Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2021 calen	dar year, or tax year beginning	, 2021,	and endin	g		, 20	0	
В	Check	if applicable:	С				D Employe	er identific	ation number	
	A	ddress change	The Petey Greene Program, Inc	c.			30-0	149976	50	
	□ _N	ame change	22 Stockton Street				E Telephor	ne number	-	
	\vdash	itial return	Princeton, NJ 08540				(877	1) 62/	1-7186	
		nal return/terminated				-	(077) 02-	7100	
							G Gross re	خ	1 710	105
	\vdash	mended return	F. Name and address of principal officers			H(a) Is this a			1,710,	1
	A	pplication pending	F Name and address of principal officer: Yusuf Da	ahl		` ,				X No No
			Same As C Above	1 1.0	1 1	H(b) Are all s If "No,"	attach a list.	See instru	ctions. Yes	NO
<u> </u>		exempt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527					
J			w.peteygreene.org	T -		H(c) Group e				
K		n of organization:	X Corporation Trust Association Other	L	Year of format	ion: 2009) MIS	ate of lega	al domicile: NJ	
Pa	rt I	Summar								
	1		pe the organization's mission or most significa							:he
ခွ			goals of incarcerated and fo							
Governance			<u>lity volunteer tutoring progr</u>		educat	ing vo	<u>luntee</u>	rs on	tne	
ērr	_		e manifest in our carceral sy							
Š	3	Check this bo	x ► if the organization discontinued its or ting members of the governing body (Part VI,					net asse	ts.	22
~જ	4		dependent voting members of the governing b					4		22 22
es	5		of individuals employed in calendar year 202				_	5		0
Activities &	6		of volunteers (estimate if necessary)					6	-	L,000
Ç	-		d business revenue from Part VIII, column (C					7a		0.
_			business taxable income from Form 990-T, P					7b		0.
			·				ior Year		Current Ye	ar
_	8	Contributions	and grants (Part VIII, line 1h)			. 1	,475,8	29.	1,651,	
Revenue	9		ice revenue (Part VIII, line 2g)				, ,			321.
, Kel	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7	d)			-18,1	97.	·	185.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)			9,6	75.		
	12	Total revenue	 add lines 8 through 11 (must equal Part V 	III, column (A), li	ne 12)	. 1	,467,3	07.	1,710,	125.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines	s 1-3)						
	14	Benefits paid	to or for members (Part IX, column (A), line 4	4)						
	15	Salaries, other	er compensation, employee benefits (Part IX,	column (A), lines	5-10)	. 1	,278,4	16.	1,264,	631.
ses	16a	Professional	undraising fees (Part IX, column (A), line 11e	.)			18,0	00.		
Expenses	h		ing expenses (Part IX, column (D), line 25) ►		2,288.		20,0			
$\overline{\Sigma}$	17		es (Part IX, column (A), lines 11a-11d, 11f-24				21E 1	E 7	244	027
			es. Add lines 13-17 (must equal Part IX, colum				215,1			037.
	18	•	·				,511,5		1,608,	
- S	19	Revenue less	expenses. Subtract line 18 from line 12				-44,2			457.
13.0	20	Total assets	Part X, line 16)				g of Current		End of Ye	
sse Bala	20 21		s (Part X, line 26)				,275,6 48,8		1,407,	628.
Net Assets	21		,				•			
고급	22		fund balances. Subtract line 21 from line 20.			. 1	,226,8	36.	1,328,	293.
Pa	rt II	Signatur	e Block							
Unde	er penal plete. D	Ities of perjury, I de eclaration of prepa	clare that I have examined this return, including accompanying fer (other than officer) is based on all information of which pro-	ig schedules and stater eparer has any knowled	ments, and to dge.	the best of my	/ knowledge a	and belief,	it is true, correct,	and
		<u> </u>		-						
C !		Signatu	re of officer			Dat	e			
Siç He	jn									
пе	16		1f Dahl print name and title			Presi	.aent			
		, ,	reparer's name Preparer's signature		Date		a	if PT	TINI	
_					Date		Check	J "		
Pa			Pannepacker, CPA Scot D. Pannepa	acker, CPA			self-employe	a PO	00216902	
Pre	epar	er Firm's name	zour a ramiopaonor, zzr							
US	e Or	Firm's addre	ss 791 Alexander Road				Firm's EIN	22-29	947255	
			Princeton, NJ 08540				Phone no.		452-2200	
May	y the	IRS discuss th	is return with the preparer shown above? See	instructions					X Yes	No

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

Form 990 (2021) The Petey Greene Program, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ
	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> .	25b		Х
26	former officer, director, trusteé, key employee, créator 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>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	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</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.10
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
D A /			000 /	0001

Form 990 (2021) The Petey Greene Program, Inc.

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

			Yes	No
2 8	a 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 0			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
ı	1 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>	3 b		
4 8	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)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5:	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
ı	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).			
á	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?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
	Form 8282?	7 C		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	, ,		71
,	as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
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		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

624-7186

Form 990 (2021) The Petey Greene Program, Inc. 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 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? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. See Schedule. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NJ NY PA MA 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 Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Madhumita Chakrabartti 22 Stockton Street Princeton NJ 08540

Form 990 (2	2021)	The	Petev	Greene	Program,	Inc.

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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

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

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

Trustee

Trustee

(14) Michael Theodore

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated (list any employee hours for organizations related organiza tions l trustee helow dotted line) (1) Alison Badgett 34 Executive Dir. 0 Χ 0 0 136,577. (2) Madhumita Chakrabartti 40 0 Dir. of Finance Χ 0 0 57,553. (3) Richard Scribner 1 0 Trustee Χ 0 0 0. (4) Eugene V. Shahan 1 Trustee 0 Χ 0 0 0. (5) Terrell Blount 1 Trustee 0 Χ 0 0. 0. 1 (6) Charles W. Puttkammer 0 Χ 0. 0. Trustee 0 (7) Lee Gladden 3 0 Χ 0. President Χ 0. 0. (8) Muriel Goode-Trufant 1 0 Trustee Χ 0 0 0. (9) Irwin Silverberg 1 Trustee 0 Χ 0 0 0. (10) Udi Ofer 1 0 Trustee Χ 0 0. 0 (11) Jacki Kelly 3 0 Χ Χ Ombudsperson 0 0 0. (12) Sarah E. Walzer 1 Trustee 0 Χ 0 0 0. (13) George H. McLaughlin II 1

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Part VII Section A. Officers, Directors, Tr	ustees,	Key	Em	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyee	S (conti	inued)
	(B)			(0	•							
(A) Name and title	Average hours per week	box	, unle: cer an	ss pe nd a c	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from		(F) lated am of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the o	ensation organizat nd related anization	tion d
(15) Martha S. Staniford Trustee	10	Х						0.	0.			0.
(16) Daniel Kowalski	1							0.	•			
Trustee	 -	X						0.	0.			0.
(17) Ray Tebout	1	1						Ŭ.	•			
Trustee	1	X						0.	0.			0.
(18) Cordelia Puttkammer	1	1										
Trustee	 -	X						0.	0.			0.
(19) Peter Gates	1	11						0.	•			
Trustee	1	X						0.	0.			0.
(20) Clare Herceg	1	11						0.	•			
Trustee	 -	X						0.	0.			0.
(21) David R. Scott	1							0.	•			
Trustee	 -	X						0.	0.			0.
(22) Henry Platt	1							0.	•			
Trustee	 -	X						0.	0.			0.
(23) Yusuf Dahl	3							· ·	•			
Treasurer	10-	Х		Χ				0.	0.			0.
(24) Alec Decker	3											
Secretary	0	Х		Χ				0.	0.			0.
(25) Beth Brett	1											
Trustee	0	X						0.	0.			0.
1 b Subtotal							>	0.	0.]	94,1	130.
c Total from continuation sheets to Part VII, Sect	ion A						>	0.	0.			0.
d Total (add lines 1b and 1c)								0.	0.		194,1	130.
2 Total number of individuals (including but not limited	d to those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	n	
from the organization • 0											1	1
											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes.' complete Schedule J for such	ctor, truste	e, ke	ey er	nplo	oyee	e, or	high	nest compensated	employee	3		V
, , , , , , , , , , , , , , , , , , ,										. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1	50,00	00?	If 'Y	∕es,	com	ıple	te Schedule J for		. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue comper s,' comple	nsatio	n fro	om i lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or person	individual	. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest comper compensation from the organization. Report compe	nsated ind	epen	dent	COI	ntrad Vear	ctors	tha	at received more the or with or within the or	nan \$100,000 of	r		
		tile e	aiciic	uai _	ycai	Criun	ng v	(B)	í		C)	
Name and business add	lress							Description (of services	Compe	ensatio	on
2 Total number of independent contractors (including	but not lim	ited to	o tho	se I	isted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization												

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

lame of the Organization Employler Identification number

30-0499760 The Petey Greene Program, Inc. Part VII Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (F) (E) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Estimated amount of other Name and title Average Average hours per week (list any hours for related organiza-tions below Former Q Individual employee Highest compensated Key employee nstitutional trustee compensation from the organization and related r director organizations l trustee below dotted line) Kimberly Jeffries-Leonard 1 0 Trustee Χ 0. 0 0.

Form 990 (2021) The Petey Greene Program, Inc. 30-0499760 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns 1 a Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 265,120 Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 1,386,499 **q** Noncash contributions included in 61,437 h Total. Add lines 1a-1f 1,651,619 **Business Code** Program Service Revenue 2a <u>Program revenue</u> 611710 58,321 58,321 **f** All other program service revenue. . . g Total. Add lines 2a-2f 58,321 Investment income (including dividends, interest, and 185 185. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. I O a 10b **b** Less: cost of goods sold. . . . **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue . .

,710

321

58,

0

185

e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

	Check if Schedule O contains a re	sponse or note to any			
Do i 6b,	not include amounts reported on lines 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	143,496.	114,796.	14,350.	14,350.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	936,793.	757,266.	34,178.	145,349.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,733.	737,200.	34,170.	143,343.
9	Other employee benefits	91,777.	85,152.	4,855.	1,770.
10	Payroll taxes	92,565.	76,078.	3,123.	13,364.
11	Fees for services (nonemployees):	,	,	,	-,
a	Management				
ŀ	Legal				
(: Accounting	25,540.		25,540.	
C	I Lobbying	,		•	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	158,815.	96,392.	36,147.	26,276.
13	Office expenses	60,824.	42,512.	9,537.	8,775.
14	Information technology	00,024.	12,512.	3,337.	0,773.
15	Royalties				
16	Occupancy	38,506.	12,852.	25,654.	
17	Travel	20,000.	12,002.	20,001.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,507.	11,711.	287.	509.
19	Conferences, conventions, and meetings	3,817.	2,821.	207.	789.
20	Interest	3,017.	2,021.	201.	, , , ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,435.		8,435.	
23	Insurance	20,500.	1,794.	18,054.	652.
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.)	·	,		
ā	Volunteer appreciation	8,206.	8,186.	20.	
_	Volunteer transportation costs	5,491.	5,491.		
	Miscellaneous	1,396.	25.	917.	454.
(Fundraising Expenses				
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,608,668.	1,215,076.	181,304.	212,288.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			197,283.	1	305,239.
	2	Savings and temporary cash investments			574,634.	2	942,974.
	3	Pledges and grants receivable, net			462,609.	3	107,000.
	4	Accounts receivable, net				4	25,587.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribu rsons	tor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>	8,620.	9	1,957.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	47,218.	0,020.		1,301.
		Less: accumulated depreciation		25,254.	30,399.	10 c	21,964.
	11	Investments – publicly traded securities			00/0001	11	22/0011
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.		-		13	
	14	Intangible assets		-		14	
	15	Other assets. See Part IV, line 11		-	2,100.	15	3,200.
	16	Total assets. Add lines 1 through 15 (must equal line		-	1,275,645.	16	1,407,921.
	17	Accounts payable and accrued expenses			48,809.	17	79,628.
	18	Grants payable			,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3.	5% L		22	
\Box	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			48,809.	26	79,628.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. ►	X			
<u>ā</u>	27	Net assets without donor restrictions			623,687.	27	974,956.
ä	28	Net assets with donor restrictions			603,149.	28	353,337.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
Š	31	Retained earnings, endowment, accumulated income,	, or other	funds		31	
it A	32	Total net assets or fund balances			1,226,836.	32	1,328,293.
ž	33	Total liabilities and net assets/fund balances			1,275,645.	33	1,407,921.
RΔ			TEEA0111L	00/00/01			Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	10,1	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	08,6	668.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	01,4	157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		26,8	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	· · · · · · · · · · · · · · · · · · ·	10	1,3	28,2	293.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🖂
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	Э			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	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		3 b		
3A/	A TEEA0112L 09/22/21		Form	990	(2021)

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

Open to Public

Inspection

Name of the organization Employer identification number The Petey Greene Program, Inc. 30-0499760 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,583,472.	1,479,870.	2,334,356.	1,235,909.	1,651,619.	8,285,226.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	1,583,472.	1,479,870.	2,334,356.	1,235,909.	1,651,619.	8,285,226.
6	Public support. Subtract line 5 from line 4						2,925,483. 5,359,743.
Sec	tion B. Total Support						3,333,743.
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,583,472.	1,479,870.	2,334,356.	1,235,909.	1,651,619.	8,285,226.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,286.	4,175.	4,875.	546.	185.	11,067.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,2:00	2,0.00	0.101	2301	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI		43,649.	20,412.	-9,068.		54,993.
	Total support. Add lines 7 through 10						8,351,286.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶□
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0			
	Public support percentage for 20 Public support percentage from 3						64.18 % 53.10 %
	33-1/3% support test—2021. If t and stop here. The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	B% or more, check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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.)

_	ians to quanty under the te	ista listed below,	picase complete i	aremy				
Sec	tion A. Public Support							
	lar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							-
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
	Amounts from line 6	(4) = 0	(2) 2010	(0) 20 10	(4) 2020	(0) = 0 =	•	(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from							
	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501	(c)(3)	▶
	tion C. Computation of Pul							
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f)))		15	%
	Public support percentage from 2	•	•			L	16	%
	tion D. Computation of Inv						l l	
	Investment income percentage for				umn (f))		17	%
	Investment income percentage for					L	18	%
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	the organization of	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3	%, and I	ine 17
b	33-1/3% support tests—2020. If t		•	•		-		
	line 18 is not more than 33-1/3%	check this hox	and stop here . Th	e organization di	ile 19a, and illie i Jalifies as a nublic	o is more in dv supported	an 33-17. Lorganiz	ation ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	5a		
	accomplished (such as by amendment to the organizing document).	эа		
D	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sch		(Form 990) 202				Program,	Inc.	30-0	499760	F	Page 5
Pa	rt IV	Supporting (Organizations	s (continu	ed)					1	1
11	Has t	he organization a	accepted a gift o	r contributio	n from anv	of the followir	na person:	s?		Yes	No
	A pers	· ·	indirectly control	s, either alor	•		0 .	on lines 11b and 11c below,	11a		
	a A fam	nily member of a	person describe	d on line 11	a above?				11b		
	C A 35%	controlled entity of a	person described on	line 11a or 11	b above? If 'Ye	s' to line 11a, 11b	, or 11c, pro	vide detail in Part VI.	11c		
Sec	tion E	3. Type I Supp	orting Orgai	nizations							
										Yes	No
1	or mo office organ than o were	ore supported org rs, directors, or t dization(s) effective one supported or	nizations have rustees at all time vely operated, so ganization, description, descr	the power the po	o regularly and the tax year? r controlled by powers to	appoint or ele If 'No,' desci the organizat appoint and/o	ct at leas ribe in Pa tion's activ or remove	ial capacity, or membership to a majority of the organization of the organization to the supported virties. If the organization had a officers, directors, or trusted s, if any, applied to such posteriors.	on's I more es		
2	that o	perated, supervis	sed, or controlled purposes of the	d the suppo	rting organiz	zation? <i>If 'Ye</i> :	s,' explain	the supported organization(in Part VI how providing successive, or controlled the	s) ch		
Sec	tion (C. Type II Sup	porting Orga	nizations						1	<u>. </u>
										Yes	No
1								ty of the directors or trustees ow control or management of	of the		
								the supported organization(s			
Sec	tion [D. All Type III	Supporting C	Organizati	ons					•	
1	D: 4 H			f ita ayyanant		tions by the	last day s	f the fifth meanth of the		Yes	No
C	organ	ization's tax year	r, (i) a written no	otice describ	ing the type	and amount	of suppor	of the fifth month of the rt provided during the prior ta cation, and (iii) copies of the	эx	Yes Yes Yes Yes Yes Yes Yes	
								t not previously provided?	1		
2	organ	iization(s) or (ii) s	servina on the a	overnina bo	dv of a supr	orted organiz	ation? <i>If</i>	elected by the supported 'No,' explain in Part VI how opported organization(s).	2		
,					-	•	·				
3	voice all tin	in the organizations during the tax	on's investment	policies and	l in directing	the use of th	nė organiz	rganizations have a significant cation's income or assets at supported organizations play	ved		
<u> </u>		s regard.	- 4: II I4-			. 0:			3		
Sec	tion	E. Type III Fun	ictionally inte	egrated S	upporting	j Organizat	ions				
1	Check	the box next to th	ne method that the	e organizatio	n used to sa	tisfy the Integra	al Part Tes	st during the year (see instructi	ions).		
i	a 🔲 TI	he organization s	atisfied the Activ	vities Test.	Complete lii	ne 2 below.					
I	اT 🔲 د	he organization is	s the parent of e	ach of its su	upported org	ganizations. <i>C</i>	Complete I	line 3 below.			
•	c T	he organization s	supported a gove	ernmental er	ntity. <i>Descri</i>	be in Part VI i	how you s	supported a governmental en	tity (see instr	ruction	s).
2	Activi	ties Test. <i>Answe</i>	r lines 2a and 2l	b below.						Yes	No
i	suppo organ respo	rted organization(s nizations and exp ensive to those su	s) to which the org plain how these in supported organiz	ganization wa activities dir	as responsive ectly further	e? If 'Yes,' the red their exen	n in Part V npt purpos	the exempt purposes of the I identify those supported ses, how the organization wa hat these activities constitute	as ed		
	subst	antially all of its a	activities.						2a		
I	more reaso	of the organizations for the organi	on's supported o zation's position	organization that its sup	(s) would ha	ave been enga	aged in? I	ganization's involvement, on if 'Yes,' explain in Part VI the engaged in these activities			
	but fo	or the organization	n's involvement.						2b		
3	Parer	nt of Supported C	organizations. A	nswer lines	3a and 3b b	elow.					
i	Did the each	ne organization ha of the supported	ave the power to organizations?	regularly a If 'Yes' or 'N	ppoint or el lo,' provide	ect a majority details in Par	of the off tVI.	ficers, directors, or trustees of	of 3a		
I	Did th	e organization exe orted organization	ercise a substantia ns? <i>If 'Yes,' des</i> a	al degree of o	direction over	r the policies, played by the	orograms, e <i>organiza</i>	and activities of each of its tion in this regard.	3b		

SCITE	ine Petey Greene Program, Inc.			99760 Page (
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
	• 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		
Sec	tion 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		

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

BAA Schedule A (Form 990) 2021 in Part VI). See instructions.

9 Distributable amount for 2021 from Section C, line 6

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details						

10 Line 8 amount divided by line 9 amount		10	
Ellie 8 difficult divided by fille 9 difform	(i)	(ii)	(iii)
Section E — Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

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

Part II, Line 10 - Other Income

Nature and Source		2021	_	2020	 2019	 2018	 2017	
Other income	Total	\$ 0.	\$	-18,743. 9,675. -9,068.	\$ -1,499. 21,911. 20,412.	\$ 9,528. 34,121. 43,649.	\$	0.

Additional Supplemental Information

The Organization provides a unique niche community service in progressive prison education and reform efforts. Limited existing sources funding for social justice has required the charity to devote a significant time to cultivating programs and relationships with prominent institutions of higher learning, for recruitment of student volunteers, long-term funding for fellowships, and expansion to neighboring states and sponsoring universities. These services are funded by contributions from the general public, several of which are major donors.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Petey Greene Program, Inc.

				30-049	99760	
Par	₹ Organizations Maintaining Donoi	Advised Funds or Other	Similar Fund	s or Accounts.		
	Complete if the organization answ	vered 'Yes' on Form 990, F	art IV, line 6	•		
		(a) Donor advised fund	ds	(b) Funds and	other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donors are the organization's property, subject to the organization	or advisors in writing that the ass organization's exclusive legal cor	sets held in dono ntrol?	or advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing to the donor or donor advisor, or	that grant funds for any other po	can be used only urpose conferring		
	impermissible private benefit?				Yes	∐ No
Par						
	Complete if the organization answ					
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (for examp	le, recreation or education)		of a historically imp		
	Protection of natural habitat		Preservation	of a certified histor	ic structur	re
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribu	ution in the form o			
	T. I. C. II.				End of th	ne Tax Year
	a Total number of conservation easements					
	Total acreage restricted by conservation easem					
C	Number of conservation easements on a certification	ed historic structure included in	(a)	2 c		
C	d Number of conservation easements included in structure listed in the National Register			2 d		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or t	erminated by the	organization during the	he	
4	Number of states where property subject to conser	vation easement is located ►				
5	Does the organization have a written policy reg and enforcement of the conservation easemen				Yes	No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, ar	nd enforcing cons	ervation easements d	uring the y	ear
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and en	forcing conservat	ion easements during	the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of secti	on 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	orts conservation easements in it of the organization's financial state	s revenue and e ements that des	expense statement a scribes the organization	nd baland tion's acco	ce sheet, and bunting for
_	conservation easements.	ations of Aut Historical Tu	200111100 011 0	than Cimilan As	- oto	
Par	Organizations Maintaining Collection Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line 8	uner Similar AS:	sets.	
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research in t			
Ł	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or res	search in furthera	nce of public service,	provide th	f art, e
	(i) Revenue included on Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:				
a	a Revenue included on Form 990, Part VIII, line	1		▶\$		

Part III Organizations Mair	taining Colle	ections	of Art, Histo	rical	Treasures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisi items (check all that apply):	tion, accession, a	and other i	records, check ar	ny of th	ne following that ma	ake signi	ficant use of its	collectio	n	
a Public exhibition			d Loan o	or excl	nange program					
b Scholarly research			e Other							
c Preservation for future ge										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
line 9, or reported a						wereu	tes on ro	111 99	J, Pai	ιιν,
1 a Is the organization an agent,	trustee, custodia	an or othe	er intermediary	for cor	ntributions or othe	r assets	not included	٦,,	F	٦
on Form 990, Part X?b If 'Yes,' explain the arrangem								Yes	L	No
b ir res, explain the arrangem	ent in Part Ain a	and comp	nete the following	ig tab	ie.		1	Amoun	+	
c Beginning balance						1c		Amoun		
d Additions during the year										
e Distributions during the year.										
f Ending balance										
2 a Did the organization include a							liability?	Yes		No
b If 'Yes,' explain the arrangem							- L		_	┤''`
, ,			•		·				<u> </u>	
Part V Endowment Funds	. Complete if	the ora	anization an	swer	ed 'Yes' on Fo	rm 990	, Part IV, Iir	ne 10.		
•	(a) Curren		(b) Prior year		(c) Two years back		Three years back		Four years	s back
1 a Beginning of year balance	243	,849.	270,2	61.	297,123	3.	323,216.		299,	712.
b Contributions			·						44,	799.
c Net investment earnings, gair	ıs									
and losses		24.	5	88.	4,138	3.	6,907.		7,	705.
d Grants or scholarships										
e Other expenditures for facilities			27,0	00	31,000	,	-33,000.		-20	000.
and programs	-		27,0	00.	31,000	<u>' · </u>	-33,000.		-29,	000.
q End of year balance		,873.	243,8	1 Q	270,261		363,123.		301	216.
2 Provide the estimated percen		•					303,123.	1	301,	210.
a Board designated or quasi-endo	-	one your c	%	o ig, i	ooranii (a)) nora e					
b Permanent endowment ►		<u> </u>	 -							
c Term endowment ►	%									
The percentages on lines 2a, 2b	, and 2c should	egual 100°	%.							
				ra hale	d and administered	for the				
3a Are there endowment funds not organization by:	iii tile possessioi	i oi tile oi	yanızanon mar a	re neic	a and administered	ioi tile		ſ	Yes	No
(i) Unrelated organizations.								3a(i)		X
(ii) Related organizations								3a(ii)		X
b If 'Yes' on line 3a(ii), are the	related organiza	tions liste	ed as required o	n Sch	edule R?			3b		
4 Describe in Part XIII the inten	ded uses of the	organiza	tion's endowme	nt fun	ds.					
Part VI Land, Buildings, ar	id Equipmen	t.								
Complete if the org	anization ans	swered '	'Yes' on Forn	n 990), Part IV, line	11a. S	See Form 99	0, Par	t X, Iir	าе 10.
Description of proper	ty	(a) Cost (inv	or other basis restment)	(b)	Cost or other asis (other)	(c) Addep	ccumulated reciation	(d)	Book va	lue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment					46,698.	-	24,734.		21,	,964.
e Other					520.		520.			0.
Total. Add lines 1a through 1e. (Co	lumn (d) must e	qual Forn	n 990, Part X, c	olumr	n (B), line 10c.)					964.
RΔΔ							Schadi	ile D (F	orm 990	A 2021

(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)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G) ==		
(H) 		
<u>(l)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •		27 (2
Part VIII Investments — Program Related.	Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
(1)	(,	(4)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	N/A	
		In Dart IV line 11d See Form 990 Dart V line
		0, Part IV, line 11d. See Form 990, Part X, line
(a) De	scription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(a) De (1)		
(a) De		
(a) De (1) (2) (3) (4)		
(a) De (1) (2) (3) (4) (5)		
(a) De (1) (2) (3) (4) (5) (6)		
(a) De (1) (2) (3) (4) (5) (6) (7)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	escription	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (d) must equal Form 990, Part X, column (d) must equal	escription	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Dec	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (colu	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column to the column to the	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column yellow) Part X Other Liabilities. Complete if the organization answered 'Yes' on Incomplete if the organization answered (a) Descential (b) Descential (column yellow) (1) Federal income taxes (2) (3)	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column to the column t	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on late of the organization answered in the organization and the organization answered in the organization and the organization	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the organization and the organization answered in the organization and the organiza	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	B) line 15.)	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the organization and the organization answered in the organization and the organiza	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (part X) Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the image of the imag	B) line 15.)	(b) Book value
(a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization answered in the complete in the complete in the organization answered in the complete in the	Escription (B) line 15.) Form 990, Part IV, line 1 ription of liability	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,716,125.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	6,000.
3 Subtract line 2e from line 1.	3	1,710,125.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,710,125.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,614,668.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) See Part XIII 2d 6,000.		
e Add lines 2a through 2d.	2 e	6,000.
3 Subtract line 2e from line 1	3	1,608,668.
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		
b Other (Describe in Part XIII.) 4b	1.5	
c Add lines 4a and 4b	4 c	1 600 660
J Total expenses. Add intes 3 and 46. (This must equal Form 330, Fait 1, line 10.)	J	1,608,668.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

In accordance with ASC Topic 740 "Accounting for Uncertainty in Income Taxes", the Organization has evaluated its tax positions. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that has a likelihood of being realized on examination of more than fifty percent. For tax positions not meeting

the "more likely than not" test, no tax benefit is recorded. Under the "more likely

BAA Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

than not" threshold guidelines, the Organization believes no significant uncertain tax positions exist, either individually or in the aggregate, that would give rise to the non-recognition of an existing tax benefit. In addition, the Organization had no material unrecognized tax benefits or accrued interest and penalties.

The Organization's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in income tax expense.

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Donated other professional fees		\$ 6,000.
To	otal	\$ 6,000.

BAA TEEA3305L 08/30/21 Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The Petey Greene Program, Inc.

Part I Types of Property

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number

30-0499760

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash con	(d) If determin tribution a	ning mounts
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		3	61 437	Fair mar	ket va	1116
10	Securities - Closely held stock		<u> </u>	01,457.	rair mar	MCC Va.	<u>ruc</u>
11	Securities – Partnership, LLC, or trust interests .						
12	Securities – Miscellaneous.						
13	Qualified conservation contribution –						
13	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 • ()	-					
26	Other ► ()						
27	Other ► ()						
28	Other► ()						
29	Number of Forms 8283 received by the organization of	during the tax	year for contributions for	r which the			
	organization completed Form 8283, Part V, Done				29		
						Yes	No
30a	During the year, did the organization receive by contri	ibution any n	roperty reported in Part I	lines 1 through 28 that			
-	it must hold for at least three years from the date	of the initia	I contribution, and which	ch isn't required to be u	sed		
	for exempt purposes for the entire holding period	?			30	а	X
b	If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance poli	cy that requ	ires the review of any r	nonstandard contributio	ns? 31		X
32a	Does the organization hire or use third parties or contributions?					:a	Х
b	If 'Yes,' describe in Part II.						
	If the organization didn't report an amount in coludescribe in Part II.	ımn (c) for a	type of property for wh	nich column (a) is chec	ked,		

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.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Petey Greene Program, Inc.

Employer identification number

30-0499760

Form 990, Part III, Line 1 - Organization Mission

The Petey Greene Program supports the academic goals of incarcerated and formerly incarcerated people through high-quality volunteer tutoring programs, while educating volunteers on the injustice manifest in our carceral system.

We envision a world in which all incarcerated people have access to high-quality academic programs, and we strive to inspire our alumni - both students and tutors to become advocates and take on leadership roles that reimagine the criminal legal system.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Two of our founding trustees are spouses

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 was distributed to each board member for review. All issues were then discussed and clarified.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annual conflict of interest sign offs.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Executive Director compensation is approved by the Board of Trustees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The documents in question are provided by the Organization upon request.