0.	0.	0
39) REGINALD BROWNE	3.00	T	$\vdash$			Ī	1			
IRECTOR		x					Ì	0.	0.	0
40) MARCIA CANTARELLA	3,00									
IRECTOR		x						0.	0.	0
41) LISA CASSONE	3.00		Г		1	_		·		
IRECTOR		x		1				0.	0.	0
42) ANTHONY CATERINO	3,00	1-	1	1	T	T	1			
IRECTOR		1 <sub>x</sub>						0.	0.	0
43) ARTHUR B. CROZIER	3,00	1	1		<b>!</b>		1			<del> </del>
IRECTOR		x				1	1	0.	0.	0
44) FRED DIXON	3,00		T			T	1	<u> </u>		
IRECTOR	<u> </u>	x	1				1	0.	0.	0
45) JAMES FAMULARO	3,00	1	1	1	l	T-	1	† · · · ·		
		\x	1	-				0.	0.	0
	3 00	+	$\vdash$	$\vdash$	$\vdash$	+	+	1	·	<del>                                     </del>
	<b>-</b>	\ x						0	n	0
45) JAMES FAMULARO IRECTOR 46) GREGORY FLOYD IRECTOR otal to Part VII, Section A, line 1c	3,00	X						0.		0.

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd I	ligh	est	Compensated Employe	es (continued)	1
(A)	(B)			(0	C)			(D)	(E)	, (F)
Name and title	Average	,		Pos			L A	Reportable	Reportable	Estimated
	hours	(C	heck	(all	tnat	app	ly)	compensation from	compensation from related	amount of other
•	per week					#		the	organizations	compensation
	(list any	喜				e e		organization	(W-2/1099-MISC)	from the
	hours for	皇				la pa		(W-2/1099-MISC)	,	organizatio
	related	Individual trustee or director	Institutional trustee			Highest compensated employee				and related
	organizations	al fru	onat		aloye	l we				organization
	below	喜	stituti	Officer	Key employee	ghest	Former			
	line)	Ĕ	Ë	8	ş	室	අ			,
(47) EUGENE J. GOTTESMAN	3,00									
DIRECTOR	ļ	Х		ļ		-		0.	0.	
(48) WILLIAM HAYNES, II	3.00					ļ				
DIRECTOR		X	_	┝	<u> </u>			0,	0.	
(49) R. GLENN HUBBARD	3.00									
NOMINATING COMMITTEE CHAIR		Х						0.	0.	
(50) EUGENE KEILIN	3,00								_	
DIRECTOR		х		ldash	_	ļ		0.	0.	
(51) GARY LABARBERA	3,00								_	
DIRECTOR		х		_				0.	0,	
(52) CAROL NOTIAS LAMBOS, ESQ.	3,00	ļ								
DIRECTOR		x		<u> </u>		╙		0.	0.	
(53) BRIAN T. MALONEY	3.00	1								
DIRECTOR		Х				<u> </u>	ļ	0.	0.	
(54) JOSEPH MIZZI	3.00									
DIRECTOR		Х	_	<u> </u>	1	_		0.	0,	
(55) BRIAN D. MURPHY	3.00				ļ	1				
DIRECTOR		Х				ļ		0.	0.	
(56) MICHAEL O'BRIEN	3.00					1				
DA LODGE ADVISOR	<u> </u>	X				<u> </u>	<u> </u>	0.	0.	
(57) ANA OLIVEIRA	3.00						]			
DIRECTOR		Х						0.	0.	
(58) CHRISTOPHER RALIEGH	3,00						:			
DIRECTOR		x						0.	0,	
(59) ASIM REHMAN	3.00			Г						
DIRECTOR		x						0.	0.	
(60) BLAIR RIDDER	3,00									
DIRECTOR		1 x						0.	0.	
(61) MICHAEL A. ROSS, ESQ	3.00									
DIRECTOR		x	١.					0.	0.	
(62) DAVID V. SHIELDS	3,00									
DIRECTOR		x						0.	0.	
(63) GREGORY A SHUNICK	3.00									
DIRECTOR		x						0.	0.	
(64) ROBERT K, STEEL	3.00				$\Box$	Τ		<u> </u>		•
DIRECTOR		x		1				0.	0.	
(65) JUDGE SIDNEY H. STEIN	3.00	m	$\vdash$		<u> </u>	厂	Т			
DIRECTOR		x				1		0,	0.	
(66) DAVID VAVRASEK	3.00	一	T	Т	T	Т	T	<u> </u>		
DIRECTOR		x		l		1	1	0.	0.	

Form 990 OF AMERICA									13-16240	15
Part VII   Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(ci	neck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(67) CYNTHIA WHITEHEAD DIRECTOR	3.00	х						0.	0.	0.
(68) OMER S. J. WILLIAMS, ESQ. DIRECTOR	3,00	x						0,	0.	0.
(69) ALLEN R. WOLFF, ESQ. DIRECTOR	3,00	x						0.	0,	0.
(70) ANTONIO DEL ROSARIO DIRECTOR	3,00	x						0,	0.	0.
		Ϊ								
	-									
		-		-						
						<u> </u>				
			<u> </u>							
			-							
		-		·						
		T								
	l	<u>.</u>	L	L	L	_	L			
Total to Part VII, Section A, line 1c			•••••							L

Page 9 OF AMERICA 13-1624015 Form 990 (2022 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Related or exempt Unrelated Revenuè excluded Total revenue function revenue from tax under business revenue sections 512 - 514 11,917. 1a 1 a Federated campaigns 1b **b** Membership dues 1,996,451. c Fundraising events 10 Related organizations ..... 1d 95,000. Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above ... 1,910,098. Noncash contributions included in lines 1s-1f 4,013,466 Total. Add lines 1a-1f **Business Code** 900099 2,140,085 2,140,085 CAMPING REVENUE Program Service ACTIVITY REVENUE 900099 132,448. 132,448 All other program service revenue 2,272,533. Total, Add lines 2a-2f Investment income (including dividends, interest, and 319,919. other similar amounts) 319,919. Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6a Gross rents Less: rental expenses ... Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,238,669 7,887,000. assets other than inventory **b** Less: cost or other basis 2,213,398 577,265 and sales expenses Other Revenue 25,271. 7,309,735. c Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,996,451. of contributions reported on line 1c). See 475,322 Part IV, line 18 475,322. b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less; direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 387,136, and allowances ..... 249,694. b Less: cost of goods sold 137,442. c Net income or (loss) from sales of inventory 137,442, **Business Code** OTHER REVENUE 900099 359,608 359,608 RETENTION CREDIT 900099 241,243 241,243 d All other revenue 600,851 Total. Add lines 11a-11d

7,792,367. Form 990 (2022)

14,679,217.

Total revenue. See instructions

2,873,384

OF AMERICA

Form 990 (2022) OF AMERICA

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	e or note to any line in t (A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				an metatang bagasan basis at Pada at Tilang dalam at Territ
_	and domestic governments. See Part IV, line 21			GALAGO ON PORTUGUES AND LE COLO	rent de l'adentité des rents de l'est
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				MIN GOLDEN FOR THE STATE OF THE
3	Grants and other assistance to foreign organizations, foreign governments, and foreign			gradinandari abbasa, pas	da za pod koje daj da se o
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	312,683.	312,683,		
5	Compensation of current officers, directors,		,	See Table 19	N 1993 (1871) 444 11 11 11 11 11 11 11 11 11 11 11 11
•	trustees, and key employees	546,387.	546,387.		1
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,221,668.	2,374,432.	355,859.	491,377
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	277,331.	277,331.		
9	Other employee benefits	333,802.	163,852.	80,039.	89,911
10	Payroll taxes	317,566.	239,442.	37,276.	40,848
11	Fees for services (nonemployees):				
a	Management				
b	Legal	3,948.	3,948.		
С	Accounting	179,791.	110,956.	68,035.	800
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	36,000.	ha jag dalakhalak		36,000
f	Investment management fees	77,157.		77,157.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	473,234.	73,904.	189,782.	209,548
12	Advertising and promotion	:			
13	Office expenses	1,214,496.	1,134,664.	33,221.	46,611
14	Information technology				
15	Royalties				
16	Occupancy	1,006,193.	790,578.	148,500.	67,115
17	Travel	124,270.	116,942.	4,257.	3,071
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,953.	14,436.	356.	161
20	Interest	.34,338.	20,692.	9,398.	4,248
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	489,008.	455,924.	22,786.	10,298
23	Insurance	388,501.	176,718,	208,115.	3,668
24	Other expenses, Itemize expenses not covered	eria Sant Propinsi di Sa			gradina se se se se se se se se se se se se se
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	165,820,	94,939.	36,721.	34,160
b	EMPLOYEE RELATED EXPENS	106,253.	79,622.	26,631.	
c	CHARTER & NAT. SVC. FEE	73,600.	73,600.		
d	RECOGNITION AWARDS	53,124,	45,208.	3,987.	3,929
e	All other expenses	6,360.		6,227.	133
25	Total functional expenses. Add lines 1 through 24e	9,456,483.	7,106,258.	1,308,347.	1,041,878
<u>25</u> 26	Joint costs, Complete this line only if the organization	= , 200 , 200 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=,,,-	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				

OF AMERICA

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,310,628 1,538,186. Cash - non-interest-bearing 1 906,232. 1,496,824. 2 2 Savings and temporary cash investments 847,063. 1,047,127. Pledges and grants receivable, net 3 14,747. 129,324, Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net \_\_\_\_\_ 195,749, 236,144. 8 Inventories for sale or use 365,686. 315,756. Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 21 089 821. basis, Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 16,333,206. 5,080,314. 4,756,615. b Less: accumulated depreciation \_\_\_\_\_\_\_10b 10c 10,276,777. 14,045,651. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,407,573. 1,244,472. 15 15 Other assets. See Part IV, line 11 20,939,615. 24,275,253. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 9,386,060. 533,234, 17 17 Accounts payable and accrued expenses 18 18 Grants payable 165,193. 166,374. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability, Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 730,000. 3,210,000. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 830,237. 156,245. of Schedule D 10,437,498. 4,739,845. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,584,225. 5,690,998. 27 27 Net assets with donor restrictions 11,253,530. 10,508,772. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33, ö Capital stock or trust principal, or current funds 29 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 31 Retained earnings, endowment, accumulated income, or other funds 13,837,755. 16,199,770. Total net assets or fund balances 32 24,275,253. 20,939,615. Total liabilities and net assets/fund balances .....

Form 990 (2022)

	990 (2022) OF AMERICA	13-162401	5 Pa	ıge 12
Pa	t XI Reconciliation of Net Assets	•		
	Check if Schedule O contains a response or note to any line in this Part XI		,	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,679,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,456,	,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,222,	734.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,837,	,755.
5	Net unrealized gains (losses) on investments	5	-2,694,	,972.
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	-165,	,747.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			•
	column (B))	10	16,199,	,770.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		distribution	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Mağılını (1	
	separate basis, consolidated basis, or both:			The same
	Separate basis Consolidated basis Both consolidated and separate basis			en si di di di enceloli a
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1000
	consolidated basis, or both:	-		
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			1000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	·	2010/08/18/10 01:01 19:500	
. =-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit	<del></del>	<del>                                     </del>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 990	(2022)
				\ <i>/</i>

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Name of	the organization GREATE	R NEW YORK COUN	CILS, BOY SCOUTS				Employer	identification number
	OF AMERICA 13-1624015							
Part I	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, ch	neck only o	ne box.)			
1 🗂	A church, convention of chi					)(A)(i).		
2 🗔	A school described in secti							
з 🗔	A hospital or a cooperative		·		(b)(1)(A)(iii	n.		
4 🗂	A medical research organization	•					)(iii). Enter	the hospital's name,
- —	city, and state:		,				•• •	·
5	An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
•	section 170(b)(1)(A)(iv). (C		9					
6 🔲	A federal, state, or local gov	•	ental unit described in s	section 17	оњу туау	v).		
7 X	An organization that normal						ne general c	public described in
ر ت	section 170(b)(1)(A)(vi). (C		that part of the capport in	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, a ga	
8 🔲	A community trust describe	•	1)(A)(vi) (Complete Part	-114				
<del></del> -	An agricultural research org				d in coniu	nction with a	land-grant	college
9 🗀	or university or a non-land-g							
		Iranic college or agrico	diture (see manuchona).	LINE LINE	iaino, oity,	and state of	ano comogo	
40	university: An organization that norma	lly reacition (1) more t	than 22 1/20/ of its supp	ort from co	ontribution	e mamharch	in fees and	l aross receints from
10	activities related to its exen							
	income and unrelated busin							
			(less section 511 tax) no	iii busiiies	ses acquii	ed by the oil	jailization a	inter durie do, 1070.
🖂	See section 509(a)(2). (Con	•	unly to tost for public set	iatu Soo d	antion EA	0/5)(4)		
11	An organization organized a An organization organized a	•	•	-			rn, out the	nurnages of one or
12	more publicly supported or							
								MIGCK HIS DOX OIL
	lines 12a through 12d that							airina
a	Type I. A supporting orga							
	the supported organization			majority o	the airec	tors or truste	es or the st	pporting
_	organization. You must o	•					. (-)	A
b	Type II. A supporting org							
	control or management o			ame perso	ns that cor	ntroi or mana	ge the supp	οοπεα
_	organization(s). You mus	•					W	at a state
c	☐ Type III functionally inte		• •				lly integrate	a with,
_	its supported organization		•					
d	Type III non-functionally							
	that is not functionally int	=					an attentiv	/eness
_	requirement (see instruct	•	•	-				
е	Check this box if the orga					Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
	f Enter the number of supported organizations							
	vide the following information			I find is the ares	inization listed	/st to 1	ftoni	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see i	•	support (see instructions)
<del></del>	organization		above (see instructions))	Yes	No	варрог (соот	11011 00010/10/	capport (see mediations)
- <del></del>								
	<del> </del>							
		1				l		
		ESTREMENTAL PROPERTY AND REPORT OF	BOMBER STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	ser e e e e e e e e e e e e e e e e e e	aspectarion:	I		

13-1624015

Page 2

# 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							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9,236,178,	6,484,733.	5,309,500.	5,138,003.	4,013,466.	30,181,880.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		·					
4	Total, Add lines 1 through 3	9,236,178.	6,484,733.	5,309,500.	5,138,003.	4,013,466.	30,181,880.	
	The portion of total contributions	ali strenia bili si	SEPTEMBER	Acres de de la Companion de la Companion de la Companion de la Companion de la Companion de la Companion de la	er Camenter (1935)	the Anna age Fulla.		
_	by each person (other than a	ti da kulturi iru.	14, 124, 15, 15, 15	g sagusta da s	grafia de tempal	ARREL		
	governmental unit or publicly							
	supported organization) included			Post seise dimes disease				
	on line 1 that exceeds 2% of the					entores de la companya		
	amount shown on line 11,							
	column (f)						743,100.	
6	Public support, Subtract line 5 from line 4.					And the second of the second o	29,438,780.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	9,236,178.	6,484,733.	5,309,500.	5,138,003.	4,013,466.	30,181,880.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	396,380,	359,905.	312,624,	249,411.	319,919.	1,638,239.	
9	Net income from unrelated business				-			
	activities, whether or not the					:		
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	133,509.	35,531.	60,348.	194,644.	600,851.	1,024,883.	
11	Total support. Add lines 7 through 10	Partition (2009), MIT HOLD					32,845,002.	
12		etc. (see instruction	ons)			12	13,003,319.	
13	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	01(c)(3)		
	organization, check this box and stop					·····		
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	89,63 %	
15	15 Public support percentage from 2021 Schedule A, Part II, line 14 91.78 %							
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re, Explain in Part	VI how the organize	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization			
Ŀ	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or	
	more, and if the organization meets ti	he facts-and-circun	nstances test, che	ck this box and st	t <mark>op here.</mark> Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions		
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022							

OF AMERICA

# Schedule A (Form 990) 2022 OF AMERICA 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						W40.0.
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						
-	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					<b>的</b> 型结构 新期	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	he organization's fi	irst, second. third.	fourth, or fifth tax	year as a section §	501(c)(3) organization	on,
-		•					
Se	ction C. Computation of Publ				<del></del>		
	Public support percentage for 2022 (			column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 2			ine 13, column (f)		17	%
	Investment income percentage from	,	• • • • • • • • • • • • • • • • • • • •			18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	-	•	•			ınd
•	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						一
	23 12-09-22						(Form 990) 2022
2020							

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

<del></del>	Yes	No
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Schedule A (Form 990) 2022

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.

Schedule A (Form 990) 2022

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

Income tax imposed in prior year

instructions)

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

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

e Excess from 2022

# Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury

nal Revenue Service

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

Employer identification number Name of the organization GREATER NEW YORK COUNCILS, BOY SCOUTS 13-1624015 OF AMERICA Organization type (check one): Filers of: Section: Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules Example 1 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization GREATER NEW YORK COUNCILS, BOY SCOUTS OF AMERICA Employer identification number

13-1624015

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IRENE D. COLLIA TRUST  557 BROADWAY  NEW YORK, NY 10012-3962	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE PETER & CARMEN LUCIA BUCK FOUNDATION INC.  633 THIRD AVENUE, 16TH FLOOR  NEW YORK, NY 10017-6706	\$ 100,000.	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
3	DERROUGH FAMILY FOUNDATION  399 PARK AVE FL 5  NEW YORK, NY 10022-4416	\$ 100,000.	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
4	BLOOMBERG PHILANTHROPIES  25 E 78TH ST  NEW YORK, NY 10075-0102	350,000.	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	EUGENE J. GOTTESMAN  53 REGENTS PARK  WESTPORT, CT 06880-5533	\$ 91,367.	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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GREATER NEW YORK COUNCILS, BOY SCOUTS
OF AMERICA

Employer identification number

13-1624015

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

# **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

GREATER NEW YORK COUNCILS, BOY SCOUTS

Employer identification number

	OF AMERICA				13-1624015
Par	til Organizations Maintaining Donor Advised	d Funds or Other Sim	ilar Funds or Ac	cour	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advised fo	inds (	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year			·	
5	Did the organization inform all donors and donor advisors in v		n donor advised fund	ls	
	are the organization's property, subject to the organization's	exclusive legal control?	,		Yes No
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant	funds can be used o	nly	
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				Yes No
Par	till Conservation Easements. Complete if the org	ganization answered "Yes" o	on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education) 🔲 P	reservation of a histo	orically	important land area
	Protection of natural habitat	P	reservation of a certi	fied his	storic structure
	Preservation of open space				•
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributio	n in the form of a co	nserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	
ь	Total acreage restricted by conservation easements			2b	-
c	Number of conservation easements on a certified historic stru	ucture included in (a)	*,	2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not o	n a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele			zation	during the tax
	year				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection	, handling of		
	violations, and enforcement of the conservation easements it	holds?	************************************		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and e	inforcing conservatio	n ease	ments during the year
		•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation ear	semen	ts during the year
	·				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	f section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	and expense statem	ent an	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fin	ancial statements the	at desc	ribes the
1 <b>15</b> 2 2	organization's accounting for conservation easements.	. A	Other O	ـ ا ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	- A1-
Pal	Till Organizations Maintaining Collections of		ures, or Other 3	ши	r Assets.
_	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	•			•
	of art, historical treasures, or other similar assets held for pub			nce of p	oublic
	service, provide in Part XIII the text of the footnote to its finar				
þ	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherance	of pu	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treatment	asures, or other similar asse	ts for financial gain, ;	provide	•
	the following amounts required to be reported under FASB A	<del>-</del>			
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X	<u>,</u>			\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

4,756,615.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			·
(D)			
(E)			· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
(H)		SPINSTAN ENGRANISON SILLENTE DE LA TRABANSINA PRESIDENT	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.		11. See Farm 900 Part V line 12	<b>以於納底。但自由為自然自由於其中的</b> 。
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) DOOK VAIDO	(o) monitor of randation oose of	
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(5)	·		
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTERESTS IN CHARTIABLE REM	AINDER AND PERPET	UAL TRUSTS, AT FV	941,568.
(2) LAND ASSETS HELD FOR SALE			60,000,
(3) ROUA - OPERATING LEASE			406,005.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		1,407,573.
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE AND VEHICLE OBLIGATIONS			406,005.
(3) CUSTODIAL ACCOUNTS			424,232.
(4)			
(5)			
(6)			
(7)		***************************************	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1	••	830,237.
2. Liability for uncertain tax positions. In Part XIII, provide			·· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

COMMITTEE, NOT TO SURPASS 5% TO FUND PROGRAMS OF THE COUNCIL. THE MAJORITY

OF THE FUNDS CENTER AROUND SUMMER CAMP SUBSIDIES OF YOUTH MEMBERS

UNCERTAIN TAX POSITIONS WERE IDENTIFIED BY THE COUNCIL AS OF DECEMBER 31,

OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. NO

ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW

Schedule D (Form 990) 2022

### GREATER NEW YORK COUNCILS, BOY SCOUTS

Schedule D (Form 990) 2022 OF AMERICA		13-1624015	Page 5
Part XIII Supplemental Information (continued)			
021 AND 2020.			
	•		
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF CHARITABLE REMAINDER AND PERPETUAL			
TRUSTS	-242,904.		
·			
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MATERIAL CONTROL CONTR			

# **SCHEDULE G** (Form 990)

Department of the Treasury

## 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

Inspection Internal Revenue Service Employer identification number Name of the organization GREATER NEW YORK COUNCILS, BOY SCOUTS 13-1624015 OF AMERICA Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations f X Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser listed in col. (i) from activity or entity (fundraiser) organization Yes No PATRICIA LYNCH ASSOCIATES -36,000 677 BROADWAY SUITE 205, GOVERNMENT WRITING Х 2,471,773 36,000. 2,471,773. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

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13-1624015 Page 2

Pa	rt I							
		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			CONSTRUCTION			(add col. (a) through		
			LUNCHEON	INSURANCE LUNCHEON	17	col. (c))		
_			(event type)	(event type)	(total number)	GOI. (C))		
Revenue								
e e	1	Gross receipts	401,200.	546,800.	1,523,773.	2,471,773.		
æ								
	2	Less: Contributions	330,880.	474,111.	1,191,460.	1,996,451.		
	3	Gross income (line 1 minus line 2)	70,320.	72,689.	332,313.	475,322.		
	4	Cash prizes						
		•						
	5	Noncash prizes						
Ses								
ě.	6	Rent/facility costs	14,030.		18,365.	32,395.		
Direct Expenses								
ğ	7	Food and beverages	53,924.	72,070.	299,801.	425,795.		
ă								
	8	Entertainment			3,038.	3,038.		
	9	Other direct expenses		619.	11,109.	14,094.		
	10	Direct expense summary. Add lines 4 through				475,322.		
a 1872	11					0.		
PE	ırt	- ,	answered "Yes" on Form	1990, Part IV, line 19, or I	reported more than			
_		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add		
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue				unigarprogradate unigu		con (a) unoagh con (o),		
æ	_	0						
	1	Gross revenue						
	2	Cach prizes						
ses	_	Cash prizes		·				
Ë	3	Noncash prizes		i				
Expenses	"	Tronoustr prizos						
Direct	4	Rent/facility costs						
ă	'							
	5	Other direct expenses						
	Ť		Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	□ No			
					<del>, , , , , , , , , , , , , , , , , , , </del>			
	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	9 Enter the state(s) in which the organization conducts gaming activities:							
a	a Is the organization licensed to conduct gaming activities in each of these states?							
t	b If "No," explain:							
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes No		
k	lf "	Yes," explain:						
			VIEW PREATE AND A SECOND SECON					
	_							
2320	82 10	0-27-22			Sche	dule G (Form 990) 2022		
					20110			

### GREATER NEW YORK COUNCILS, BOY SCOUTS

Schedule G (Form 990) 2022 OF AMERICA	13-1624015	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 former		
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a [	%
		%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	acords.	
Name		
Address	***************************************	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	?	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	ie amount	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
/ Mailood		
16 Gaming manager information:		
Garring manager information.		
Down.		
Name		
O I I I I I I I I I I I I I I I I I I I		
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	L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	nd (v); and Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	•	
/T\ NAME OF DIMBOATCED. DAMDICIA IVNOU ACCOCTAMEC		
(I) NAME OF FUNDRAISER: PATRICIA LYNCH ASSOCIATES		
/T ADDDEG OF BUIDDAYORD (FF SDAADUR ONTO OAK ALDERN NO 1000		
(I) ADDRESS OF FUNDRAISER: 677 BROADWAY SUITE 205, ALBANY, NY 12207		
PART I, LINE 2B, COLUMN (V):		
SEEK OPERATIONAL AND CAPITAL SUPPORT		
	<del></del>	*******
232083 10-27-22	Schedule G (Form	990) 2022
EVENUE IN EVILE		, <del> </del>

# GREATER NEW YORK COUNCILS, BOY SCOUTS 13-1624015 Page 4 Schedule G (Form 990) OF AMERICA Part IV Supplemental Information (continued) OF AMERICA

## **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. GREATER NEW YORK COUNCILS, BOY SCOUTS

OF AMERICA

Employer identification number 13-1624015

Ра	Questions Regarding Compensation		
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.		History etc.
	First-class or charter travel		All and
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	31415	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	x	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		ASUS.
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	X Compensation committee		
	Independent compensation consultant  X Compensation survey or study		
	Form 990 of other organizations  X Approval by the board or compensation committee	n ilinen	
		1 12 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
•	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	Х	Ţ
Č	Participate in or receive payment from an equity-based compensation arrangement?	Т	х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	The cool to daily of limbs its of list the persons and provide an approved to the control of the		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
Ť	contingent on the revenues of:		
9	The organization?	1,11,100,100,100	x
h	Any related organization?	T	х
~	If "Yes" on line 5a or 5b, describe in Part III.	16 5013	
6	Fig. 000 Part III Costing A line to did the executation pay or posting any companyation	H (dr.540	
٠	contingent on the net earnings of:		
а	The organization?		х
	Any related organization?		Х
,	If "Yes" on line 6a or 6b, describe in Part III.	4 164	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
′	not described on lines 5 and 6? If "Yes," describe in Part III	355 (2) years in	x
	THE GESTINES OF THE STATE OF TH		
8	33/27	ME AND SERVICE	X
_	Titled Contract Chooping accompany to guidance accompany to 14000 4(4)(4) the 1400 4000 accompany to 14000 4(4)		1 35/5
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  Begulations section 53 4958-6(c)?	SP 600 34	a preside
	Regulations section 53.4958-6(c)?	Ш	

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

Schedule J (Form 990) 2022

#### GREATER NEW YORK COUNCILS, BOY SCOUTS

OF AMERICA

Page 2

Schedule J (Form 990) 2022 OF AMERICA 13-1624015

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SAROYA FRIEDMAN-GONZALEZ	(i)	325,000.	0.	0.	4,575.	0,	329,575.	0,
SCOUT EXECUTIVE/CEO/SEC, AS OF 11/22		0,	0,	0,	0.	0.	0,	0,
(2) RICHARD A. DAVIES	(i)	200,000.	0,	0.	16,812.	0,	216,812.	0,
	(ii)	0,	0,	0.	0,	0,	0,	0.
(3) JEFF FANARA	(i)	163,582.	0.	0.	15,098.	0.	<u> </u>	0,
	(ii)	0,	0,	0,	0,	0,		O,
(4) CHRISTOPHER GUARNIERE	(i)	149,800.	0.	0,	13,947,	0.		0,
DEPUTY SCOUT EXECUTIVE	(ii)	0.	0,	0,	0,	0,	0,	0,
	(i)						<u> </u>	
	(ii)			_				
	(i)							
,	(11)							
	(i)							
	(ii)							
	(i)							
	(11)							
	(i)						<u>.</u>	
	(ii)							
	(i)							
	(0)						<u> </u>	
	(i)							<u> </u>
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	(ii)			<u>`</u>				ļ
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Schedule J (Form 990) 2022

GREATER	NEW	YORK	COUNCILS,	BOY	SCOUTS

Schedule J (Form 990) 2022 OF AMERICA	13~1624015	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also	complete this part for any additional information.	
SCHEDULE J PART 1 QUESTION 4B		<del>-</del>
A STATE OF THE STA		
THE GREATER NEW YORK COUNCILS OFFERS A VOLUNTARY MATCH SAVINGS PROGRAM		
FOR EMPLOYEES TO MAKE PRE-TAX SALARY CONTRIBUTIONS, EMPLOYER WILL		
FOR EMPHOLEMS IV MAND THE THE CHEMIC COLUMN		
MATCH 50% OF EACH PRE-TAX DOLLAR EMPLOYEE CONTRIBUTES ON THE FIRST 6%		
OF PAY THAT EMPLOYEE DEFERS TO THE FROGRAM.		
	Schedule J (For	m 0001 2025
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## **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service GREATER NEW YORK COUNCILS, BOY SCOUTS Employer identification number Name of the organization 13-1624015 OF AMERICA FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIFE.SCOUTING SERVES YOUTH ACROSS MANY ASPECTS OF THEIR LIFE -- AFTER SCHOOL, WEEKEND, AND SUMMER CAMP PROGRAMMING - PROVIDING THEM WITH A WELL-ROUNDED NETWORK OF SUPPORTIVE PEERS AND ADULTS. SCOUTING AIMS TO DEVELOP THE WHOLE PERSON THROUGH COMMUNITY SERVICE PROJECTS, FIELD TRIPS TO NEW YORK CITY CULTURAL ATTRACTIONS, CAMPOREES, S.T.E.M. PROGRAMS, FAMILY FUN WEEKENDS, AND MUCH MORE. SCOUTING BRINGS FAMILY AND COMMUNITY TOGETHER -- THUS CREATING AN ECOSYSTEM OF SUPPORT WHILE ALSO DEVELOPING LEADERS OF TOMORROW. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WE PROVIDED ABOUT 350 CAMP TRIPS TO GNYC YOUTH AND ABOUT 400 CAMP TRIPS TO OUT OF COUNCIL UNITS FORM 990, PART VI, SECTION A, LINE 6: THE COUNCIL WAS INCORPORATED AS A MEMBERSHIP CORPORATION. FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS PRESENTS A SLATE OF CANDIDATES AND THE VOTING MEMBERS AS A WHOLE VOTE ON THE SLATE AT THE ANNUAL MEETING FORM 990, PART VI, SECTION A, LINE 7B: CHARTERED ORGANIZATION REPRESENTATIVES ARE VOTING MEMBERS AT THE ANNUAL MEETING TO APPROVE THE SELECTION OF COUNCIL BOARD MEMBERS AND OFFICERS.

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization GREATER NEW YORK COUNCILS, BOY SCOUTS OF AMERICA	Employer identification number 13-1624015
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF	,
DIRECTORS AT ITS NOVEMBER MEETING AND A DRAFT WAS CIRCULATED TO THE	
EXECUTIVE COMMITTEE PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY	- ton
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
MEMBERS OF THE COMPENSATION COMMITTEE OF THE BOARD REVIEW COMPARABLE	E DATA
FROM BOTH THE NATIONAL OFFICE OF BOY SCOUTS OF AMERICA AND DATA FROM	M THE
NEW YORK CITY NON-PROFIT SECTOR SURVEY. EACH YEAR COMPENSATION WILL	BE
REVIEWED BASED ON THE COUNCIL'S ACTIVITY, NATIONAL OFFICE DOES THIS	REVIEW
SEPARATELY.	
	·
FORM 990, PART VI, SECTION C, LINE 19:	
THE COUNCIL WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND T	HE
ANNUAL REPORT IS AVAILABLE ON OUR WEBSITE,	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF CHARITABLE REMAINDER AND PERPETUAL	
TRUSTS -	242,904.
INVESTMENT FEE	77,157.
TOTAL TO FORM 990, PART XI, LINE 9	165,747.