

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2023** calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CONNECTICUT YANKEE COUNCIL, INC.**
BOY SCOUTS OF AMERICA
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
60 WELLINGTON ROAD
 City or town, state or province, country, and ZIP or foreign postal code
MILFORD CT 06461

D Employer identification number
****-***6793**

E Telephone number
203-876-6868

G Gross receipts\$ **4,415,645**

F Name and address of principal officer:
MARK A KRAUS
60 WELLINGTON ROAD
MILFORD CT 06460

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CTYANKEE.ORG** **H(c)** Group exemption number **1761**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1998** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	45
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	98
	6 Total number of volunteers (estimate if necessary)	6	2200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,545
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,480,070	1,389,259
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,385,035	1,643,684
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,623,760	461,576
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	532,024	392,073
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,020,889	3,886,592
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,918,143	1,930,750
	b Total fundraising expenses (Part IX, column (D), line 25) 241,349	6,025	5,632
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,435,298	1,931,978
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,359,466	3,868,360
19 Revenue less expenses. Subtract line 18 from line 12	661,423	18,232	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,263,870	13,471,705
	22 Net assets or fund balances. Subtract line 21 from line 20	1,318,750	1,149,452

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **MARC HARRISON** Date: _____
 Type or print name and title: **COUNCIL TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **JOHN A ACCAVALLO CPA** Preparer's signature: **JOHN A ACCAVALLO CPA** Date: **08/20/24** Check if self-employed PTIN: *********

Firm's name: **ACCAVALLO & COMPANY LLC** Firm's EIN: **** - *** 0350**
 Firm's address: **1000 BRIDGEPORT AVE STE 410**
SHELTON, CT 06484 Phone no.: **203-925-9600**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PLEASE REFER TO PAGE 1, PART 1, QUESTION 1 AND SCHEDULE O FOR THE ORGANIZATIONS MISSION.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,036,670** including grants of \$ **91,181**) (Revenue \$ **1,157,616**)

CAMPING - THE COUNCIL PROVIDES SCOUTS, LEADERS AND FAMILIES YEAR ROUND CAMPING, SUMMER CAMPING, AND COPE PROGRAMS AT THREE CAMPS. OVER 8,600 SCOUTS AND 2,200 LEADERS WERE SERVED.

4b (Code:) (Expenses \$ **780,641** including grants of \$) (Revenue \$ **486,068**)

ACTIVITIES - THE COUNCIL PROVIDES OVER 80 ACTIVITIES ANNUALLY, SERVING OVER 8,600 SCOUTS, PROMOTING INVOLVEMENT IN THE COMMUNITY AND IN THE OUTDOORS.

4c (Code:) (Expenses \$ **674,704** including grants of \$ **3,612**) (Revenue \$)

SCOUTREACH - THROUGH SCOUTREACH, THE COUNCIL PROVIDES RESOURCES TO ENSURE YOUNG PEOPLE RESIDING IN URBAN AREAS HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR ETHNIC BACKGROUND.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **3,492,015**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			13
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	98		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	45		
b	Enter the number of voting members included on line 1a, above, who are independent		
	45		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

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

**CONNECTICUT YANKEE COUNCIL INC 60 WELLINGTON RD
MILFORD**

CT 06461 203-876-6868

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK A KRAUS	40.00									
SCOUT EXEC/CEO	0.00			X			211,689	0	22,560	
(2) JOSEPH ANDREO	40.00									
ASST. SCOUT EXEC/COO	0.00				X		134,216	0	0	
(3) PAUL LUKAS	40.00									
PROGRAM EXECUTIVE	0.00				X		133,985	0	0	
(4) MICHAEL ABRAHAMSON	0.00									
EXEC BOARD MEMBER	0.00	X					0	0	0	
(5) JAMES ACCOMANDO	0.00									
COUNCIL PRESIDENT	0.00	X		X			0	0	0	
(6) STEVEN AGNEW	0.00									
VP DIST. OPERATIONS	0.00	X		X			0	0	0	
(7) EUGENIO ALVAREZ	0.00									
EXEC BOARD MEMBER	0.00	X					0	0	0	
(8) GREG BAIMEL	0.00									
DISTRICT CHAIRMAN	0.00	X					0	0	0	
(9) JOHN BEAUCLAIR	0.00									
EXEC BOARD MEMBER	0.00	X					0	0	0	
(10) JAY BENNETT	0.00									
EXEC BOARD MEMBER	0.00	X					0	0	0	
(11) ERICA BLAKE	0.00									
DISTRICT CHAIRMAN	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROBERT BROWN										
(12) VP MARKETING	0.00	X		X			0	0	0	
(13) MICHAEL CARD										
(13) EXEC BOARD MEMBER	0.00	X					0	0	0	
(14) MICHAEL CARPENTER										
(14) EXEC BOARD MEMBER	0.00	X					0	0	0	
(15) WILLIAM CHIN										
(15) EXEC BOARD MEMBER	0.00	X					0	0	0	
(16) CHRISTIAN COUGHLIN										
(16) EXEC BOARD MEMBER	0.00	X					0	0	0	
(17) ROBERT EMERSON										
(17) EXEC BOARD MEMBER	0.00	X					0	0	0	
(18) RUDY ESCALANTE										
(18) PAST PRESIDENT	0.00	X					0	0	0	
(19) JOHN FARLEY										
(19) EXEC BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal							479,890		22,560	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							479,890		22,560	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 397					
	b Membership dues	1b					
	c Fundraising events	1c 334,089					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,054,773					
	g Noncash contributions included in lines 1a-1f	1g \$ 124,694					
	h Total. Add lines 1a-1f		1,389,259				
	Program Service Revenue			Business Code			
2a CAMPING FEES			1,157,616	1,157,616			
b SCOUT ACTIVITY FEES			482,234	482,234			
c SCOUT REACH			3,834	3,834			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,643,684				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		432,927			432,927	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	188,053				
		(ii) Personal					
		6a	188,053				
	b Less: rental expenses	6b	162,508				
	c Rental inc. or (loss)	6c	25,545				
	d Net rental income or (loss)			25,545		25,545	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a			32,156		
	b Less: cost or other basis and sales exps.	7b			3,507		
	c Gain or (loss)	7c			28,649		
	d Net gain or (loss)			28,649	28,649		
8a Gross income from fundraising events (not including \$ 334,089 of contributions reported on line 1c). See Part IV, line 18	8a	28,985					
	b Less: direct expenses	8b	84,744				
c Net income or (loss) from fundraising events			-55,759		-55,759		
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a	423,483					
	b Less: cost of goods sold	10b	278,294				
c Net income or (loss) from sales of inventory			145,189	145,189			
Miscellaneous Revenue			Business Code				
	11a OTHER REVENUE		465,151			465,151	
	b LESS-RENTAL		-39,009			-39,009	
	c LESS-RENTAL		-149,044			-149,044	
	d All other revenue						
e Total. Add lines 11a-11d			277,098				
12 Total revenue. See instructions			3,886,592	1,817,522	25,545	654,266	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,249	214,121	4,274	15,854
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	1,379,959	1,264,357	24,547	91,055
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	183,574	164,078	4,140	15,356
10 Payroll taxes	132,968	122,297	2,266	8,405
11 Fees for services (nonemployees):				
a Management	8,115	7,904	211	
b Legal				
c Accounting	23,359	22,751	608	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	5,632			5,632
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,137	25,457	680	
12 Advertising and promotion	11,436	9,883	151	1,402
13 Office expenses	16,331	11,398	124	4,809
14 Information technology				
15 Royalties				
16 Occupancy	140,229	125,610	2,454	12,165
17 Travel	200,041	189,663	1,302	9,076
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,447	117,302	1,794	9,351
20 Interest	21,373	18,854	535	1,984
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,887	184,266	5,228	19,393
23 Insurance	74,448	71,371	653	2,424
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	779,297	767,295	326	11,676
b RECOGNITION AND AWARDS	94,793	70,416	387	23,990
c CHARTER FEES	84,575		84,575	
d SPECIFIC ASSISTANCE TO IN	51,040	51,040		
e All other expenses	63,470	53,952	741	8,777
25 Total functional expenses. Add lines 1 through 24e	3,868,360	3,492,015	134,996	241,349
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,966,851	1	1,352,446
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	39,638	3	24,208
	4 Accounts receivable, net	49,630	4	3,698
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	45,454	8	45,906
	9 Prepaid expenses and deferred charges	43,329	9	45,855
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,758,642		
	b Less: accumulated depreciation	10b 2,165,065	10c	2,593,577
	11 Investments—publicly traded securities	4,197,805	11	7,930,326
	12 Investments—other securities. See Part IV, line 11	266,020	12	298,070
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	37,000	14	33,107
	15 Other assets. See Part IV, line 11	1,062,993	15	1,144,512
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,263,870	16	13,471,705	
Liabilities	17 Accounts payable and accrued expenses	35,565	17	11,867
	18 Grants payable		18	
	19 Deferred revenue	106,284	19	73,766
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	620,312	21	559,861
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	503,956	23	450,417
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,633	25	53,541
	26 Total liabilities. Add lines 17 through 25	1,318,750	26	1,149,452
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,987,180	27	8,194,583
	28 Net assets with donor restrictions	3,957,940	28	4,127,670
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,945,120	32	12,322,253
33 Total liabilities and net assets/fund balances	13,263,870	33	13,471,705	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,886,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,868,360
3	Revenue less expenses. Subtract line 2 from line 1	3	18,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,945,120
5	Net unrealized gains (losses) on investments	5	268,797
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	90,104
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,322,253

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) FELIX GIANNINI										
(12) EXEC BOARD MEMBER	0.00	X					0	0	0	
(21) STEPHEN GILLETT										
(13) VP PROPERTIES	0.00	X		X			0	0	0	
(22) CAROLINE GRIFFIN										
(14) DISTRICT CHAIRMAN	0.00	X					0	0	0	
(23) MARC HARRISON										
(15) COUNCIL TREASURER	0.00	X		X			0	0	0	
(24) NEIL HAUCK										
(16) EXEC BOARD MEMBER	0.00	X					0	0	0	
(25) JENNIFER JACKSON										
(17) EXEC BOARD MEMBER	0.00	X					0	0	0	
(26) WILLIAM HALL, JR.										
(18) EXEC BOARD MEMBER	0.00	X					0	0	0	
(27) ART LANDI										
(19) EXEC BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) BRIAN LOWELL										
(12) EXEC BOARD MEMBER	0.00	X					0	0	0	
(29) JAY LUBIN										
(13) VP PROGRAM	0.00	X		X			0	0	0	
(30) CHRISTOPHER MCLEOD										
(14) VP INVESTMENTS	0.00	X		X			0	0	0	
(31) NICK MIRABILE										
(15) EXEC BOARD MEMBER	0.00	X					0	0	0	
(32) RAY MONCEVICIUS										
(16) EXEC BOARD MEMBER	0.00	X					0	0	0	
(33) JOSE MORALES										
(17) EXEC BOARD MEMBER	0.00	X					0	0	0	
(34) WILEY MULLINS										
(18) VP URBAN SCOUTING	0.00	X		X			0	0	0	
(35) LUCAS PIMENTEL										
(19) EXEC BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) STEVE PROSTOR										
(12) DISTRICT CHAIRMAN	0.00	X					0	0	0	
(37) RICH RILEY										
(13) EXEC BOARD MEMBER	0.00	X					0	0	0	
(38) THOMAS J. RUSIN										
(14) EXEC BOARD MEMBER	0.00	X					0	0	0	
(39) MARK SEMMELROCK										
(15) EXEC BOARD MEMBER	0.00	X					0	0	0	
(40) MARK SHIFFRIN										
(16) VP LEGAL	0.00	X		X			0	0	0	
(41) DAVID SIPPIN										
(17) EXEC BOARD MEMBER	0.00	X					0	0	0	
(42) MARGARET STREICKER										
(18) EXEC BOARD MEMBER	0.00	X					0	0	0	
(43) SETH STROHECKER										
(19) VP MEMBERSHIP	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) DAVID TALBOT (12) EXEC BOARD MEMBER	0.00 0.00	X						0	0	0
(45) GENE WARING (13) COUNCIL COMMISSIONER	0.00 0.00	X		X				0	0	0
(46) GABRIEL ZAYAS (14) DISTRICT CHAIRMAN	0.00 0.00	X						0	0	0
(47) ERIC ZIELINSKI (15) EXEC BOARD MEMBER	0.00 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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

2023

**Open to Public
Inspection**

Name of the organization CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA	Employer identification number **-***6793
---	---

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,417,085	959,895	1,708,520	1,480,070	1,389,259	6,954,829
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,417,085	959,895	1,708,520	1,480,070	1,389,259	6,954,829
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						827,028
6 Public support. Subtract line 5 from line 4						6,127,801

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,417,085	959,895	1,708,520	1,480,070	1,389,259	6,954,829
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,420,719	468,915	823,355	178,353	432,927	3,324,269
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.)	171,684	486,139	504,915	324,907	277,098	1,764,743
11 Total support. Add lines 7 through 10						12,043,841
12 Gross receipts from related activities, etc. (see instructions)					12	8,727,195

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	50.88 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	55.59 %

16a 33 1/3% support test — 2023. 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 — 2022. 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 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years. Includes checkboxes for public support tests.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %.

- 19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a			
b	A family member of a person described on line 11a above?		
11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2			

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b		Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a			
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OPERATIONAL FEES \$ 263,702

SAIL AWAY INCOME \$ 2,213

MISCELLANEOUS \$ 11,183

OTHER INCOME (2019-2022) \$ 1,487,645

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

2023

Open to Public Inspection

Name of the organization

CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA

Employer identification number

-*6793

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,197,805	5,265,983	5,486,424	5,294,056	4,611,208
b Contributions		55,510	13,360	14,999	28,696
c Net investment earnings, gains, and losses	290,540	-723,686	962,199	687,368	864,152
d Grants or scholarships					
e Other expenditures for facilities and programs	521,455	400,002	1,196,000	510,000	210,000
f Administrative expenses					
g End of year balance	3,966,890	4,197,805	5,265,983	5,486,424	5,294,056

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **34.67 %**
 - b Permanent endowment **65.33 %**
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		693,975		693,975
b Buildings		3,276,630	2,165,065	1,111,565
c Leasehold improvements				
d Equipment		788,037		788,037
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,593,577

Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	1,123,829
(2) ROU ASSETS	20,683
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,144,512

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG-TERM DEBT-CURRENT PORTION	47,317
(3) FINANCE LEASE- CURRENT PORTION	6,224
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	53,541

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,209,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	268,797
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	188,053
e	Add lines 2a through 2d	2e	456,850
3	Subtract line 2e from line 1	3	3,752,721
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	133,871
c	Add lines 4a and 4b	4c	133,871
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,886,592

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

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

1	Total expenses and losses per audited financial statements	1	4,030,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	162,508
e	Add lines 2a through 2d	2e	162,508
3	Subtract line 2e from line 1	3	3,868,360
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,868,360

Part XIII Supplemental Information

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE CUSTODIAL FUNDS ARE HELD ON BEHALF OF UNITS AND OTHER GROUPS TO PAY FOR REGISTRATION FEES AND SCOUT SHOP PURCHASES.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE COUNCIL MAINTAINS VARIOUS DONOR-RESTRICTED AND BOARD DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS. THE EXECUTIVE BOARD CLASSIFIES FOR FINANCIAL STATEMENT PURPOSES THIS LONG TERM SUPPORT INTO NET ASSETS WITH DONOR RESTRICTIONS OR NET ASSETS WITHOUT DONOR RESTRICTIONS. THE EXECUTIVE BOARD TAKES INTO CONSIDERATION THE DIRECTION OF THE DONOR (WHERE APPLICABLE) AND THE PROVISIONS OF LAWS IN THE STATE OF CONNECTICUT IN DECIDING THE ABOVE. THE COUNCIL HAS A POLICY OF

Part XIII Supplemental Information *(continued)*

APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 4.5% FOR 2023 AND 2022 OF ITS ENDOWMENT FUND'S AVERAGE MARKET VALUE OVER THE PRECEDING 20 QUARTERS THROUGH SEPTEMBER 30 OF THE PRECEDING FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL INCOME	\$	188,053
---------------	----	---------

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

NET ASSETS RELEASED FROM DONOR RESTRICTIONS	\$	-80,862
---	----	---------

PROJECT SALES	\$	54,146
---------------	----	--------

FOUNDATION AND TRUSTS	\$	40,221
-----------------------	----	--------

INVESTMENT INCOME	\$	68,684
-------------------	----	--------

OTHER DIRECT CONTRIBUTIONS	\$	26,137
----------------------------	----	--------

NET RENTAL INCOME	\$	25,545
-------------------	----	--------

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES	\$	162,508
-----------------	----	---------

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

**CONNECTICUT YANKEE COUNCIL, INC.
BOY SCOUTS OF AMERICA**

Employer identification number

****-***6793**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OTHER EVENTS (event type)	(event type)	8 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	363,074			363,074
	2 Less: Contributions	334,089			334,089
	3 Gross income (line 1 minus line 2)	28,985			28,985
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	12,603			12,603
	7 Food and beverages	51,491			51,491
	8 Entertainment				
	9 Other direct expenses	20,650			20,650
	10 Direct expense summary. Add lines 4 through 9 in column (d)				84,744
11 Net income summary. Subtract line 10 from line 3, column (d)				-55,759	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

CONNECTICUT YANKEE COUNCIL, INC.
BOY SCOUTS OF AMERICA

Employer identification number
****-***6793**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK A KRAUS SCOUT EXEC/CEO	(i)	188,000	12,500	11,189	22,560	0	234,249	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

MARK KRAUS RECEIVED BONUS COMPENSATION IN THE AMOUNT OF \$12,500.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

****-***6793**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	124,694	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

IN-KIND CONTRIBUTIONS ARE AS FOLLOWS:

MOTOR VEHICLES	\$20,558
MATERIALS AND SUPPLIES	54,386
SERVICES	49,750

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization	CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA	Employer identification number	** - *** 6793
--------------------------	---	--------------------------------	----------------------

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA (THE COUNCIL) IS A NOT-FOR-PROFIT ORGANIZATION, INCORPORATED IN THE STATE OF CONNECTICUT, AND OPERATING UNDER THE CHARTER GRANTED BY THE BOY SCOUTS OF AMERICA, NATIONAL COUNCIL.

THE COUNCIL IS HEADQUARTERED IN MILFORD, CONNECTICUT, AND SERVES FAIRFIELD AND NEW HAVEN COUNTIES THROUGH THE DELIVERY OF A HIGH-QUALITY SCOUTING PROGRAM TO OVER 8,600 YOUTH AND 2,200 VOLUNTEER ADULTS. AS A LOCAL COUNCIL, IT IS THE ORGANIZATION'S MISSION TO SERVE OTHERS BY HELPING INSTILL VALUES IN YOUNG PEOPLE TO PREPARE THEM TO MAKE ETHICAL CHOICES AND ACHIEVE THEIR FULL POTENTIAL. THE COUNCIL OPERATES THREE CAMPING FACILITIES AND SUPPORTS OVER 168 COMMUNITY-BASED ORGANIZATIONS OPERATING OVER 289 LOCAL SCOUTING UNITS WITHIN THE COUNCIL'S GEOGRAPHICAL AREA.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE COUNCIL IS A NOT-FOR-PROFIT CORPORATION ORGANIZED IN THE STATE OF CONNECTICUT. MEMBERS ARE ELECTED IN ACCORDANCE WITH THE COUNCIL'S BY-LAWS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE COUNCIL'S VOTING MEMBERS ARE ITS 168 CHARTERED REPRESENTATIVES PLUS 43 MEMBERS AT LARGE WHO ELECT OFFICERS, DIRECTORS, AND MEMBERS AT LARGE AT THE COUNCIL'S ANNUAL MEETING WHICH REQUIRES A QUORUM OF 5%.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IS PREPARED THROUGH

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

CONNECTICUT YANKEE COUNCIL, INC.

-*6793

THE COLLABORATIVE EFFORTS OF MANAGEMENT AND OUTSIDE TAX ACCOUNTANTS. THE TAX RETURN IS REVIEWED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE ACCEPTS THE TAX RETURN AND HAS BEEN DESIGNATED TO REVIEW ON BEHALF OF THE BOARD OF DIRECTORS. THE FULL 990 IS CIRCULATED TO THE FULL BOARD UPON ACCEPTANCE BY THE AUDIT COMMITTEE AND PRIOR TO FILING WITH TAX AUTHORITIES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE COUNCIL REQUIRES ANNUAL REVIEW OF CONFLICT OF INTEREST POLICY BY EMPLOYEES AND BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COUNCIL HAS A COMPENSATION POLICY IN PLACE WHICH WAS APPROVED BY THE BOARD. THE POLICY OUTLINES THE DUE DILIGENCE REQUIRED WHEN PERFORMING THE SCOUT EXECUTIVE'S REVIEW AND ESTABLISHING THE CURRENT YEAR COMPENSATION. THE COMMITTEE IS PROVIDED COMPARABLE DATA FOR SIMILAR SIZE COUNCILS IN THE AREA BY THE NATIONAL HEADQUARTERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL GOVERNING DOCUMENTS OF THE COUNCIL ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE COUNCIL WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHARITABLE REMINDER TRUSTS	\$	58,054
----------------------------	----	--------

PERPETUAL TRUSTS	\$	32,050
------------------	----	--------

Name of the organization

Employer identification number

CONNECTICUT YANKEE COUNCIL, INC.

**** - *** 6793**

TOTAL

\$ 90,104

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA	D Employer identification number ** - *** 6793
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 60 WELLINGTON ROAD	E Group exemption number (see instructions) 1761
		City or town, state or province, country, and ZIP or foreign postal code MILFORD CT 06461	F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year		13,471,705	

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **CONNECTICUT YANKEE COUNCIL** Telephone number **203-876-6868**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	
3a	Amount due from Form 4255	3a	
b	Amount due from Form 8611	3b	
c	Amount due from Form 8697	3c	
d	Amount due from Form 8866	3d	
e	Other amounts due (see instructions)	3e	
f	Total amounts due. Add lines 3a through 3e	3f	
4	Total tax. Add lines 2 and 3f (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a	
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Elective payment election amount from Form 3800	6g	
h Payment from Form 2439	6h	
i Credit from Form 4136	6i	
j Other (see instructions)	6j	
7 Total payments. Add lines 6a through 6j	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
531120	\$	24,170
	\$	
	\$	
	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

COUNCIL TREASURER
 Signature of officer Date Title

Paid Preparer Use Only

Print/Type preparer's name JOHN A ACCAVALLO CPA	Preparer's signature JOHN A ACCAVALLO CPA	Date 08/20/24	Check <input type="checkbox"/> if self-employed	PTIN *****
Firm's name ACCAVALLO & COMPANY LLC			Firm's EIN ** - *** 0350	
Firm's address 1000 BRIDGEPORT AVE STE 410 SHELTON, CT 06484			Phone no. 203-925-9600	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization
CONNECTICUT YANKEE COUNCIL, INC.

B Employer identification number
****-***6793**

C Unrelated business activity code (see instructions) **531120**

D Sequence: **1** of **1**

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7	70,185	76,525
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	70,185	76,525

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-6,340
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		-6,340

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D	
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>	60 WELLINGTON ROAD	MILFORD	CT	06460
B	<input type="checkbox"/>	60 WELLINGTON ROAD	MILFORD	CT	06460
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D	
2	STMT 1				
	149,044	39,009			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
	162,508				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
	SEE STATEMENT 2				
	503,982				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
	SEE STATEMENT 3				
	1,070,148				
6	Divide line 4 by line 5				
	47.09%	%	%	%	
7	Gross income reportable. Multiply line 2 by line 6				
	70,185				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
				70,185	
9	Allocable deductions. Multiply line 3c by line 6				
	76,525				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
				76,525	
11	Total dividends — received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	531120	\$ 24,170
TOTAL		\$ 24,170

-*6793

Federal Statements

FYE: 12/31/2023

Unrelated Business Activity**Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information**

<u>Description</u>	<u>Deduction</u>
OFFICE SPACE AT 60 WELLINGT	\$
DEPRECIATION - STRAIGHT LINE	34,726
ELECTRICITY-60 WELLINGTON ROAD	23,438
GAS-PROPANE-60 WELLINGTON ROAD	7,277
INSURANCE-BUILDING & CONTENTS-60 WEL	15,478
INTEREST ON OTHER DEBT-60 WELLINGTON	20,630
MAINTENANCE SERVICES-60 WELLINGTON R	6,670
MAINTENANCE SERVICES-60 WELLINGTON R	6,052
OTHER OCCUPANCY EXPENSES-60 WELLINGT	38,475
SERVICE CONTRACTS-FIRE DETECT-60 WEL	1,271
TELEPHONE - 60 WELLINGTON ROAD	7,578
WATER & SEWER-60 WELLINGTON ROAD	913
TOTAL	\$ <u>162,508</u>

Unrelated Business Activity**Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property**

<u>Description</u>	<u>Deduction</u>
OFFICE SPACE AT 60 WELLINGT	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	6,047,789
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	<u>12</u>
AVERAGE ACQUISITION DEBT	<u>503,982</u>
UNRELATED ACTIVITY PERCENTAGE	<u>100</u>
ALLOCATED ACQUISITION DEBT	<u>503,982</u>

Federal Statements**Unrelated Business Activity****Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property**

<u>Description</u>	<u>Deduction</u>
OFFICE SPACE AT 60 WELLINGT	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	1,118,739
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	<u>1,021,556</u>
TOTAL	2,140,295
DIVIDED BY 2	<u>2</u>
AVERAGE ADJUSTED BASIS	<u>1,070,148</u>
UNRELATED ACTIVITY PERCENTAGE	<u>100</u>
ALLOCATED ADJUSTED BASIS	<u><u>1,070,148</u></u>

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1.
- 2. Advertising income 2.
- 3. Circulation income 3.
- 4. Other income 4.
- 5. Returns and allowances 5.
- 6. Contributions received 6.
- 7. **Total revenue.** Add lines 1 through 6 7.
- 8. Cost of Goods Sold 8.
- 9. Employment Expense 9.
- 10. Fees for services 10.
- 11. Indirect Expense 11.
- 12. Depreciation Expense 12.
- 13. Exempt Activity Expense 13.
- 14. Fundraising Expense 14.
- 15. **Total expenses.** Add lines 8 through 14 15.
- 16. **Net Income/Loss.** Line 7 minus Line 15 16.

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>28,985</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>334,089</u>
7. Total revenue. Add lines 1 through 6	7.	<u>363,074</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>84,744</u>
15. Total expenses. Add lines 8 through 14	15.	<u>84,744</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>278,330</u>

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	<u>12,603</u>
Food & beverages (Part II only)	<u>51,491</u>
Entertainment (Part II only)	
Other direct expenses	<u>20,650</u>
Total Fundraising Expense	<u>84,744</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

	Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		423,483
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		423,483
8. Cost of Goods Sold	8.		278,294
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		278,294
16. Net Income/Loss. Line 7 minus Line 15	16.		145,189

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	142,538
Labor	_____
Section 263A costs	_____
Other costs	135,756
Ending inventory	_____
Total Cost of Goods Sold	278,294

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code		Seq #		
<input type="checkbox"/>	Part V, Debt Financing			
<input type="checkbox"/>	Part VI, Controlled Org Income			
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)			
<input type="checkbox"/>	Part VIII, Exploited Activities			
<input type="checkbox"/>	Part IX, Advertising Income			

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2023
Description OFFICE SPACE AT 60 WELLINGT		

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	149,044
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	162,508
5. Total expenses. Add lines 8 through 12	5.	162,508
6. Net Income/Loss. Line 7 minus Line 13	6.	-13,464

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	162,508
Total Direct Expense	162,508

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code 531120 Seq # 1

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990E

First	
Second	
Third	
All other	

Form 990/990PF	Rent Income and Deduction Worksheet	2023
Description SCOUT SHOP RENT INCOME		

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	39,009
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	39,009

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code 531120 Seq # 1

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990E

First	
Second	
Third	
All other	

Form 990-T	Business Income Activity Summary	2023
-------------------	---	-------------

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | G. _____ |

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. UNRELATED BUSINESS ACTIVITY	531120	1. -6,340
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. -6,340

Form 990-T	Schedule A Loss Carryover Calculation	2023
Description UNRELATED BUSINESS ACTIVITY		

Name CONNECTICUT YANKEE COUNCIL, INC.	Taxpayer Identification Number **-***6793
---	---

Unincorporated Business Income Tax Code: **531120** Activity: **LESSORS OF NONRESIDENTIAL BUILDI**

Each activity may carryforward losses after 2018

1 Activity income	1	-6,340
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	-6,340
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	24,170
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4)	7	24,170
8 If line 3 is less than zero, enter that amount here as a positive number	8	6,340
9 Total loss carried forward to 2024 (Add lines 7 and 8)	9	30,510

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	E1	24,170
E2 Prior year activity losses included on Schedule A, Line 17	E2	

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name **CONNECTICUT YANKEE COUNCIL, INC.
BOY SCOUTS OF AMERICA** Taxpayer Identification Number ****-***6793**

		2022	2023	Differences
R e v e n u e	1. Contributions, gifts, grants	1,480,070	1,389,259	-90,811
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,385,035	1,643,684	258,649
	5. Investment income	178,353	432,927	254,574
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	3,445,407	28,649	-3,416,758
	8. Net income or (loss) from fundraising events	-11,994	-55,759	-43,765
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	167,714	145,189	-22,525
	11. Other revenue	376,304	302,643	-73,661
	12. Total revenue. Add lines 1 through 11	7,020,889	3,886,592	-3,134,297
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	221,737	234,249	12,512
	16. Salaries, other compensation, and employee benefits	1,696,406	1,696,501	95
	17. Professional fundraising fees	6,025	5,632	-393
	18. Other professional fees	99,759	57,611	-42,148
	19. Occupancy, rent, utilities, and maintenance	174,941	140,229	-34,712
	20. Depreciation and Depletion	234,814	208,887	-25,927
	21. Other expenses	3,925,784	1,525,251	-2,400,533
	22. Total expenses. Add lines 13 through 21	6,359,466	3,868,360	-2,491,106
	23. Excess or (Deficit). Subtract line 22 from line 12	661,423	18,232	-643,191
O t h e r I n f o r m a t i o n	24. Total exempt revenue	7,020,889	3,886,592	-3,134,297
	25. Total unrelated revenue	51,397	25,545	-25,852
	26. Total excludable revenue	5,489,422	2,471,788	-3,017,634
	27. Total assets	13,263,870	13,471,705	207,835
	28. Total liabilities	1,318,750	1,149,452	-169,298
	29. Retained earnings	11,945,120	12,322,253	377,133
	30. Number of voting members of governing body	37	45	
	31. Number of independent voting members of governing body	37	45	
	32. Number of employees	120	98	
	33. Number of volunteers	2100	2200	

Form 990T	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name: **CONNECTICUT YANKEE COUNCIL, INC.
BOY SCOUTS OF AMERICA** Taxpayer Identification Number: ****-***6793**

		2022	2023	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)		-6,340	-6,340	

Form **SchA**(990T)**Two Year Comparison for Unrelated Business Activity****2022 & 2023**

For calendar year 2023, or tax year beginning , ending

Organization Name

CONNECTICUT YANKEE COUNCIL, INC.

Taxpayer Identification Number

****-***6793**Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **531120**

		2022	2023	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.	6,738	-6,340	-13,078
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	6,738	-6,340	-13,078
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	6,738	-6,340	-13,078
	24. Deductible losses	24.	6,738	24,170	17,432
	25. Unrelated business taxable income (loss)	25.		-30,510	-30,510

Form 990	Tax Return History	2023
Name CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA		Employer Identification Number **-***6793

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,417,085	959,895	1,708,520	1,480,070	1,389,259	
Membership dues						
Program service revenue	1,512,914	725,488	1,532,643	1,385,035	1,643,684	
Capital gain or loss				3,445,407	28,649	
Investment income	1,420,719	468,915	823,355	178,353	432,927	
Fundraising revenue (income/loss)			-13,208	-11,994	-55,759	
Gaming revenue (income/loss)						
Other revenue	354,181	584,676	684,607	544,018	447,832	
Total revenue	4,704,899	2,738,974	4,735,917	7,020,889	3,886,592	
Grants and similar amounts paid	76,742					
Benefits paid to or for members						
Compensation of officers, etc.	158,789	88,916	199,247	221,737	234,249	
Other compensation	1,502,585	1,463,402	1,711,971	1,696,406	1,696,501	
Professional fees	124,495	118,416	60,790	105,784	63,243	
Occupancy costs	121,460	50,725	128,641	174,941	140,229	
Depreciation and depletion	292,584	290,079	278,584	234,814	208,887	
Other expenses	956,993	473,887	1,113,298	3,925,784	1,525,251	
Total expenses	3,233,648	2,485,425	3,492,531	6,359,466	3,868,360	
Excess or (Deficit)	1,471,251	253,549	1,243,386	661,423	18,232	
Total exempt revenue	4,704,899	2,738,974	4,735,917	7,020,889	3,886,592	
Total unrelated revenue	3,463	19,548	41,000	51,397	25,545	
Total excludable revenue	3,284,351	1,759,531	2,986,397	5,489,422	2,471,788	
Total Assets	12,386,789	12,836,454	14,416,455	13,263,870	13,471,705	
Total Liabilities	2,218,441	2,108,528	2,143,243	1,318,750	1,149,452	
Net Fund Balances	10,168,348	10,727,926	12,273,212	11,945,120	12,322,253	

Form 990T	Tax Return History	2023
------------------	---------------------------	-------------

Name CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA	Employer Identification Number **-***6793
--	---

* Income shown net of expenses

	2019	2020	2021	2022	2023	2024
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*	-20,791					
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	-20,791	-760				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2023
------------------	---------------------------	-------------

Name CONNECTICUT YANKEE COUNCIL, INC. BOY SCOUTS OF AMERICA	Employer Identification Number **-***6793
--	---

	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)	-20,791	-760				
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000		1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 111,863				14	
REALIZED GAINS	321,064				14	
TOTAL	<u>\$ 432,927</u>					

-*6793

Federal Statements

FYE: 12/31/2023

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 28,692	\$ 25,457	\$ 680	\$ 2,555
LESS FUND RAISING	-2,555			-2,555
TOTAL	<u>\$ 26,137</u>	<u>\$ 25,457</u>	<u>\$ 680</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 45,536	\$ 39,349	\$ 601	\$ 5,586
MAINTENANCE	17,934	14,603	140	3,191
TOTAL	<u>\$ 63,470</u>	<u>\$ 53,952</u>	<u>\$ 741</u>	<u>\$ 8,777</u>

-*6793

Federal Statements

FYE: 12/31/2023

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 397
FRIENDS OF SCOUTING	499,445
FOUNDATIONS AND TRUSTS	146,921
PROJECT SALES	83,079
LEGACIES AND BEQUESTS	79,927
PROJECT SALES - RES	54,146
FOUNDATIONS AND TRUSTS - RES	40,221
OTHER DIRECT SUPPORT - RES	26,137
OTHER DIRECT SUPPORT	203
CONTRIBUTION ON NON FINANCIAL ASSETS	124,694
OTHER EVENTS	
CASH CONTRIBUTION	334,089
TOTAL	\$ <u><u>1,389,259</u></u>

-*6793

Federal Statements

FYE: 12/31/2023

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHRISTOPHER MCLEOD	\$ 473,500	\$ 232,623
CITY OF NEW HAVEN DEPT OF EDUC	659,360	418,483
BAUER FOUNDATION	150,000	
WINTHROP KNAPP	195,685	
CATHERINE P LEGO	7,500	
AARON P HOLLANDER	5,000	
ESTATE OF WILLIAM DALY	50,000	
ESTATE OF RICHARD ENGLISH	387,991	147,114
RUDY ESCALANTE	208,250	
ESTATE OF JAMES ENGLISH	50,000	
ESTATE OF LAWRENCE LANNOTTI	118,195	
ANONYMOUS DONOR	35,601	
CITY OF NEW HAVEN	68,774	
DIX P. POPPAS	269,685	28,808
BOY SCOUTS OF AMERICA NATIONAL FOUND	80,000	
SEQUASSEN ALUMNI ASSOCIATION	46,287	
SET SAIL FOUNDATION	27,966	
TOTAL	<u>\$ 2,833,794</u>	<u>\$ 827,028</u>

-*6793

Federal Statements

FYE: 12/31/2023

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 111,863
REALIZED GAINS	321,064
TOTAL	\$ <u>432,927</u>

Schedule A, Part II, Line 9(e)

Description	Amount
STAMFORD EVENT	\$
OTHER EVENTS	-55,759
OFFICE SPACE AT 60 WELLINGT	-6,340
SCOUT SHOP RENT INCOME	
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>-63,099</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
CAMPING FEES	\$ 1,157,616
SCOUT ACTIVITY FEES	482,234
SCOUT REACH	3,834
POPCORN SALES	423,483
TOTAL	\$ <u>2,067,167</u>

Federal Statements

OTHER EVENTS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
RECOGNITIONS	\$
ENTERTAINMENT	<u>20,650</u>
TOTAL	<u>\$ 20,650</u>

990T1223V011022



Form CT-990T
Connecticut Unrelated Business
Income Tax Return
 (Rev. 12/23)

2023Enter Income Year, Beginning: **01/01/23** and Ending: **12/31/23****CONNECTICUT YANKEE COUNCIL, INC.**CT Tax Reg. # **▶ 6223754-000****60 WELLINGTON ROAD**FEIN **▶ 060646793****MILFORD****CT 06461 -****Check All Applicable Boxes:**

- Organization is annualizing its income
- Change of:
- Mailing address Closing month (Attach explanation)
- Return status:
- Amended return Initial return Final return
- If final return:
- Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

- X** Corporation 401(a) or 408(a) trust
- Other trust Other: Explain

1. Date unrelated trade or business began in Connecticut: **01/01/98**
2. Nature of unrelated trade or business income activity: **SEE STATEMENT 1**
3. Corporation only: Enter state of corporation: **CT**
- Date of organization: **01/01/98**
- Date qualified in Connecticut if not incorporated in Connecticut: **01/01/98**

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary

Title

Date

COUNCIL TREA

Print name of officer or fiduciary

MARC HARRISON

Telephone number

2038766868

Email address of officer

▶ GREGORY.MARTY@SCOUTING.ORG

Paid preparer's signature

JOHN A ACCAVALLO CPA

Date

08202024

Preparer's PTIN

P01943427

Firm's name, address, and ZIP code

ACCAVALLO & COMPANY LLC
1000 BRIDGEPORT AVE STE 410
SHELTON, CT 06484

 X May DRS contact the preparer shown below about this return?

Firm's FEIN

03-050035

Telephone number

2039259600

990T1223V011022

990T1223V021022



6223754-000

– Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service –

Computation of Income

- 1. Federal unrelated business taxable income from 2023 federal Form 990-T 1. ▶
- 2. Federal net operating loss deduction claimed on 2023 federal Form 990-T 2. ▶
- 3. Federal deduction for Connecticut tax on unrelated business taxable income 3. ▶
- 4. Total: Add Lines 1, 2, and 3. 4. ▶
- 5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income 5. ▶
- 6. Unrelated business taxable income: Subtract Line 5 from Line 4. 6. ▶ 0

Computation of Tax

- 1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3. 1. ▶
- 2. Apportionment fraction from *Schedule A*, Line 5 on Page 3. Carry to six places. 2. ▶
- 3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2. 3. ▶
- 4. Operating loss carryover from *Schedule B*, Line 21 on Page 4. Do not exceed 50% of Line 3. 4. ▶ 0
- 5. Income subject to tax: Subtract Line 4 from Line 3. 5. ▶ 0
- 6. Tax: Multiply Line 5 by 7.5% (.075). 6. ▶ 0

Computation of Amount Payable

- 1. Tax: Include surtax if applicable. 1. ▶
- 2. *Reserved for future use* 2. ▶
- 3. Total Tax: Enter the amount from Line 1. 3. ▶
- 4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1. 4. ▶
- 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." 5. ▶ 0
- 6a. Paid with application for extension from Form CT-990T EXT 6a. ▶
- 6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD 6b. ▶
- 6c. Overpayment from prior year 6c. ▶
- 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c. 6. ▶
- 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. 7. ▶ 0
- 8a. Penalty 8a. ▶ 0
- 8b. Interest 8b. ▶ 0
- 8c. Form CT-1120I Interest 8c. ▶
- 8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c. 8. ▶
- 9a. Amount to be credited to 2024 estimated tax 9a. ▶
- 9b. Amount to be refunded 9b. ▶
- 9. Total credited and refunded 9. ▶
- 9c. Acct. type: Ck ▶ Sv ▶ 9d. Rout. # ▶ 9e. Acct. # ▶
- 9f. Will this refund go to a bank account outside the U.S.? ▶ 9g. Bank name ▶
- 10. Balance due with this return: Add Line 7 and Line 8. 10. ▶ 0 .00

990T1223V021022

990T1223V031022

6223754-000



Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1a. Inventories			
	1b. Tangible property			
	1c. Real property			
	1d. Capitalized rent			
	1. Total		0	
Receipts	2a. Sales of tangibles			
	2b. Services			
	2c. Rentals			
	2d. Other			
	2. Total		0	
Wages, salaries, and other compensation	3. Total		0	
	4. Total: Add Lines 1, 2, and 3 in Column C.			
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and on Page 2, Computation of Tax, Line 2.			

990T1223V031022

990T1223V041022

6223754-000



Schedule B — Connecticut Apportioned Operating Loss Carryover Applied to 2023

1. 2003 Connecticut net operating loss available for use in 2023	1.	
2. 2004 Connecticut net operating loss available for use in 2023	2.	
3. 2005 Connecticut net operating loss available for use in 2023	3.	
4. 2006 Connecticut net operating loss available for use in 2023	4.	
5. 2007 Connecticut net operating loss available for use in 2023	5.	
6. 2008 Connecticut net operating loss available for use in 2023	6.	
7. 2009 Connecticut net operating loss available for use in 2023	7.	
8. 2010 Connecticut net operating loss available for use in 2023	8.	
9. 2011 Connecticut net operating loss available for use in 2023	9.	
10. 2012 Connecticut net operating loss available for use in 2023	10.	
11. 2013 Connecticut net operating loss available for use in 2023	11.	
12. 2014 Connecticut net operating loss available for use in 2023	12.	
13. 2015 Connecticut net operating loss available for use in 2023	13.	
14. 2016 Connecticut net operating loss available for use in 2023	14.	
15. 2017 Connecticut net operating loss available for use in 2023	15.	
16. 2018 Connecticut net operating loss available for use in 2023	16.	0
17. 2019 Connecticut net operating loss available for use in 2023	17.	0
18. 2020 Connecticut net operating loss available for use in 2023	18.	0
19. 2021 Connecticut net operating loss available for use in 2023	19.	0
20. 2022 Connecticut net operating loss available for use in 2023	20.	0
21. Total: Add Lines 1 through 20. Enter here and on <i>Computation of Tax</i> , Line 4. Do not exceed 50% of <i>Computation of Tax</i> , Line 3.	21.	0

Schedule C — Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero.	1.	
2. Add back specific deduction claimed on 2023 federal Form 990-T	2.	
3. Subtotal: Add Line 1 and Line 2.	3.	
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	
5. 2023 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	0

990T1223V041022

Connecticut Statements

Statement 1 - Form CT-990T - Nature of Unrelated Trade or Business

Description

SUBLEASING OFFICE SPACE AT COUNCIL'S OFFICE.