

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047



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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2022 calendar year, or tax year beginning and ending		<b>D</b> Employer identification number	
<b>B</b> Check if applicable:		<b>C</b> Name of organization	
<input type="checkbox"/> Address change		BOYS & GIRLS CLUBS OF AMERICA	
<input type="checkbox"/> Name change		Doing business as	
<input type="checkbox"/> Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Final return/terminated		1275 PEACHTREE STREET, N.E.	
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Application pending		ATLANTA, GA 30309-3506	
		<b>E</b> Telephone number	
		13-5562976	
		<b>F</b> Name and address of principal officer: JAMES L. CLARK	
		1275 PEACHTREE STREET, N.E., ATLANTA, GA 30309-3506	
		<b>G</b> Gross receipts \$	
		208,418,148.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: WWW.BGCA.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		If "No," attach a list. See instructions.	
<b>L</b> Year of formation: 1956		<b>M</b> State of legal domicile: DC	
<b>H(c)</b> Group exemption number			

<b>Part I Summary</b>			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	50
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	49
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	591
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	211
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	207,957,559.	193,901,752.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,730,105.	10,382,117.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	857,191.	18,407.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,830.	920,737.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,713,685.	205,223,013.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	106,395,520.	68,303,212.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	61,430,393.	66,905,522.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,628,568.	3,487,609.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,113,001.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,489,901.	44,172,997.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	200,944,382.	182,869,340.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	16,769,303.	22,353,673.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	147,066,134.	143,916,600.
		23,086,207.	21,453,887.
		123,979,927.	122,462,713.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer 		Date 10-10-23
	JAMES L. CLARK Type or print name and title		PRESIDENT & CEO
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 10/06/2023
	Firm's name BDO USA	Check <input type="checkbox"/> if self-employed	PTIN P01064157
	Firm's address 421 FAYETTEVILLE STREET, SUITE 300 RALEIGH, NC 27601	Firm's EIN 13-5381590	Phone no. 919-278-1936
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BOYS & GIRLS CLUBS OF AMERICA	13-5562976
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1275 PEACHTREE STREET, N.E.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ATLANTA, GA 30309-3506	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► JASON PENEGAR  
1275 PEACHTREE STREET N.E. ATLANTA GA 30309-3506  
Telephone No. ► 404 487-5403 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2022 or  
► ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	NONE
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	NONE

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

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

Form **8868** (Rev. 1-2022)

**COPY**

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 38,800,141. including grants of \$ 14,513,310. ) (Revenue \$ NONE )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 22,111,412. including grants of \$ 19,579,523. ) (Revenue \$ NONE )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 5,133,593. including grants of \$ 1,237,000. ) (Revenue \$ NONE )

SEE SCHEDULE O

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

(Expenses \$ 81,870,305. including grants of \$ 32,973,379. ) (Revenue \$ 13,926,125. )

**4e** Total program service expenses 147,915,451.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> 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 . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</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 . . . . .	<b>11b</b>	X
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</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 . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b>	X
<b>15</b> 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 . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> 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 . . . . .	<b>17</b> X	
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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 . . . . .	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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>	<input checked="" type="checkbox"/>	
<b>23</b> 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>	<input checked="" type="checkbox"/>	
<b>24a</b> 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>		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<input checked="" type="checkbox"/>
<b>25b</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>		<input checked="" type="checkbox"/>
<b>26</b> 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>		<input checked="" type="checkbox"/>
<b>27</b> 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>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>c</b> 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>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>32</b> 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>		<input checked="" type="checkbox"/>
<b>33</b> 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>		<input checked="" type="checkbox"/>
<b>34</b> 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>	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>35b</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>	<input checked="" type="checkbox"/>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		<input checked="" type="checkbox"/>
<b>37</b> 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>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b> 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. . . . .	<b>2a</b> 591		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			X
<b>b</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> . . . . .			
<b>4a</b> 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)? . . . . .			X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .			
<b>6a</b> 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? . . . . .			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .		X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .			
<b>15</b> 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 the instructions and file Form 4720, Schedule N.			X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or 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.			

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b> 50	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1b</b> 49	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b> X	
<b>7a</b> 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? . . . . .	<b>7a</b> X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> 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. . . . .	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b> X	
<b>b</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? . . . .	<b>10b</b> X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . .	<b>11a</b> X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

**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  
**JASON PENEGAR 1275 PEACHTREE STREET N.E. ATLANTA, GA 30309-3506**

404-487-5403

Form **990** (2022)

**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 ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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) CLARK, JAMES L. PRESIDENT AND CEO	40.00 NONE	X		X				1,125,838.	NONE	45,975.
(2) UNGLO, SAMUEL J. ASST TREASURER, EVP CFO	40.00 NONE			X				821,564.	NONE	45,975.
(3) ORR, LORRAINE E. EVP CHIEF OPERATIONS OFFICER	40.00 NONE				X			673,484.	NONE	45,918.
(4) ANASTASI, ELIZABETH CHIEF DEV & PUBLIC AFFAIRS OFF	40.00 NONE				X			587,024.	NONE	20,075.
(5) MILLER, JOHN R. SVP, AFFILIATE RELATIONS	40.00 NONE					X		552,195.	NONE	38,836.
(6) MORAIN, KRISTINE B. ASST. SEC., EVP CHIEF LEGAL	40.00 NONE			X				527,463.	NONE	45,975.
(7) DUGAN, MELISSA P. SVP, GOVERNMENT RELATIONS	40.00 NONE					X		440,860.	NONE	31,330.
(8) AUSTIN, PHYLLIS R. SVP, HUMAN RESOURCES	40.00 NONE				X			437,787.	NONE	30,328.
(9) MILLER, MISTY L. SVP ORGANIZATIONAL DEVELOPMENT	40.00 NONE					X		424,048.	NONE	29,602.
(10) ROYAL PASCOE, CHAD I. SVP, RD CORP CAUSE & EVENTS	40.00 NONE					X		396,652.	NONE	38,685.
(11) FOWLKES, ELIZABETH M. SVP, STRATEGY	40.00 NONE					X		377,538.	NONE	43,428.
(12) WALKER, H. DIVERSITY, EQUITY & INCLUSION	40.00 NONE				X			284,708.	NONE	23,418.
(13) SEATON, DAVID T. CHAIRMAN EMERITUS	4.00 NONE	X		X				NONE	NONE	NONE
(14) SCHWAB-POMERANTZ, CARRIE CHAIRMAN	4.00 NONE	X		X				NONE	NONE	NONE

Form **990** (2022)



**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 15 ) MCNEELY, VALERIE C. SECRETARY	3.00 NONE	X		X				NONE	NONE	NONE
( 16 ) REVEREND MALLOY, EDWARD A. ETHICIST	2.00 NONE	X		X				NONE	NONE	NONE
( 17 ) LONG, TOM TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
( 18 ) ABELE, CHRISTOPHER GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 19 ) BACH, ROBERT J. GOVERNOR	4.00 NONE	X						NONE	NONE	NONE
( 20 ) BALL, RUSSELL C. GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 21 ) BISACCIA, LISA GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 22 ) BORGAN, DAN GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 23 ) CAPPELLI, GREGORY W. GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 24 ) CRAWLEY, MANDELL GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 25 ) ELLIS, TROY GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								6,649,161.	NONE	439,545.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,649,161.	NONE	439,545.

**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 ► 200

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 in 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 26 ) ESSER, PATRICK J. GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 27 ) FALK, THOMAS J. VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
( 28 ) FITZGERALD, LARRY GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 29 ) FRANCE KENNEDY, LESA GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 30 ) GOODELL, WILLIAM R. GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 31 ) GRAY, MYRON GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 32 ) HESSE, DANIEL R. GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 33 ) IDENO, KAREN GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 34 ) LAZARUS, MARK H. GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 35 ) LIOTINE, JOE GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 36 ) MCDEW, DARREN W. GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 in 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 37 ) MCQUADE, EUGENE M. GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 38 ) MORSE, PETER C. VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
( 39 ) OTIS, CLARENCE GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 40 ) REAGINS, TONY GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 41 ) DR. RICE, CONDOLEEZZA VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
( 42 ) RIVERA, ALFREDO GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 43 ) RODRIGUEZ, ALEX GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 44 ) ROGERS, WILLIAM H. GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 45 ) ROTH, BYRON GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 46 ) RUSH, ANDRA GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 47 ) SANTONE, ANGELA GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 in 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 48 ) SARGENT, RONALD L. VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
( 49 ) SCHMIDT, PAUL M. GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 50 ) SHANKS, ERIC GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 51 ) SMITH, LESLIE GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 52 ) STAHL, JACK L. GOVERNOR	3.00 NONE	X						NONE	NONE	NONE
( 53 ) SUNDARAM, VIYAS GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 54 ) SYNGAL, SONIA GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 55 ) TENNENBAUM, ANDREW GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 56 ) UEBERROTH, HEIDI GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
( 57 ) VEREEN, KEVIN GOVERNOR	2.00 NONE	X						NONE	NONE	NONE
( 58 ) WALTER, GLEN GOVERNOR	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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 in compensation from the organization ►

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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				
( 59 ) WASHINGTON, DENZEL GOVERNOR	1.00 NONE	X							NONE	NONE	NONE
( 60 ) WATERS, MARTIN GOVERNOR	2.00 NONE	X							NONE	NONE	NONE
( 61 ) ZIRKIN, NANCY GOVERNOR	3.00 NONE	X							NONE	NONE	NONE
1b Sub-total											
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 <b>former</b> officer, director, or 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.

SEE SCHEDULE O	(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	8,218,427.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	25,010,831.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	160,672,494.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,564,107.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		193,901,752.			
	<b>Program Service Revenue</b>				<b>Business Code</b>		
<b>2a</b>		MEMBERSHIP DUES		900099	10,382,117.	10,382,117.	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			10,382,117.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			18,407.		18,407.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE		
	<b>5</b>	Royalties . . . . .			NONE		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .			NONE		
	<b>8a</b>	Gross income from fundraising events (not including \$ 8,218,427. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	571,864.			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	3,195,135.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			-2,623,271.		-2,623,271.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE			
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
	<b>11a</b>	INCOME FROM FUNDS CO.		900099	2,183,254.	2,183,254.	
	<b>b</b>	MANAGEMENT		900099	524,800.	524,800.	
	<b>c</b>	MISCELLANEOUS		900099	835,954.	835,954.	
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			3,544,008.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			205,223,013.	13,926,125.	-2,604,864.	

**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 . . . . .	67,276,593.	67,276,593.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,026,619.	1,026,619.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,715,534.	1,461,299.	2,647,136.	607,099.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	51,170,291.	37,974,064.	6,107,440.	7,088,787.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,204,838.	1,790,725.	105,099.	309,014.
9 Other employee benefits . . . . .	5,135,412.	4,235,224.	293,301.	606,887.
10 Payroll taxes . . . . .	3,679,447.	2,841,606.	312,111.	525,730.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	1,559,208.	4,256.	1,554,158.	794.
c Accounting . . . . .	566,912.	210,655.	356,257.	
d Lobbying . . . . .	515,028.	515,028.		
e Professional fundraising services. See Part IV, line 17. . . . .	3,487,609.			3,487,609.
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	7,766,104.	6,793,305.	588,102.	384,697.
12 Advertising and promotion . . . . .	2,505,688.	1,115,506.	225,052.	1,165,130.
13 Office expenses . . . . .	6,305,548.	4,110,201.	460,123.	1,735,224.
14 Information technology. . . . .	10,404,619.	8,552,144.	895,718.	956,757.
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	1,441,746.	378,804.	949,675.	113,267.
17 Travel . . . . .	4,619,682.	3,963,710.	253,267.	402,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	3,957,361.	3,379,479.	447,682.	130,200.
20 Interest . . . . .	NONE			
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,933,503.	1,053,749.	571,840.	307,914.
23 Insurance . . . . .	1,323,885.	927,856.	143,334.	252,695.
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 MISCELLANEOUS EXPENSES . . . . .	1,123,713.	304,628.	780,593.	38,492.
b BRAND LICENSING FEE . . . . .	150,000.		150,000.	
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	182,869,340.	147,915,451.	16,840,888.	18,113,001.
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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments. . . . .	1,947,154.	<b>2</b>	2,544,272.
	<b>3</b> Pledges and grants receivable, net . . . . .	70,209,612.	<b>3</b>	55,139,035.
	<b>4</b> Accounts receivable, net . . . . .	2,507,745.	<b>4</b>	2,837,112.
	<b>5</b> 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 . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,492,972.	<b>9</b>	1,462,888.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 14,820,386.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 9,197,418.		
		4,279,117.	<b>10c</b>	5,622,968.
	<b>11</b> Investments - publicly traded securities. . . . .	30,000,140.	<b>11</b>	40,517,238.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	36,629,394.	<b>15</b>	35,793,087.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	147,066,134.	<b>16</b>	143,916,600.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	18,911,620.	<b>17</b>	17,996,262.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	4,174,587.	<b>25</b>	3,457,625.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	23,086,207.	<b>26</b>	21,453,887.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	8,195,269.	<b>27</b>	-2,704,446.
	<b>28</b> Net assets with donor restrictions. . . . .	115,784,658.	<b>28</b>	125,167,159.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	123,979,927.	<b>32</b>	122,462,713.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	147,066,134.	<b>33</b>	143,916,600.

Form **990** (2022)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	205,223,013.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	182,869,340.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	22,353,673.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	123,979,927.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	-23,870,887.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	122,462,713.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:  
☐ 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? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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 . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**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)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,687,657.	125,888,170.	199,317,841.	207,957,559.	193,901,752.	878,752,979.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	1,370,902.	9,911,124.	8,387,130.	8,944,425.	10,382,117.	38,995,698.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						NONE
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>6 Total.</b> Add lines 1 through 5. . . . .	153,058,559.	135,799,294.	207,704,971.	216,901,984.	204,283,869.	917,748,677.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						NONE
<b>b</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 . . . . .						NONE
<b>c</b> Add lines 7a and 7b. . . . .						NONE
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						917,748,677.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .	153,058,559.	135,799,294.	207,704,971.	216,901,984.	204,283,869.	917,748,677.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,115,052.	2,388,899.	942,897.	83,625.	18,407.	6,548,880.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						NONE
<b>c</b> Add lines 10a and 10b . . . . .	3,115,052.	2,388,899.	942,897.	83,625.	18,407.	6,548,880.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .	897,950.	1,003,111.	1,305,948.	315,363.	NONE	3,522,372.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	190,701.	995,501.	1,499,982.	611,484.	3,544,008.	6,841,676.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	157,262,262.	140,186,805.	211,453,798.	217,912,456.	207,846,284.	934,661,605.
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	98.19%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.91%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	0.70%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.19%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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.)		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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

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

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 . . . . .			
<b>b</b>	From 2018 . . . . .			
<b>c</b>	From 2019 . . . . .			
<b>d</b>	From 2020 . . . . .			
<b>e</b>	From 2021 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 . . . .			
<b>b</b>	Excess from 2019 . . . .			
<b>c</b>	Excess from 2020 . . . .			
<b>d</b>	Excess from 2021 . . . .			
<b>e</b>	Excess from 2022 . . . .			

Schedule A (Form 990) 2022



**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.)

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS REVENUE	190,701.	995,501.	1,499,982.	611,484.	3,544,008.	6,841,676.
TOTALS	190,701.	995,501.	1,499,982.	611,484.	3,544,008.	6,841,676.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF AMERICA

13-5562976

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 03 ) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 30,100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 25,441,670.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 11,985,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 4,002,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 3,500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 3,042,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 3,020,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 2,980,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 2,640,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 2,265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 1,952,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 1,930,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 1,856,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 1,820,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 1,658,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 1,650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 1,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 1,261,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 1,235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 1,220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 1,212,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 1,125,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 1,025,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 950,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 850,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 800,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 800,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 800,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 760,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 746,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 718,091.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 717,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 712,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 665,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 664,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$ 663,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 652,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 645,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 620,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 612,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 501,975.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 491,067.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 487,526.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$ 486,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 464,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 447,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 385,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$ 342,460.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 335,031.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 328,815.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 320,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 301,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A	\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A	\$ 275,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A	\$ 271,407.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A	\$ 270,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A	\$ 268,175.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$ 265,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A	\$ 255,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	N/A	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	N/A	\$ 238,836.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	N/A	\$ 233,324.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	N/A	\$ 225,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	N/A	\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	N/A	\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	N/A	\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	N/A	\$ 175,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	N/A	\$ 175,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	N/A	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	N/A	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	N/A	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$ 148,495.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	N/A	\$ 145,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	N/A	\$ 144,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	N/A	\$ 141,909.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	N/A	\$ 140,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	N/A	\$ 137,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	\$ 137,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	N/A	\$ 136,150.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	N/A	\$ 135,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	N/A	\$ 128,768.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	N/A	\$ 127,168.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	N/A	\$ 125,706.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	N/A	\$ 124,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	N/A	\$ 123,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	\$ 120,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	N/A	\$ 170,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	N/A	\$ 120,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	N/A	\$ 110,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	N/A	\$ 102,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	N/A	\$ 172,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	N/A	\$ 125,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	N/A	\$ 99,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	N/A	\$ 95,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	N/A	\$ 92,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	N/A	\$ 91,396.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	N/A	\$ 85,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	N/A	\$ 85,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	N/A	\$ 85,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	N/A	\$ 81,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	N/A	\$ 79,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	N/A	\$ 74,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$ 73,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	N/A	\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	N/A	\$ 70,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	N/A	\$ 67,651.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	N/A	\$ 65,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	N/A	\$ 65,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	N/A	\$ 63,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	N/A	\$ 62,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	N/A	\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	N/A	\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	N/A	\$ 58,865.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	N/A	\$ 58,046.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	N/A	\$ 55,738.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	N/A	\$ 55,713.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	N/A	\$ 55,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	N/A	\$ 55,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	N/A	\$ 54,969.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
185	N/A	\$ 52,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	N/A	\$ 52,265.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	N/A	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	N/A	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	N/A	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	N/A	\$ 50,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	N/A	\$ 45,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	N/A	\$ 45,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	N/A	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	N/A	\$ 41,646.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	N/A	\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	N/A	\$ 39,275.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	N/A	\$ 37,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	N/A	\$ 37,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	N/A	\$ 37,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	N/A	\$ 36,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	N/A	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	N/A	\$ 35,445.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
244	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	N/A	\$ 34,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	N/A	\$ 34,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	N/A	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	N/A	\$ 32,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	N/A	\$ 51,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	N/A	\$ 31,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	N/A	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	N/A	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	N/A	\$ 28,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	N/A	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	N/A	\$ 27,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	N/A	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	N/A	\$ 26,134.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	N/A	\$ 26,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	N/A	\$ 25,689.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
268	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	N/A	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	N/A	\$ 24,968.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	N/A	\$ 24,888.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	N/A	\$ 23,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	N/A	\$ 23,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	N/A	\$ 22,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	N/A	\$ 22,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	N/A	\$ 21,432.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	N/A	\$ 20,955.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	N/A	\$ 20,924.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	N/A	\$ 20,906.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	N/A	\$ 20,906.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	N/A	\$ 20,889.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	N/A	\$ 19,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	N/A	\$ 18,750.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	N/A	\$ 18,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	N/A	\$ 18,331.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	N/A	\$ 18,235.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	N/A	\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	N/A	\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	N/A	\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	N/A	\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	N/A	\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	N/A	\$ 17,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	N/A	\$ 17,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	N/A	\$ 17,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	N/A	\$ 16,830.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349	N/A	\$ 16,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350	N/A	\$ 16,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351	N/A	\$ 15,698.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391	N/A	\$ 14,938.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392	N/A	\$ 14,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393	N/A	\$ 14,190.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394	N/A	\$ 14,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395	N/A	\$ 13,747.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396	N/A	\$ 13,596.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397	N/A	\$ 13,573.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398	N/A	\$ 13,553.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399	N/A	\$ 13,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400	N/A	\$ 13,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411	N/A	\$ 12,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
412	N/A	\$ 12,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413	N/A	\$ 12,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414	N/A	\$ 11,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415	N/A	\$ 11,726.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
416	N/A	\$ 11,669.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
417	N/A	\$ 11,040.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
418	N/A	\$ 11,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
419	N/A	\$ 11,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
420	N/A	\$ 10,746.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421	N/A	\$ 10,698.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422	N/A	\$ 10,520.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
423	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
424	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432	N/A	\$ 10,453.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433	N/A	\$ 10,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
434	N/A	\$ 10,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
435	N/A	\$ 10,061.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
436	N/A	\$ 10,037.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
437	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
438	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
440	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
441	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
442	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
443	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
444	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
446	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
447	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
448	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
449	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
450	N/A _____ _____ _____	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
452	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
453	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
454	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
455	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
456	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
458	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
459	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
460	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
461	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
462	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
464	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
465	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
466	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
467	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
468	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
470	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
471	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
472	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
473	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
474	N/A   	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
476	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
477	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
478	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
479	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
480	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
482	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
483	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
484	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
485	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
486	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
488	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
489	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
490	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
491	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
492	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
494	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
495	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
496	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
497	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
498	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
500	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
501	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
502	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
503	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
504	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
506	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
507	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
508	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
509	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
510	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
515	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
522	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	N/A	\$ 9,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
524	N/A	\$ 9,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
525	N/A	\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
526	N/A	\$ 9,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
527	N/A	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
528	N/A	\$ 9,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529	N/A	\$ 9,333.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
530	N/A	\$ 9,271.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
531	N/A	\$ 9,163.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
532	N/A	\$ 9,106.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
533	N/A	\$ 9,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
534	N/A	\$ 9,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535	N/A	\$ 9,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
536	N/A	\$ 8,800.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
537	N/A	\$ 8,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
538	N/A	\$ 8,208.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
539	N/A	\$ 8,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
540	N/A	\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
542	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
543	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
544	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
545	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
546	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547	N/A	\$ 7,341.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
548	N/A	\$ 7,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
549	N/A	\$ 7,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
550	N/A	\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
551	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
552	N/A	\$ 6,642.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	N/A	\$ 6,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
554	N/A	\$ 6,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
555	N/A	\$ 6,272.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
556	N/A	\$ 6,272.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
557	N/A	\$ 6,265.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
558	N/A	\$ 6,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559	N/A	\$ 6,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
560	N/A	\$ 6,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
561	N/A	\$ 6,112.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
562	N/A	\$ 6,084.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
563	N/A	\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
564	N/A	\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
566	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
567	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
568	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
569	N/A	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
570	N/A	\$ 5,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571	N/A	\$ 5,564.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
572	N/A	\$ 5,270.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
573	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
574	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
575	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
576	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
578	N/A	\$ 5,227.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
579	N/A	\$ 5,209.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
580	N/A	\$ 5,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
581	N/A	\$ 5,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
582	N/A	\$ 5,091.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583	N/A	\$ 5,075.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
584	N/A	\$ 5,050.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
585	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
586	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
587	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
588	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
590	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
591	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
592	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
593	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
594	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
596	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
597	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
598	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
599	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
600	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
602	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
603	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
604	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
605	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
606	N/A   	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
608	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
609	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
610	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
611	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
612	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
614	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
615	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
616	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
617	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
618	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
619	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
620	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
621	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
622	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
623	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
624	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
626	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
627	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
628	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
629	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
630	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
631	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
632	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
633	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
634	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
635	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
636	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
637	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
638	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
639	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
640	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
641	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
642	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
643	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
644	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
645	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
646	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
647	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
648	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
649	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
650	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
651	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
652	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
653	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
654	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
655	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
656	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
657	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
658	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
659	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
660	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
662	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
663	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
664	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	STOCK _____ _____ _____	\$ 500,850.	12/30/2022
38	STOCK _____ _____ _____	\$ 718,091.	12/28/2022
115	STOCK _____ _____ _____	\$ 25,081.	12/12/2022
184	STOCK _____ _____ _____	\$ 54,969.	12/30/2022
190	STOCK _____ _____ _____	\$ 50,225.	11/02/2022
243	STOCK _____ _____ _____	\$ 35,445.	11/23/2022

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
246	STOCK _____ _____ _____	\$ 24,984.	12/14/2022
267	STOCK _____ _____ _____	\$ 25,689.	07/01/2022
420	STOCK _____ _____ _____	\$ 10,746.	12/19/2022
435	STOCK _____ _____ _____	\$ 10,061.	11/17/2022
436	STOCK _____ _____ _____	\$ 10,037.	12/28/2022
523	STOCK _____ _____ _____	\$ 9,987.	12/30/2022

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
547	STOCK _____ _____ _____	\$ 7,341.	12/28/2022
552	STOCK _____ _____ _____	\$ 6,642.	07/13/2022
580	STOCK _____ _____ _____	\$ 5,175.	11/23/2022
581	STOCK _____ _____ _____	\$ 5,107.	11/30/2022
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

BOYS &amp; GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b>	Employer identification number <b>13-5562976</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		918.
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		58,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		544,502.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			603,420.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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



**Part IV** Supplemental Information (continued)

## DESCRIPTION OF LOBBYING ACTIVITIES

FEDERAL LOBBYING PAYMENTS - PAID TO LOBBYISTS	\$ 135,000
STATE LOBBYING PAYMENTS - PAID TO AFFILIATED ORGANIZATIONS	\$ 58,000
OTHER	\$ 410,420
TOTAL LOBBYING EXPENSES	\$ 603,420

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2022

**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 . . . . .	NONE	259,396,282.	233,455,756.	216,229,566.	244,906,399.
b Contributions . . . . .			9,988,326.	1,292,895.	572,988.
c Net investment earnings, gains, and losses . . . . .			30,439,789.	36,119,797.	-8,939,673.
d Grants or scholarships . . . . .			1,145,118.	597,297.	1,148,975.
e Other expenditures for facilities and programs . . . . .	NONE	259,396,282.	13,342,471.	19,589,205.	19,161,173.
f Administrative expenses . . . . .					
g End of year balance . . . . .	NONE	259,396,282.	233,455,756.	216,229,566.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		14,820,386.	9,197,418.	5,622,968.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				5,622,968.

Schedule D (Form 990) 2022

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	2,329,575.
(2) DEFERRED COMPENSATION	1,464,340.
(3) OTHER ASSETS	2,427,209.
(4) INTERCOMPANY RECEIVABLES	29,571,963.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	35,793,087.

**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)	CHARITABLE ANNUITIES PAYABLE	1,993,285.
(3)	DEFERRED COMP AGREEMENTS 457(B)	1,464,340.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		3,457,625.

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 . ☒ X

**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.

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

**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.

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

**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.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PART X, QUESTION 2

FIN 48 FOOTNOTE:

BGCA IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. DURING 2022 AND 2021, \$696,239 AND \$678,397, RESPECTIVELY, WAS PAID FOR INCOME TAXES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB"), ACCOUNTING STANDARDS CODIFICATION ("ASC").

BGCA'S SUBSIDIARY ALLIANCE ORGANIZATIONS ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER EITHER SECTION 501(C)(4) OR SECTION 501(C)(3) OF THE CODE.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

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

- 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				5,191,756.	3,487,609.	1,704,147.

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI,

**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 NATIONAL YOY (event type)	(b) Event #2 NORTHEAST GOLF (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	3,095,082.	1,144,945.	4,550,264.	8,790,291.
	2 Less: Contributions . . . . .	2,961,482.	1,144,945.	4,112,000.	8,218,427.
	3 Gross income (line 1 minus line 2) . . . . .	133,600.		438,264.	571,864.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	277,974.	105,598.	998,852.	1,382,424.
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .	1,372.			1,372.
	9 Other direct expenses . . . . .	317,107.	490,887.	1,003,345.	1,811,339.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				3,195,135.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-2,623,271.

**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 . . . . .				
	2 Cash prizes . . . . .				
Direct Expenses	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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** 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 explanation 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).

## FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

## NAME:

MERKLE INC.

## ADDRESS:

515 N STATE ST,  
CHICAGO, IL 60654

## ACTIVITY :

DIRECT MARKETING

## CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : 1,902,081.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 1,194,857.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 707,224.

## NAME:

PRODUCTION SOLUTIONS

## ADDRESS:

1953 GALLOWS RD STE 500,  
VIENNA, VA 22182

## ACTIVITY :

DIRECT MARKETING

## CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : 620,253.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 1,104,274.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -484,021.

## FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

## NAME:

RUE CLAIR DBA SL. DIGITAL

## ADDRESS:

13396 LAFAYETTE WAY,  
THORNTON, CO 80241

## ACTIVITY :

DIRECT MARKETING

## CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 2,049,169.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 734,427.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 1,314,742.

## NAME:

NNE MARKETING, LLC

## ADDRESS:

1666 MASSACHUSETTS AVE,  
LEXINGTON, MA 02420

## ACTIVITY :

DIRECT MARKKETING

## CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : 620,253.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 454,051.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 166,202.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GCS OF METRO ATLANTA 1275 PEACHTREE ST NE, ATLANTA, GA 30309	58-0566123	501(C)(3)	2,639,382.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF BROOKINGS 1126 SOUTHLAND LN BROOKINGS, SD 57006	73-1630215	501(C)(3)	2,046,243.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GCS OF GREATER DALLAS 4816 WORTH ST DALLAS, TX 75246	75-1152657	501(C)(3)	1,848,571.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF GREATER HOUSTON 815 CROSBY ST HOUSTON, TX 77019	76-0270942	501(C)(3)	1,350,563.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF THE EAST VALLEY 2602 W BASELINE RD, #25 MESA, AZ 85202	86-0550646	501(C)(3)	782,724.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF THE TWIN CITIES 690 JACKSON ST SAINT PAUL, MN 55130	41-0842657	501(C)(3)	737,809.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF GREATER MILWAUKEE 1558 NORTH 6TH ST MILWAUKEE, WI 53212	39-0806292	501(C)(3)	599,212.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GCS OF GREATER WASHINGTON 4103 BENNING RD NE WASHINGTON, DC 20019	53-0236759	501(C)(3)	546,560.				SUPPORT BGCA PROGRAM
<b>(9)</b> THE SALVATION ARMY, A GEORGIA CORPORATION 1424 NORTHEAST EXPY NE ATLANTA, GA 30329	58-0660607	501(C)(3)	543,578.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GCS OF CENTRAL FLORIDA 101 E COLONIAL DR ORLANDO, FL 32801	59-0951887	501(C)(3)	542,159.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GCS OF GREATER FORT WORTH 3218 E BELKNAP ST FORT WORTH, TX 76111	75-0808785	501(C)(3)	534,815.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF LORAIN COUNTY 6114 BROADWAY AVE CLEVELAND, OH 44127	34-1856214	501(C)(3)	524,222.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 720

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

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

Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 

Yes

No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF METRO DENVER 2017 W 9TH AVE DENVER, CO 80204	84-0510404	501(C)(3)	513,776.				SUPPORT BGCA PROGRAM
(2) B&GCS OF PHILADELPHIA 1518 WALNUT ST PHILADELPHIA, PA 19102	23-1966756	501(C)(3)	505,696.				SUPPORT BGCA PROGRAM
(3) B&GCS OF CHICAGO 2102 W MONROE ST CHICAGO, IL 60612	36-2166997	501(C)(3)	491,212.				SUPPORT BGCA PROGRAM
(4) B&GCS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVE ANCHORAGE, AK 99517	92-0036082	501(C)(3)	484,331.				SUPPORT BGCA PROGRAM
(5) B&GCS OF HALL COUNTY 1 POSITIVE PL GAINESVILLE, GA 30501	58-0656890	501(C)(3)	463,991.				SUPPORT BGCA PROGRAM
(6) B&GC OF HAWAII 1000 BISHOP ST HONOLULU, HI 96813	99-6005407	501(C)(3)	455,777.				SUPPORT BGCA PROGRAM
(7) B&GCS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVE NASHVILLE, TN 37203	62-0540402	501(C)(3)	452,198.				SUPPORT BGCA PROGRAM
(8) B&GCS OF THE CENTRAL SAVANNAH RIVER AREA 206 MILLEDGE RD AUGUSTA, GA 30904	58-0610382	501(C)(3)	452,030.				SUPPORT BGCA PROGRAM
(9) UNION LEAGUE B&GCS 65 W JACKSON BLVD, FL 2 CHICAGO, IL 60604	36-2167939	501(C)(3)	450,278.				SUPPORT BGCA PROGRAM
(10) B&GCS OF ROSEBUD 435 W 2ND ST MISSION, SD 57555	46-0453641	501(C)(3)	447,662.				SUPPORT BGCA PROGRAM
(11) B&GCS OF LAS VEGAS 2850 LINDELL RD LAS VEGAS, NV 89146	88-0093150	501(C)(3)	446,370.				SUPPORT BGCA PROGRAM
(12) SA B&GC OF NORTH CAROLINA & S. CAROLINA 501 ARCHDALE DR CHARLOTTE, NC 28217	99-9999999	GOVT	440,338.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GC OF METRO LOS ANGELES 800 S FIGUEROA ST LOS ANGELES, CA 90017	81-0851473	501(C)(3)	438,489.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GCS OF GREATER KANSAS CITY 4001 BLUE PKWY KANSAS CITY, MO 64130	43-6072065	501(C)(3)	428,679.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF TAHLEQUAH, OKLAHOMA 400 W MORGAN ST TAHLEQUAH, OK 74464	73-1505432	501(C)(3)	415,288.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GCS OF PUERTO RICO #501 AVE. SAN JUAN, PR 00907	66-0327584	501(C)(3)	394,311.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF METROPOLITAN BALTIMORE 1201 S SHARP ST BALTIMORE, MD 21230	26-4371125	501(C)(3)	387,623.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF SNOHOMISH COUNTY 8223 BROADWAY, SUITE 100 EVERETT, WA 98203	91-0549511	501(C)(3)	382,783.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF SAN ANTONIO 123 RALPH AVE SAN ANTONIO, TX 78204	74-1109637	501(C)(3)	380,945.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GCS OF CENTRAL TEXAS, INC. 703 N 8TH ST KILLEEN, TX 76541	26-2132885	501(C)(3)	374,336.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GCS OF COLLIN COUNTY 7770 MAIN ST, SUITE E FRISCO, TX 75033	75-1296869	501(C)(3)	373,231.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GCS OF THE TENNESSEE VALLEY 967 IRWIN ST KNOXVILLE, TN 37917	62-0475743	501(C)(3)	369,355.				SUPPORT BGCA PROGRAM
<b>(11)</b> CHILDREN'S AID SOCIETY 117 W 124TH ST NEW YORK, NY 10027	13-5562191	501(C)(3)	361,204.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF SOUTHEASTERN MICHIGAN 26777 HALSTED RD FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	354,224.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

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<b>(1)</b> B&GCS OF THE CHATTAHOOCHEE VALLEY 1700 BUENA VISTA RD COLUMBUS, GA 31906	58-1174393	501(C)(3)	351,404.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GCS OF GREATER BATON ROUGE 8281 GOODWOOD BLVD BATON ROUGE, LA 70806	72-0928014	501(C)(3)	332,026.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GCS OF GREATER CINCINNATI 600 DALTON AVE CINCINNATI, OH 45203	31-0536965	501(C)(3)	318,323.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GCS OF MIAMI 2805 SW 32ND AVE MIAMI, FL 33133	59-0879227	501(C)(3)	316,598.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GCS OF GREATER ST. LOUIS, INC. 2901 N GRAND BLVD SAINT LOUIS, MO 63107	43-6061693	501(C)(3)	303,276.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF BOSTON 200 HIGH ST BOSTON, MA 02110	04-2103922	501(C)(3)	300,502.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF THE AUSTIN AREA 6648 ED BLUESTEIN BLVD AUSTIN, TX 78723	74-6087356	501(C)(3)	299,833.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF DURANT 415 N 5TH AVE DURANT, OK 74701	99-9999999	GOVT	294,448.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GCS OF SAN FRANCISCO 380 FULTON ST SAN FRANCISCO, CA 94102	94-1156608	501(C)(3)	282,406.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC FOX VALLEY 160 S BADGER AVE APPLETON, WI 54914	39-1225709	501(C)(3)	278,676.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GCS OF NORTHEAST FLORIDA 555 W 25TH ST JACKSONVILLE, FL 32206	59-6167630	501(C)(3)	278,213.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF INDIANAPOLIS 3909 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-0888754	501(C)(3)	269,709.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

2022

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Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF TRUCKEE MEADOWS 2680 E 9TH ST RENO, NV 89512	88-0142068	501(C)(3)	265,957.				SUPPORT BGCA PROGRAM
(2) B&GCS OF CENTRAL SONOMA COUNTY 1400 N DUTTON AVE SANTA ROSA, CA 95401	68-0309534	501(C)(3)	265,214.				SUPPORT BGCA PROGRAM
(3) B&GCS OF PALM BEACH COUNTY 800 NORTHPT PKWY WEST PALM BEACH, FL 33407	23-7060561	501(C)(3)	263,386.				SUPPORT BGCA PROGRAM
(4) B&GCS OF TAMPA BAY 1307 N MACDILL AVE TAMPA, FL 33607	59-0624368	501(C)(3)	260,168.				SUPPORT BGCA PROGRAM
(5) B&GCS OF THE SUNCOAST 4625 E BAY DR, STE 103 CLEARWATER, FL 33764	59-1566799	501(C)(3)	259,048.				SUPPORT BGCA PROGRAM
(6) B&GCS OF BUFFALO 282 BABCOCK ST BUFFALO, NY 14210	16-0849516	501(C)(3)	258,259.				SUPPORT BGCA PROGRAM
(7) B&GCS OF THE VIRGINIA PENINSULA 11825 ROCK LANDNG DR NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	245,991.				SUPPORT BGCA PROGRAM
(8) B&GCS OF KING COUNTY 603 STEWART ST, STE 300 SEATTLE, WA 98101	91-0532600	501(C)(3)	240,159.				SUPPORT BGCA PROGRAM
(9) B&GCS OF GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO, CA 95824	68-0338324	501(C)(3)	237,783.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 94025	94-1552134	501(C)(3)	236,518.				SUPPORT BGCA PROGRAM
(11) B&GCS OF GREATER SAN DIEGO 4635 CLREMT MESA BLVD SAN DIEGO, CA 92117	95-1865988	501(C)(3)	235,937.				SUPPORT BGCA PROGRAM
(12) B&GCS OF THE MIDLANDS 500 GRACERN RD COLUMBIA, SC 29201	57-0399808	501(C)(3)	232,122.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF WESTERN PENNSYLVANIA 33 TERMINAL WAY, 435 PITTSBURGH, PA 15219	25-1206970	501(C)(3)	230,074.				SUPPORT BGCA PROGRAM
(2) B&GCS OF THE LOS ANGELES HARBOR 1200 S CABRILLO AVE SAN PEDRO, CA 90731	95-1661682	501(C)(3)	228,684.				SUPPORT BGCA PROGRAM
(3) B&GC OF LOWER BRULE 325 SITTING BULL ST LOWER BRULE, SD 57548	46-0463372	501(C)(3)	227,800.				SUPPORT BGCA PROGRAM
(4) B&GC OF WEST SAN GABRIEL VALLEY 328 S RAMONA AVE MONTEREY PARK, CA 91754	95-2782501	501(C)(3)	223,946.				SUPPORT BGCA PROGRAM
(5) B&GCS OF KENTUCKIANA 3900 CRITTENDEN DR LOUISVILLE, KY 40209	61-0568789	501(C)(3)	219,334.				SUPPORT BGCA PROGRAM
(6) B&GCS OF NORTH ALABAMA 203 EASTSIDE SQUARE HUNTSVILLE, AL 35801	63-0360026	501(C)(3)	219,038.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE GRAND RIVER AREA 210 MAIN ST MC LAUGHLIN, SD 57642	46-0376995	501(C)(3)	216,997.				SUPPORT BGCA PROGRAM
(8) B&GCS OF CEDAR RAPIDS 420 6TH ST SE CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	215,516.				SUPPORT BGCA PROGRAM
(9) B&GCS OF THE MIDLANDS, INC. 2610 HAMILTON ST OMAHA, NE 68131	47-0467350	501(C)(3)	215,097.				SUPPORT BGCA PROGRAM
(10) B&GCS OF DELAWARE 669 S UNION ST WILMINGTON, DE 19805	51-0068712	501(C)(3)	215,070.				SUPPORT BGCA PROGRAM
(11) B&GC OF ABERDEEN AREA 1121 1ST AVE SE ABERDEEN, SD 57401	23-7062273	501(C)(3)	214,950.				SUPPORT BGCA PROGRAM
(12) B&GCS OF SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	94-1294898	501(C)(3)	212,971.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 

Yes

No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY B&GCS OF TEXAS 1221 RIVER BEND DR DALLAS, TX 75247	75-0800678	501(C)(3)	212,596.				SUPPORT BGCA PROGRAM
(2) B&GCS OF SARASOTA COUNTY 3100 FRUITVILLE RD SARASOTA, FL 34237	59-6211876	501(C)(3)	210,498.				SUPPORT BGCA PROGRAM
(3) B&GCS OF HARTFORD 170 SIGOURNEY ST HARTFORD, CT 06105	06-6026005	501(C)(3)	209,903.				SUPPORT BGCA PROGRAM
(4) B&GCS OF FRESNO COUNTY 540 N AUGUSTA ST FRESNO, CA 93701	94-1149171	501(C)(3)	209,578.				SUPPORT BGCA PROGRAM
(5) B&GCS OF THE EMERALD COAST 923 DENTON BLVD FORT WALTON BEACH, FL 32547	59-1267050	501(C)(3)	206,472.				SUPPORT BGCA PROGRAM
(6) B&GCS OF GREATER MEMPHIS 44 S REMBERT ST MEMPHIS, TN 38104	62-0646371	501(C)(3)	201,852.				SUPPORT BGCA PROGRAM
(7) B&GCS OF TUCSON 3155 E GRANT RD TUCSON, AZ 85716	86-0172257	501(C)(3)	199,307.				SUPPORT BGCA PROGRAM
(8) B&GC OF SANTA ANA 17701 COWAN, SUITE 110 IRVINE, CA 92614	95-1893417	501(C)(3)	198,665.				SUPPORT BGCA PROGRAM
(9) B&GC OF DELAWARE COUNTY 1433 N MAIN ST JAY, OK 74346	73-1214669	501(C)(3)	198,454.				SUPPORT BGCA PROGRAM
(10) B&GC OF REDLANDS 1251 CLAY ST REDLANDS, CA 92374	95-6187083	501(C)(3)	197,582.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE MISSOURI RIVER AREA 104 SHERIDAN AVE SE WAGNER, SD 57380	46-0445099	501(C)(3)	196,567.				SUPPORT BGCA PROGRAM
(12) B&GC OF EVANSVILLE 700 BELLEMEADE AVE EVANSVILLE, IN 47710	35-1007558	501(C)(3)	193,263.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

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13-5562976

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF BENTON AND FRANKLIN COUNTIES 2110 W HENRY ST PASCO, WA 99301	91-1673327	501(C)(3)	191,920.				SUPPORT BGCA PROGRAM
(2) B&GC OF ALLENTOWN 720 N 6TH ST ALLENTOWN, PA 18102	23-1352042	501(C)(3)	190,525.				SUPPORT BGCA PROGRAM
(3) B&GCS OF CENTRAL ALABAMA 2380 OLD SPRINGVILLE BIRMINGHAM, AL 35215	63-0302102	501(C)(3)	187,669.				SUPPORT BGCA PROGRAM
(4) B&GCS OF LONG BEACH 3635 LONG BEACH BLVD LONG BEACH, CA 90807	95-1643977	501(C)(3)	183,994.				SUPPORT BGCA PROGRAM
(5) THE B&GC OF BURBANK AND GREATER EAST VALLEY 2244 N BUENA VISTA ST BURBANK, CA 91504	95-4485745	501(C)(3)	181,696.				SUPPORT BGCA PROGRAM
(6) B&GC OF EL PASO 801 S FLORENCE ST EL PASO, TX 79901	74-1145974	501(C)(3)	178,730.				SUPPORT BGCA PROGRAM
(7) B&GC OF DANE COUNTY 1818 W BELTLINE HWY MADISON, WI 53713	39-1925617	501(C)(3)	178,432.				SUPPORT BGCA PROGRAM
(8) B&GC OF JANESVILLE 200 W COURT ST JANESVILLE, WI 53548	39-1645796	501(C)(3)	178,212.				SUPPORT BGCA PROGRAM
(9) B&GCS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DR SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	177,351.				SUPPORT BGCA PROGRAM
(10) B&GCS OF SOUTH VALLEY 179 E 5065 S MURRAY, UT 84107	87-0304654	501(C)(3)	175,770.				SUPPORT BGCA PROGRAM
(11) B&GC OF BURLINGTON, INC. 62 OAK ST BURLINGTON, VT 05401	03-0179307	501(C)(3)	175,005.				SUPPORT BGCA PROGRAM
(12) B&GCS OF OAKLAND 3300 HIGH ST OAKLAND, CA 94619	94-1279794	501(C)(3)	172,582.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
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<b>(1)</b> B&GCS OF ALBANY 711 N MONROE ST ALBANY, GA 31701	58-6046393	501(C)(3)	169,169.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GCS OF BROWARD COUNTY 877 NW 61ST ST FORT LAUDERDALE, FL 33309	59-1108790	501(C)(3)	169,111.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF NORTH CENTRAL GEORGIA 1140 MONTICELLO RD, MADISON, GA 30650	27-1029072	501(C)(3)	169,020.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GCS OF PITT COUNTY 621 W FIRETOWER RD WINTERVILLE, NC 28590	56-0927694	501(C)(3)	167,799.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF THE LUMBEE TRIBE OF NORTH CAROLINA 6984 NC HWY 711 PEMBROKE, NC 28372	84-1704531	501(C)(3)	167,678.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF SOUTHEAST VIRGINIA 1300 DIAMD SPRNGS VIRGINIA BEACH, VA 23455	54-0515764	501(C)(3)	165,760.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF PORTLAND METROPOLITAN AREA 8203 SE 7TH AVE, STE 100 PORTLAND, OR 97202	93-0474800	501(C)(3)	165,528.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF CARSON 1950 E 220TH ST, 207 CARSON, CA 90810	33-0475452	501(C)(3)	163,575.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GCS OF THE GULF COAST 201 HOLLY CIR GULFPORT, MS 39501	64-0539145	501(C)(3)	163,208.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF THE PIEDMONT 1001 COCHRAN ST STATESVILLE, NC 28677	20-3237215	501(C)(3)	161,705.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF MCALLEN 2620 W GALVESTON AVE MCALLEN, TX 78501	74-1553646	501(C)(3)	161,670.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF TABULA RASA 2930 KERRY FOREST TALLAHASSEE, FL 32309	20-5421558	501(C)(3)	159,702.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 46807	35-1778767	501(C)(3)	159,117.				SUPPORT BGCA PROGRAM
(2) B&GC OF GREEN BAY 1451 UNIVERSITY AVE GREEN BAY, WI 54302	39-6102943	501(C)(3)	158,879.				SUPPORT BGCA PROGRAM
(3) B&GCS OF RUTHERFORD COUNTY 820 JONES BLVD MURFREESBORO, TN 37129	62-1583332	501(C)(3)	157,877.				SUPPORT BGCA PROGRAM
(4) B&GC OF HUNTINGTON VALLEY 16582 BROOKHST ST FOUNTAIN VALLEY, CA 92708	95-6192466	501(C)(3)	156,871.				SUPPORT BGCA PROGRAM
(5) B&GC OF ADAIR COUNTY SCHOOLS 421 W PINE ST STILWELL, OK 74960	99-9999999	GOVT	154,737.				SUPPORT BGCA PROGRAM
(6) B&GCS OF METRO RICHMOND 5511 STAPLES MILL RD RICHMOND, VA 23228	54-0564901	501(C)(3)	151,587.				SUPPORT BGCA PROGRAM
(7) B&GC OF MAUI 100 KANALOA AVE KAHULUI, HI 96732	99-0272347	501(C)(3)	147,051.				SUPPORT BGCA PROGRAM
(8) B&GC OF SAN MARCOS 1 POSITIVE PL SAN MARCOS, CA 92069	95-3330218	501(C)(3)	146,649.				SUPPORT BGCA PROGRAM
(9) MADISON SQUARE B&GC 250 BRADHURST AVE NEW YORK, NY 10039	13-5596792	501(C)(3)	146,641.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE SMOKY MOUNTAINS 311 BLUE PEACOCK WAY SEYMOUR, TN 37865	62-1507789	501(C)(3)	143,887.				SUPPORT BGCA PROGRAM
(11) B&GCS OF THE SAN GORGONIO PASS 240 W RAMSEY ST BANNING, CA 92220	20-3812932	501(C)(3)	142,001.				SUPPORT BGCA PROGRAM
(12) B&GCS OF GREATER WATERTVILLE 126 NORTH ST WATERTVILLE, ME 04901	01-0344605	501(C)(3)	138,370.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1) B&GCS OF THE GREAT LAKES BAY REGION 300 LAFAYETTE AVE BAY CITY, MI 48706	38-1648580	501(C)(3)	138,263.				SUPPORT BGCA PROGRAM
(2) B&GCS OF GREATER OXNARD & PORT HUENEME 1900 W 5TH ST OXNARD, CA 93030	95-1785162	501(C)(3)	136,271.				SUPPORT BGCA PROGRAM
(3) B&GC OF OTTAWA COUNTY 830 D ST SE MIAMI, OK 74354	73-1352753	501(C)(3)	135,980.				SUPPORT BGCA PROGRAM
(4) B&GCS OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 90401	95-1890706	501(C)(3)	134,977.				SUPPORT BGCA PROGRAM
(5) ANTELOPE VALLEY B&GC 815 E AVENUE Q6 PALMDALE, CA 93550	95-4290055	501(C)(3)	134,789.				SUPPORT BGCA PROGRAM
(6) B&GCS OF CENTRAL MINNESOTA 345 30TH AVE N SAINT CLOUD, MN 56303	41-1245177	501(C)(3)	132,464.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE SOUTH COAST AREA 1304 CALLE VALLE SAN CLEMENTE, CA 92672	95-6111998	501(C)(3)	132,299.				SUPPORT BGCA PROGRAM
(8) B&GCS OF CHARLOTTE COUNTY 21450 GIBRALTER DR PORT CHARLOTTE, FL 33952	65-0725247	501(C)(3)	131,886.				SUPPORT BGCA PROGRAM
(9) B&GCS OF CLEVELAND 385 3RD ST SW CLEVELAND, TN 37311	62-0729406	501(C)(3)	131,356.				SUPPORT BGCA PROGRAM
(10) B&GCS OF SOUTH PUGET SOUND 3875 S 66TH ST TACOMA, WA 98402	91-0759832	501(C)(3)	131,272.				SUPPORT BGCA PROGRAM
(11) B&GCS OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE, CA 92840	95-6112702	501(C)(3)	130,948.				SUPPORT BGCA PROGRAM
(12) B&GCS OF CENTRAL IOWA 1421 WALKER ST DES MOINES, IA 50316	42-6075138	501(C)(3)	130,536.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF BANDERA COUNTY 715 MAPLE ST BANDERA, TX 78003	74-2728659	501(C)(3)	129,573.				SUPPORT BGCA PROGRAM
(2) B&GCS OF SOUTH ALABAMA 1102 GOVERNMENT ST MOBILE, AL 36604	63-0414826	501(C)(3)	129,333.				SUPPORT BGCA PROGRAM
(3) B&GC OF SOUHEGAN VALLEY 56 MONT VERNON RD MILFORD, NH 03055	02-0450773	501(C)(3)	129,238.				SUPPORT BGCA PROGRAM
(4) B&GC OF CORPUS CHRISTI 3902 GREENWOOD DR CORPUS CHRISTI, TX 78416	74-1294586	501(C)(3)	129,054.				SUPPORT BGCA PROGRAM
(5) HARFORD COUNTY B&GC 15 S PARKE ST ABERDEEN, MD 21001	52-1701612	501(C)(3)	126,209.				SUPPORT BGCA PROGRAM
(6) B&GCS 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	125,918.				SUPPORT BGCA PROGRAM
(7) B&GC OF WATERTOWN 1000 3RD AVE NE WATERTOWN, SD 57201	46-0311845	501(C)(3)	125,796.				SUPPORT BGCA PROGRAM
(8) B&GCS OF MITCHELL COUNTY 120 S HARNEY ST CAMILLA, GA 31730	58-1976071	501(C)(3)	124,796.				SUPPORT BGCA PROGRAM
(9) B&GCS OF SOUTHERN MAINE 277 CUMBERLAND AVE PORTLAND, ME 04101	01-0211543	501(C)(3)	124,649.				SUPPORT BGCA PROGRAM
(10) B&GC OF WALKER COUNTY 119 FM 980 RD HUNTSVILLE, TX 77320	03-0476151	501(C)(3)	124,288.				SUPPORT BGCA PROGRAM
(11) B&GC OF CHESTER 201 E 7TH ST CHESTER, PA 19013	23-1490049	501(C)(3)	122,861.				SUPPORT BGCA PROGRAM
(12) B&GCS OF KERN COUNTY 801 NILES ST BAKERSFIELD, CA 93305	95-2462246	501(C)(3)	120,904.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

Attach to Form 990.

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OMB No. 1545-0047

2022

Open to Public  
Inspection

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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(1) B&GCS OF COLUMBUS 1108 CITY PARK AVE COLUMBUS, OH 43206	31-4387575	501(C)(3)	120,868.				SUPPORT BGCA PROGRAM
(2) SAN LEANDRO B&GC 2777 ALVARADO ST SAN LEANDRO, CA 94577	94-6003779	501(C)(3)	120,779.				SUPPORT BGCA PROGRAM
(3) B&GCS OF HUDSON COUNTY 225 MORRIS BLVD JERSEY CITY, NJ 07302	22-1918943	501(C)(3)	120,700.				SUPPORT BGCA PROGRAM
(4) B&GC OF FARMINGTON 1925 POSITIVE WAY FARMINGTON, NM 87401	85-0161421	501(C)(3)	120,456.				SUPPORT BGCA PROGRAM
(5) B&GCS OF THE BLACK HILLS 297 WALNUT AVE HILL CITY, SD 57745	46-0332124	501(C)(3)	119,287.				SUPPORT BGCA PROGRAM
(6) B&GC OF NAPA VALLEY 1515 PUEBLO AVE NAPA, CA 94558	94-6033413	501(C)(3)	117,450.				SUPPORT BGCA PROGRAM
(7) B&GC OF TRACY 753 W LOWELL AVE TRACY, CA 95376	68-0028682	501(C)(3)	117,172.				SUPPORT BGCA PROGRAM
(8) B&GC OF UTAH COUNTY 1060 E 150 N PROVO, UT 84606	87-0293260	501(C)(3)	116,695.				SUPPORT BGCA PROGRAM
(9) B&GC OF SPRINGFIELD 1410 N FREMONT AVE SPRINGFIELD, MO 65802	44-0513659	501(C)(3)	115,919.				SUPPORT BGCA PROGRAM
(10) B&GCS OF ACADIANA 1405 W PINHOOK RD LAFAYETTE, LA 70503	72-0940072	501(C)(3)	115,455.				SUPPORT BGCA PROGRAM
(11) BRISTOL B&GC ASSOCIATION 255 WEST ST BRISTOL, CT 06010	06-0646556	501(C)(3)	115,200.				SUPPORT BGCA PROGRAM
(12) B&GC OF NOWATA 300 S PINE ST NOWATA, OK 74048	73-1569974	501(C)(3)	113,396.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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(1) B&GC OF ELIZABETHTON/CARTER COUNTY 104 HUDSON DR ELIZABETHTON, TN 37643	62-0502737	501(C)(3)	113,058.				SUPPORT BGCA PROGRAM
(2) BGC OF THE MINNEAPOLIS AMERICAN INDIAN CTR 1530 E FRANKLIN AVE MINNEAPOLIS, MN 55404	41-0966005	501(C)(3)	113,000.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE PIKES PEAK REGION 1307 AERPLAZA DR COLORADO SPRINGS, CO 80916	84-0416503	501(C)(3)	111,527.				SUPPORT BGCA PROGRAM
(4) BRIGADE B&GC 2759 VANCE ST WILMINGTON, NC 28412	56-0529939	501(C)(3)	109,855.				SUPPORT BGCA PROGRAM
(5) LUBBOCK B&GC 3221 59TH ST LUBBOCK, TX 79413	75-1037228	501(C)(3)	109,478.				SUPPORT BGCA PROGRAM
(6) B&GCS OF HARLINGEN 1209 W WASHINGTON AVE HARLINGEN, TX 78550	74-1546529	501(C)(3)	109,151.				SUPPORT BGCA PROGRAM
(7) B&GCS OF NORTHWEST GEORGIA 211 E MAIN ST SW ROME, GA 30161	58-0632795	501(C)(3)	105,803.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE CUMBERLAND PLATEAU 17025 ALBERTA ST ONEIDA, TN 37841	20-5767918	501(C)(3)	105,133.				SUPPORT BGCA PROGRAM
(9) B&GC OF NEW HAVEN 253 COLUMBUS AVE NEW HAVEN, CT 06519	06-0646935	501(C)(3)	105,000.				SUPPORT BGCA PROGRAM
(10) B&GC OF VENICE 2232 LINCOLN BLVD VENICE, CA 90291	95-6209203	501(C)(3)	104,810.				SUPPORT BGCA PROGRAM
(11) B&GCS OF COACHELLA VALLEY, INC. 42600 COOK ST, PALM DESERT, CA 92211	95-6122699	501(C)(3)	104,769.				SUPPORT BGCA PROGRAM
(12) B&GC OF NORTHEAST MISSISSIPPI 1500 N HARPER RD, CORINTH, MS 38834	64-0389412	501(C)(3)	103,684.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) B&GC OF ROCHESTER 500 GENESEE ST ROCHESTER, NY 14611	16-1001619	501(C)(3)	103,431.				SUPPORT BGCA PROGRAM
(2) B&GCS OF VOLUSIA/FLAGLER COUNTIES 211 N RIDGEWOOD AVE EDGEWATER, FL 32132	59-3158162	501(C)(3)	103,200.				SUPPORT BGCA PROGRAM
(3) B&GC OF BRISTOL 311 REBECCA ST BRISTOL, VA 24201	54-0653489	501(C)(3)	103,180.				SUPPORT BGCA PROGRAM
(4) B&GCS OF COOKE COUNTY 315 N DENTON ST GAINESVILLE, TX 76240	75-2255185	501(C)(3)	102,319.				SUPPORT BGCA PROGRAM
(5) SOUTH QUEENS B&GC 11004 ATL AVE SOUTH RICHMOND HILL, NY 11419	11-1966067	501(C)(3)	102,250.				SUPPORT BGCA PROGRAM
(6) B&GCS OF GRAND RAPIDS YOUTH COMMONWEALTH 235 STRAIGHT AVE NW GRAND RAPIDS, MI 49504	38-0593958	501(C)(3)	101,933.				SUPPORT BGCA PROGRAM
(7) B&GC OF FRANKLIN-SIMPSON COUNTY, KENTUCKY 103 S COURT ST FRANKLIN, KY 42134	61-1423661	501(C)(3)	100,353.				SUPPORT BGCA PROGRAM
(8) B&GC OF CARBONDALE 250 N SPRINGER ST CARBONDALE, IL 62901	37-1391223	501(C)(3)	100,276.				SUPPORT BGCA PROGRAM
(9) B&GC OF WHITTIER 7905 GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501(C)(3)	100,179.				SUPPORT BGCA PROGRAM
(10) B&GC OF ENNIS 1701 S HALL ST ENNIS, TX 75119	75-2746070	501(C)(3)	99,564.				SUPPORT BGCA PROGRAM
(11) B&GCS OF THE NORTH VALLEY 601 WALL ST CHICO, CA 95928	68-0294846	501(C)(3)	99,539.				SUPPORT BGCA PROGRAM
(12) B&GC OF WASHINGTON COUNTY, INC. 925 N SILVERBROOK DR WEST BEND, WI 53090	39-1773689	501(C)(3)	99,110.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
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Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I

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(1) B&GCS OF THE THREE AFFILIATED TRIBES 710 EAST AVENUE NEW TOWN, ND 58763	91-2184912	501(C)(3)	98,226.				SUPPORT BGCA PROGRAM
(2) B&GC OF ODESSA 800 E 13TH ST ODESSA, TX 79761	75-0990952	501(C)(3)	97,370.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE EASTERN PANHANDLE 105 W JOHN ST MARTINSBURG, WV 25401	20-2257657	501(C)(3)	97,091.				SUPPORT BGCA PROGRAM
(4) B&GC OF ROCKFORD 1040 N 2ND ST ROCKFORD, IL 61107	36-2167840	501(C)(3)	96,704.				SUPPORT BGCA PROGRAM
(5) B&GC OF LAWRENCE 2910 HASKELL AVE LAWRENCE, KS 66046	23-7296824	501(C)(3)	96,614.				SUPPORT BGCA PROGRAM
(6) B&GCS OF DEEP EAST TEXAS 941 TOWER ROAD NACOGDOCHES, TX 75961	75-2254579	501(C)(3)	95,835.				SUPPORT BGCA PROGRAM
(7) B&GCS OF THE BIG BEND 723 W ORANGE AVE TALLAHASSEE, FL 32310	59-3076558	501(C)(3)	95,656.				SUPPORT BGCA PROGRAM
(8) B&GC OF MAURY COUNTY 210 W 8TH ST COLUMBIA, TN 38401	62-1611131	501(C)(3)	95,590.				SUPPORT BGCA PROGRAM
(9) B&GC OF OCEANSIDE 401 COUNTRY CLUB LN OCEANSIDE, CA 92054	95-1744805	501(C)(3)	95,470.				SUPPORT BGCA PROGRAM
(10) B&GC OF SALEM, MARION & POLK COUNTIES 1395 SUMMER ST NE SALEM, OR 97301	93-0581470	501(C)(3)	95,087.				SUPPORT BGCA PROGRAM
(11) B&GCS OF LAKE LAND 1525 MARTIN L KING LAKE LAND, FL 33805	59-0171815	501(C)(3)	94,652.				SUPPORT BGCA PROGRAM
(12) B&GC OF SEQUOYAH COUNTY 208 S MAIN ST SALLISAW, OK 74955	73-1128670	501(C)(3)	94,609.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GCS OF AMERICAN SAMOA 998381 TAFUNA AIRPRT RD PAGO PAGO, AS 96799	66-0759053	501(C)(3)	94,106.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	93,372.				SUPPORT BGCA PROGRAM
<b>(3)</b> TROY B&GC 21 DELAWARE ST ALBANY, NY 12202	14-1338574	501(C)(3)	93,000.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GCS OF WEST ALABAMA 2201 ALBERTA PARKWAY TUSCALOOSA, AL 35404	63-0452285	501(C)(3)	92,256.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF GREATER NASHUA 10 EAST PEARL STREET NASHUA, NH 03060	23-7058376	501(C)(3)	92,083.				SUPPORT BGCA PROGRAM
<b>(6)</b> KIPS BAY B&GC 1930 RANDALL AVE BRONX, NY 10473	13-1623850	501(C)(3)	91,697.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF SOUTH COUNTY 847 ENCINA AVE IMPERIAL BEACH, CA 91932	95-3667707	501(C)(3)	90,150.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GCS OF CASCADE COUNTY 600 1ST AVE SW GREAT FALLS, MT 59404	81-0475269	501(C)(3)	88,902.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF VALDOSTA 215 W NORTH ST VALDOSTA, GA 31601	23-7067775	501(C)(3)	88,558.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GCS OF NORTH CENTRAL LOUISIANA 300 MEMORIAL DR RUSTON, LA 71270	72-1375839	501(C)(3)	88,469.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF FONTANA 7723 ALMERIA ST FONTANA, CA 92336	33-0443344	501(C)(3)	87,057.				SUPPORT BGCA PROGRAM
<b>(12)</b> THE B&GC OF WESLACO, INC. 300 N AIRPORT DR, SUITE B WESLACO, TX 78596	90-0961342	501(C)(3)	86,379.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NIAGARA FALLS B&GC							
725 17TH ST NIAGARA FALLS, NY 14301	16-0743093	501(C)(3)	85,763.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF PORTAGE COUNTY							
941 MICHIGAN AVE STEVENS POINT, WI 54481	73-1630506	501(C)(3)	85,708.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GCS OF LEE COUNTY							
7275 CONCOURSE DR FORT MYERS, FL 33908	59-2013870	501(C)(3)	85,693.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF MANCHESTER							
555 UNION ST MANCHESTER, NH 03104	02-0226033	501(C)(3)	85,131.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GCS OF NORTH GEORGIA							
101 FREEDOM WAY JASPER, GA 30143	20-2957153	501(C)(3)	84,978.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF NEWARK							
1 AVON AVE NEWARK, NJ 07108	22-1515405	501(C)(3)	84,500.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF ALBUQUERQUE & RIO RANCHO							
3333 TRUMAN ST NE ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	84,115.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF PHARR							
1026 S FIR ST PHARR, TX 78577	75-2258513	501(C)(3)	83,698.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF HOLLYWOOD							
850 N CAHUENGA BLVD LOS ANGELES, CA 90038	95-1775142	501(C)(3)	83,142.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF BALDWIN AND JONES COUNTIES							
1140 W CHARLTON ST MILLEDGEVILLE, GA 31059	58-1671393	501(C)(3)	82,293.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF CABARRUS COUNTY, INC.							
247 SPRING ST NW CONCORD, NC 28025	56-0577630	501(C)(3)	82,164.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF THE NORTHLAND							
102 S 29TH AVE W, STE 200 DULUTH, MN 55806	41-0969947	501(C)(3)	82,147.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Grants and Other Assistance to Organizations,  
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(1) B&GCS OF BELLEVUE 209 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)(3)	81,919.				SUPPORT BGCA PROGRAM
(2) B&GC OF FLAGSTAFF 301 S PASEO DEL FLAG FLAGSTAFF, AZ 86001	45-3083785	501(C)(3)	81,705.				SUPPORT BGCA PROGRAM
(3) B&GC OF DUNDEE TOWNSHIP 20 S GROVE ST, CARPENTERSVILLE, IL 60110	36-4184937	501(C)(3)	81,682.				SUPPORT BGCA PROGRAM
(4) B&GC OF SOUTHEAST GEORGIA 3836 JOHNSTON ST BRUNSWICK, GA 31520	58-0973039	501(C)(3)	81,221.				SUPPORT BGCA PROGRAM
(5) B&GCS OF CAPISTRANO VALLEY 1 VIA POSITIV SAN JUAN CAPISTRANO, CA 92675	33-0529575	501(C)(3)	80,904.				SUPPORT BGCA PROGRAM
(6) B&GCS OF NORTH CENTRAL NORTH CAROLINA 105 WEST ST OXFORD, NC 27565	56-2525793	501(C)(3)	80,583.				SUPPORT BGCA PROGRAM
(7) B&GC OF OKLAHOMA COUNTY 3535 N WESTERN AVE OKLAHOMA CITY, OK 73118	73-1472202	501(C)(3)	80,318.				SUPPORT BGCA PROGRAM
(8) B&GC OF TROY 3670 JOHN R RD TROY, MI 48083	23-7390931	501(C)(3)	80,267.				SUPPORT BGCA PROGRAM
(9) B&GC OF MILFORD 14 BENHAM AVE MILFORD, CT 06460	27-0786009	501(C)(3)	79,680.				SUPPORT BGCA PROGRAM
(10) BOYS & GIRLS CLUB OF GENERATIONAL EMPOWER 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	79,497.				SUPPORT BGCA PROGRAM
(11) B&GCS OF WEST-CENTRAL WISCONSIN 105 W. MILWAUKEE STREET TOMAH, WI 54660	39-1962065	501(C)(3)	78,802.				SUPPORT BGCA PROGRAM
(12) B&GCS OF MONTEREY COUNTY 1332 LA SALLE AVE SEASIDE, CA 93955	94-1702753	501(C)(3)	78,170.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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(1) B&GCS OF GREATER GASTON 310 S BOYD ST GASTONIA, NC 28052	56-1419498	501(C)(3)	77,979.				SUPPORT BGCA PROGRAM
(2) B&GC OF NORTHEAST TEXAS 4320 LEE ST GREENVILLE, TX 75401	75-2174005	501(C)(3)	77,712.				SUPPORT BGCA PROGRAM
(3) B&GCS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	77,658.				SUPPORT BGCA PROGRAM
(4) B&GCS OF LA HABRA 1211 FAHRINGER WAY LA HABRA, CA 90631	95-1922180	501(C)(3)	77,528.				SUPPORT BGCA PROGRAM
(5) MNW B&GCS OF THOMAS COUNTY 219 FLETCHER ST THOMASVILLE, GA 31792	58-2426833	501(C)(3)	77,244.				SUPPORT BGCA PROGRAM
(6) B&GC OF DARLINGTON 4408 N HIGHWAY 81 EL RENO, OK 73036	73-1535032	501(C)(3)	76,678.				SUPPORT BGCA PROGRAM
(7) B&GCS OF METROWEST 169 PLEASANT ST MARLBOROUGH, MA 01752	04-2387225	501(C)(3)	76,270.				SUPPORT BGCA PROGRAM
(8) B&GCS OF ANNAPOLIS & ANNE ARUNDEL COUNTY 121 SOUTH VILLA AVE ANNAPOLIS, MD 21401	52-1736346	501(C)(3)	76,112.				SUPPORT BGCA PROGRAM
(9) B&GCS OF EDINBURG RIO GRANDE VALLEY 702 CULLEN ST EDINBURG, TX 78541	74-2549652	501(C)(3)	75,979.				SUPPORT BGCA PROGRAM
(10) B&GCS OF THE SIOUX EMPIRE 824 E 14TH ST SIOUX FALLS, SD 57104	14-0399482	501(C)(3)	75,894.				SUPPORT BGCA PROGRAM
(11) B&GC OF TRENTON/MERCER COUNTY 212 CENTRE ST TRENTON, NJ 08611	21-0634556	501(C)(3)	75,503.				SUPPORT BGCA PROGRAM
(12) B&GC OF MOSHOLU MONTEFIORE COMMUNITY CENTER 3450 DEKALB AVE BRONX, NY 10467	20-8017249	501(C)(3)	75,300.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

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(1) B&GC OF JACKSON 832 LEXINGTON AVE JACKSON, TN 38301	62-0784907	501(C)(3)	75,045.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE FLATHEAD RESERVATION & LAKE CTY 62579 US HIGHWAY 93 RONAN, MT 59864	81-0515029	501(C)(3)	74,851.				SUPPORT BGCA PROGRAM
(3) VARIETY B&GC OF QUEENS 2112 30TH RD LONG ISLAND CITY, NY 11102	11-6014770	501(C)(3)	73,764.				SUPPORT BGCA PROGRAM
(4) B&GC OF YELLOWSTONE COUNTY 505 ORCHARD LN BILLINGS, MT 59101	81-0308003	501(C)(3)	73,652.				SUPPORT BGCA PROGRAM
(5) B&GC OF PICAYUNE RANCHERIA OF CHUKCHA 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	73,178.				SUPPORT BGCA PROGRAM
(6) SALVATION ARMY B&GC OF RICHMOND 2626 PENNSYLVANIA AVE WASHINGTON, DC 20037	58-0660607	501(C)(3)	72,877.				SUPPORT BGCA PROGRAM
(7) B&GCS OF UNION COUNTY 1050 JEANETTE AVE UNION, NJ 07083	22-1641962	501(C)(3)	72,685.				SUPPORT BGCA PROGRAM
(8) B&GCS OF THE PEE DEE AREA 310 W ROUGHFORK ST FLORENCE, SC 29506	57-6026677	501(C)(3)	72,374.				SUPPORT BGCA PROGRAM
(9) B&GC OF SANTA MARIA VALLEY 901 N RAILROAD AVE SANTA MARIA, CA 93458	95-2468116	501(C)(3)	72,288.				SUPPORT BGCA PROGRAM
(10) B&GCS OF MONTGOMERY 412 N HULL ST MONTGOMERY, AL 36104	63-0302108	501(C)(3)	71,746.				SUPPORT BGCA PROGRAM
(11) B&GCS OF GREEN COUNTRY 1111 SE 9TH ST PRYOR, OK 74361	73-1527045	501(C)(3)	71,635.				SUPPORT BGCA PROGRAM
(12) B&GCS OF CENTRAL GEORGIA 227 MARTIN L KING JR BLVD MACON, GA 31201	58-0621444	501(C)(3)	71,628.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

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Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
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<b>(1)</b> VARIETY B&GC 2530 CINCINNATI ST LOS ANGELES, CA 90033	95-1919219	501(C)(3)	71,164.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF GREATER KINGSPORT 1 POSITIVE PLACE KINGSPORT, TN 37660	62-0481370	501(C)(3)	71,003.				SUPPORT BGCA PROGRAM
<b>(3)</b> THE EDUCATIONAL ALLIANCE B&GC 197 E BROADWAY NEW YORK, NY 10002	13-5562210	501(C)(3)	70,903.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GCS OF GREATER NORTHWEST INDIANA 3691 WILLOWCREEK RD PORTAGE, IN 46368	35-1262439	501(C)(3)	70,655.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GCS OF WAYNE COUNTY INDIANA 1717 S L ST RICHMOND, IN 47374	35-1065715	501(C)(3)	70,629.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF VENTURA 1280 S VICTORIA AVE VENTURA, CA 93003	95-2248919	501(C)(3)	69,789.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF CATAWBA NATION 996 AVE OF THE NATIONS ROCK HILL, SC 29730	99-9999999	GOVT	69,109.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF THE GREATER CHIPPEWA VALLEY 1005 OXFORD AVE EAU CLAIRE, WI 54703	39-2032491	501(C)(3)	69,022.				SUPPORT BGCA PROGRAM
<b>(9)</b> MENIFEE VALLEY B&GC 26301 GARBANI RD MENIFEE, CA 92584	46-2167670	501(C)(3)	68,512.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF SIERRA VISTA 1746 PASEO SAN LUIS SIERRA VISTA, AZ 85635	86-0801728	501(C)(3)	68,323.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF SPOKANE COUNTY 544 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501(C)(3)	68,116.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF SOUTHWEST COUNTY 25090 JEFFERSON AVE MURRIETA, CA 92562	33-0475756	501(C)(3)	67,930.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF CYPRESS 1260 NORTH RIVERIA STREET ANAHEIM, CA 92801	95-2920990	501(C)(3)	67,864.				SUPPORT BGCA PROGRAM
(2) B&GC OF PATERSON AND PASSAIC, INC. 264 21ST AVE PATERSON, NJ 07501	22-1726665	501(C)(3)	66,871.				SUPPORT BGCA PROGRAM
(3) B&GCS OF GORDON, MURRAY, AND WHITFIELD 1013 UNDERWOOD ST DALTON, GA 30721	26-0725291	501(C)(3)	66,197.				SUPPORT BGCA PROGRAM
(4) B&GCS OF HUTCHINSON 111 N WALNUT ST, STE A HUTCHINSON, KS 67501	48-1088026	501(C)(3)	66,166.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE GILA RIVER INDIAN COMMUN 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	65,700.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE RED RIVER VALLEY 1530 1ST ST NE PARIS, TX 75460	75-0800621	501(C)(3)	65,067.				SUPPORT BGCA PROGRAM
(7) B&GCS OF THE FOOTHILLS 600 S SHAMROCK AVE MONROVIA, CA 91016	95-4453545	501(C)(3)	64,803.				SUPPORT BGCA PROGRAM
(8) B&GC OF LODI 50 BROOKSIDE AVE LODI, NJ 07644	22-1632037	501(C)(3)	64,592.				SUPPORT BGCA PROGRAM
(9) B&GC OF GALLUP 416 W PRINCETON AVE GALLUP, NM 87301	31-1650341	501(C)(3)	64,537.				SUPPORT BGCA PROGRAM
(10) GLENN E. HINES MEMORIAL B&GC OF NEWBURGH 285 LIBERTY ST NEWBURGH, NY 12550	14-1506144	501(C)(3)	64,521.				SUPPORT BGCA PROGRAM
(11) B&GCS OF LARIMER COUNTY 103 SMOKEY ST FORT COLLINS, CO 80525	74-2425914	501(C)(3)	64,403.				SUPPORT BGCA PROGRAM
(12) B&GC OF HARLEM, INC. 521 W 145TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	64,279.				SUPPORT BGCA PROGRAM

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Employer identification number  
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**Part I General Information on Grants and Assistance**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF COVINGTON COUNTY 300 MAIN ST COLLINS, MS 39428	72-1376423	501(C)(3)	64,119.				SUPPORT BGCA PROGRAM
(2) B&GC OF PASADENA 3230 E DEL MAR BLVD PASADENA, CA 91107	95-1643305	501(C)(3)	63,665.				SUPPORT BGCA PROGRAM
(3) UNITED B&GCS OF SANTA BARBARA COUNTY 1528 CHAPALA ST, SANTA BARBARA, CA 93101	23-7087814	501(C)(3)	63,547.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE MISSISSIPPI DELTA 748 E FIFTEENTH ST YAZOO CITY, MS 39194	45-0469376	501(C)(3)	63,284.				SUPPORT BGCA PROGRAM
(5) B&GCS OF SAINT LUCIE COUNTY 3104 AVENUE J FORT PIERCE, FL 34947	65-0505369	501(C)(3)	63,184.				SUPPORT BGCA PROGRAM
(6) B&GC OF BENTON COUNTY 2801 WALKER ST BENTONVILLE, AR 72712	71-0713904	501(C)(3)	62,599.				SUPPORT BGCA PROGRAM
(7) B&GC OF TOPEKA 550 SE 27TH ST TOPEKA, KS 66605	48-0636732	501(C)(3)	61,990.				SUPPORT BGCA PROGRAM
(8) B&GCS OF THE CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703	42-6083723	501(C)(3)	61,916.				SUPPORT BGCA PROGRAM
(9) B&GC OF LAGUNA BEACH 1085 LAGUNA CANYON LAGUNA BEACH, CA 92651	95-1878822	501(C)(3)	61,763.				SUPPORT BGCA PROGRAM
(10) B&GCS OF PUEBLO COUNTY 635 W CORONA AVE, PUEBLO, CO 81004	23-7307508	501(C)(3)	61,607.				SUPPORT BGCA PROGRAM
(11) B&GCS OF THE COASTAL EMPIRE, INC. 510 E CHARLTON ST SAVANNAH, GA 31401	58-0622969	501(C)(3)	61,497.				SUPPORT BGCA PROGRAM
(12) B&GC OF RUSK COUNTY 710 ROBERTSON BLVD HENDERSON, TX 75652	75-2730664	501(C)(3)	61,490.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CLIFF HAGAN B&GC 3415 BUCKLAND SQ OWENSBORO, KY 42301	61-0663746	501(C)(3)	60,798.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE NORTHERN CHEYENNE NATION 634 S CHEYENNE AVE LAME DEER, MT 59043	36-3945776	501(C)(3)	60,625.				SUPPORT BGCA PROGRAM
(3) B&GC OF CHEYENNE WYOMING 515 WEST JEFFERSON ROAD CHEYENNE, WY 82007	83-0306118	501(C)(3)	60,555.				SUPPORT BGCA PROGRAM
(4) B&GC OF STAMFORD 347 STILLWATER AVE STAMFORD, CT 06902	06-0646911	501(C)(3)	60,495.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL ARKANSAS 1400 W MARKHAM ST LITTLE ROCK, AR 72201	20-8095568	501(C)(3)	59,627.				SUPPORT BGCA PROGRAM
(6) B&GCS OF THE LEWIS CLARK VALLEY 1021 BURRELL AVE LEWISTON, ID 83501	82-6001432	501(C)(3)	59,572.				SUPPORT BGCA PROGRAM
(7) BOYS & GIRLS CLUB OF THE MAKAH TRIBE 1410 BAYVIEW AVE NEAH BAY, WA 98357	99-9999999	GOVT	59,500.				SUPPORT BGCA PROGRAM
(8) B&GCS OF ADA COUNTY 610 E 42ND ST GARDEN CITY, ID 83714	82-0481687	501(C)(3)	59,387.				SUPPORT BGCA PROGRAM
(9) B&GC OF ELGIN 1590 WILKENING RD SCHAUMBURG, IL 60173	36-3832212	501(C)(3)	59,339.				SUPPORT BGCA PROGRAM
(10) B&GC OF BRYANT 6401 BOONE RD BRYANT, AR 72022	94-3417100	501(C)(3)	59,231.				SUPPORT BGCA PROGRAM
(11) B&GCS OF MANATEE COUNTY 5236 30TH ST W, 2ND FL BRADENTON, FL 34207	59-0675141	501(C)(3)	58,712.				SUPPORT BGCA PROGRAM
(12) B&GC OF BRAZORIA COUNTY 4005 TECHNOLOGY RD ANGLETON, TX 77515	74-1688545	501(C)(3)	58,699.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF WESTERN NEVADA 1870 RUSSELL WAY CARSON CITY, NV 89706	88-0269139	501(C)(3)	57,081.				SUPPORT BGCA PROGRAM
(2) B&GCS OF THE ROGUE VALLEY 203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501(C)(3)	56,930.				SUPPORT BGCA PROGRAM
(3) B&GCS OF EAST CENTRAL ALABAMA 920 NOBLE ST ANNISTON, AL 36201	63-0516163	501(C)(3)	56,871.				SUPPORT BGCA PROGRAM
(4) B&GCS OF CENTRAL WYOMING 1701 E K ST CASPER, WY 82601	23-7060727	501(C)(3)	56,741.				SUPPORT BGCA PROGRAM
(5) B&GC OF JACKSON COUNTY, INC. 412 GORDON ST JEFFERSON, GA 30549	26-1889825	501(C)(3)	56,575.				SUPPORT BGCA PROGRAM
(6) ALAMEDA B&GC 1900 3RD ST, REAR BLDG ALAMEDA, CA 94501	94-1312299	501(C)(3)	56,569.				SUPPORT BGCA PROGRAM
(7) B&GCS OF ATHENS 705 FOURTH ST ATHENS, GA 30601	58-0830085	501(C)(3)	56,469.				SUPPORT BGCA PROGRAM
(8) B&GC OF KINGSVILLE 1238 E KENEDY AVE KINGSVILLE, TX 78363	74-1499178	501(C)(3)	56,358.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE MIDDLE GEORGIA REGION, INC. 1381 2ND ST DUDLEY, GA 31022	46-1362531	501(C)(3)	56,091.				SUPPORT BGCA PROGRAM
(10) B&GC OF STANISLAUS COUNTY, INC. 819 17TH ST, SUITE 300 MODESTO, CA 95354	45-5034180	501(C)(3)	55,650.				SUPPORT BGCA PROGRAM
(11) B&GC OF RUIDOSO 134 REESE DR RUIDOSO, NM 88345	27-0586442	501(C)(3)	55,576.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE NORTHERN NECK 517 N MAIN ST KILMARNOCK, VA 22482	20-4887254	501(C)(3)	55,099.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF EMERALD VALLEY 1545 W 22ND AVE EUGENE, OR 97405	93-1264722	501(C)(3)	55,039.				SUPPORT BGCA PROGRAM
(2) B&GCS OF BRAZOS VALLEY 900 W WILLIAM J BRYAN PKWY BRYAN, TX 77803	74-6079584	501(C)(3)	54,195.				SUPPORT BGCA PROGRAM
(3) B&GC OF MCGEHEE 205 N WASHINGTON AVE MCGEHEE, AR 71654	71-0813343	501(C)(3)	54,102.				SUPPORT BGCA PROGRAM
(4) OLIVET B&GC OF READING & BERKS COUNTY 1161 PERSHING BLVD READING, PA 19611	23-1365380	501(C)(3)	53,766.				SUPPORT BGCA PROGRAM
(5) HARLAN COUNTY B&GC, INC. 1 POSITIVE PL HARLAN, KY 40831	31-1793599	501(C)(3)	53,685.				SUPPORT BGCA PROGRAM
(6) B&GCS OF THE COLUMBIA AREA 1200 N 7TH ST COLUMBIA, MO 65201	43-1762116	501(C)(3)	53,610.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE OMAHA TRIBE OF NEBRASKA 101 MAIN ST MACY, NE 68039	99-9999999	GOVT	53,500.				SUPPORT BGCA PROGRAM
(8) B&GC OF ATLANTIC CITY 317 N PENNSY. AVE ATLANTIC CITY, NJ 08401	23-7253748	501(C)(3)	52,417.				SUPPORT BGCA PROGRAM
(9) CENTER FOR CHILDREN AND FAMILIES, INC. 210 S COCKREL AVE NORMAN, OK 73071	73-0933253	501(C)(3)	52,409.				SUPPORT BGCA PROGRAM
(10) B&GC OF SANTA CLARA VALLEY 1400 E HARVARD BLVD SANTA PAULA, CA 93060	95-2497853	501(C)(3)	52,051.				SUPPORT BGCA PROGRAM
(11) B&GC OF ST JOSEPH COUNTY 502 E SAMPLE ST SOUTH BEND, IN 46601	35-1329625	501(C)(3)	51,953.				SUPPORT BGCA PROGRAM
(12) B&GCS OF MOULTRIE-COLQUITT COUNTY 420 W CENTRAL AVE MOULTRIE, GA 31768	26-3586811	501(C)(3)	51,769.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Employer identification number  
13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF LINCOLN/LANCASTER COUNTY, INC. 855 S 8TH ST LINCOLN, NE 68508	20-8677226	501(C)(3)	51,639.				SUPPORT BGCA PROGRAM
(2) B&GC OF BARTOW COUNTY 642 HENDERSON DR CARTERSVILLE, GA 30120	58-1892111	501(C)(3)	51,245.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE OZARKS 1460 BEE CREEK RD BRANSON, MO 65616	43-1664669	501(C)(3)	50,832.				SUPPORT BGCA PROGRAM
(4) B&GCS OF THE SEQUOIAS 215 W TULARE AVE VISALIA, CA 93277	77-0469369	501(C)(3)	50,669.				SUPPORT BGCA PROGRAM
(5) B&GC OF SALINE COUNTY 1810 CITIZENS DRIVE BENTON, AR 72015	23-0411510	501(C)(3)	50,532.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE TULE RIVER TRIBE'S FUTURE 340 N RESERVATION RD PORTERVILLE, CA 93257	99-9999999	GOVT	50,500.				SUPPORT BGCA PROGRAM
(7) B&GC OF MISSOULA COUNTY 1515 FAIRVIEW AVE MISSOULA, MT 59801	84-1414110	501(C)(3)	50,500.				SUPPORT BGCA PROGRAM
(8) B&GC OF VISTA 410 W CALIFORNIA AVE VISTA, CA 92083	95-2266749	501(C)(3)	50,415.				SUPPORT BGCA PROGRAM
(9) CHEROKEE YOUTH CENTER 1570 ACQUONI RD CHEROKEE, NC 28719	56-2053463	501(C)(3)	50,276.				SUPPORT BGCA PROGRAM
(10) B&GCS OF CENTRAL MISSISSIPPI 1450 W CAPITOL ST JACKSON, MS 39203	64-0331635	501(C)(3)	50,270.				SUPPORT BGCA PROGRAM
(11) B&GC OF MARTIN COUNTY 11500 SE LARES AVE HOBE SOUND, FL 33455	65-0253002	501(C)(3)	50,107.				SUPPORT BGCA PROGRAM
(12) B&GC OF EL SOBRANTE 1301 ALHAMBRA AVE MARTINEZ, CA 94553	94-1525614	501(C)(3)	50,023.				SUPPORT BGCA PROGRAM

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FLORIDA ALLIANCE OF B&GC 4384 NICOKE CIRCLE TEQUESTA, FL 33469	65-0839955	501(C)(4)	50,000.				SUPPORT BGCA PROGRAM
(2) TEXAS ALLIANCE OF B&GC 100 COMMONS RD DRIPPING SPRINGS, TX 78620	75-2939705	501(C)(4)	50,000.				SUPPORT BGCA PROGRAM
(3) AKWESASNE B&GC, SAINT REGIS MOHAWK TRIBE 37 ROOSEVELTOWN RD HOGANSBURG, NY 13655	16-1607731	501(C)(3)	49,211.				SUPPORT BGCA PROGRAM
(4) B&GC OF WASHINGTON COUNTY 805 PENNSYLVANIA AVE HAGERSTOWN, MD 21742	23-7252343	501(C)(3)	48,769.				SUPPORT BGCA PROGRAM
(5) B&GC OF KENOSHA 1330 52ND ST KENOSHA, WI 53140	39-1732935	501(C)(3)	48,600.				SUPPORT BGCA PROGRAM
(6) B&GC OF BAY MILLS 12099 W LAKESHORE DR BRIMLEY, MI 49715	38-1970365	501(C)(3)	48,547.				SUPPORT BGCA PROGRAM
(7) B&GCS OF THE MISSISSIPPI VALLEY 338 6TH ST MOLINE, IL 61265	36-3838421	501(C)(3)	48,408.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE PENOBSCOT NATION 7 NORTHERN RD PRESQUE ISLE, ME 04769	26-0250671	501(C)(3)	48,043.				SUPPORT BGCA PROGRAM
(9) B&GCS OF WEBER-DAVIS 2302 WASHINGTON BLVD OGDEN, UT 84401	87-0660689	501(C)(3)	47,969.				SUPPORT BGCA PROGRAM
(10) B&GCS OF CENTRAL VIRGINIA 1000 CHERRY AVE CHARLOTTESVILLE, VA 22903	54-1602004	501(C)(3)	47,784.				SUPPORT BGCA PROGRAM
(11) B&GC OF EL DORADO COUNTY WESTERN SLOPE 2840 MALLARD LN PLACERVILLE, CA 95667	91-1774039	501(C)(3)	47,611.				SUPPORT BGCA PROGRAM
(12) B&GCS OF SOUTHWEST MISSOURI 317 COMINGO AVE JOPLIN, MO 64801	44-0627566	501(C)(3)	47,605.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
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<b>(1)</b> B&GC OF ST CHARLES COUNTY 1211 LINDENWOOD AVE SAINT CHARLES, MO 63301	43-0714369	501(C)(3)	47,426.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF WESTERN BENTON COUNTY 655 HERITAGE COURT SILOAM SPRINGS, AR 72761	62-1666732	501(C)(3)	46,530.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF CHELSEA 119 ASH ST CHELSEA, OK 74016	73-1533089	501(C)(3)	46,487.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF TOCCOA-STEPHENS COUNTY GEORGIA 71 W WHITMAN S TOCCOA, GA 30577	58-2009029	501(C)(3)	46,015.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GCS OF THE COLORADO RIVER 2250 HIGHLAND RD BULLHEAD CITY, AZ 86442	86-0573993	501(C)(3)	45,828.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF THE ALTAMAHA AREA 550 E ORANGE ST JESUP, GA 31546	27-1041873	501(C)(3)	45,297.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF THE BEMIDJI AREA 1600 MINNESOTA AVE NW BEMIDJI, MN 56601	81-0599601	501(C)(3)	45,194.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF CHIPPEWA CREE TRIBE 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521	99-9999999	GOVT	45,000.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF NORTH MISSISSIPPI 213 W MAIN ST, STE 240 TUPELO, MS 38804	64-0880602	501(C)(3)	44,942.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF SOUTHWEST MISSISSIPPI 1025 POSITIVE PL MCCOMB, MS 39648	64-0806571	501(C)(3)	44,755.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GCS OF PROVIDENCE 550 WICKENDEN ST PROVIDENCE, RI 02903	05-0258929	501(C)(3)	44,347.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF SOUTHWEST VIRGINIA 1714 9TH ST SE ROANOKE, VA 24018	54-1867366	501(C)(3)	44,080.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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(1) B&GC OF ALICE 793 SOUTH TEXAS BLVD ALICE, TX 78332	74-1463071	501(C)(3)	43,941.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE GOLDEN TRIANGLE 911 LYNN LN STARKVILLE, MS 39759	26-2695696	501(C)(3)	43,538.				SUPPORT BGCA PROGRAM
(3) B&GC OF SANFORD/LEE COUNTY 1013 CARTHAGE ST SANFORD, NC 27330	56-1923703	501(C)(3)	43,462.				SUPPORT BGCA PROGRAM
(4) B&GC OF ABILENE 4610 N 10TH ST ABILENE, TX 79603	75-1001991	501(C)(3)	43,241.				SUPPORT BGCA PROGRAM
(5) B&GC OF WHITE EARTH 35500 EAGLEVIEW RD OGEMA, MN 56569	99-9999999	GOVT	43,211.				SUPPORT BGCA PROGRAM
(6) B&GC OF SOUTHEAST ALABAMA 195 MARTIN L KING JR AVE OZARK, AL 36360	58-2010059	501(C)(3)	43,102.				SUPPORT BGCA PROGRAM
(7) WOODLAND B&GC W6719 WATER STREET NEOPIT, WI 54150	39-1423945	501(C)(3)	42,748.				SUPPORT BGCA PROGRAM
(8) B&GC OF BENTON HARBOR 600 NATE WELL SR DR BENTON HARBOR, MI 49022	38-3461586	501(C)(3)	42,600.				SUPPORT BGCA PROGRAM
(9) B&GC OF NAMPA 316 STAMPEDE DR NAMPA, ID 83687	82-0504332	501(C)(3)	42,152.				SUPPORT BGCA PROGRAM
(10) B&GC OF HARRISONBURG 620 SIMMS AVE HARRISONBURG, VA 22802	54-1652418	501(C)(3)	41,931.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE POARCH BAND OF CREEK INDIANS 517 MARTIN RD. ATMORE, AL 36426	63-0705119	501(C)(3)	41,835.				SUPPORT BGCA PROGRAM
(12) B&GC OF HUNTINGTON COUNTY 608 E. STATE STREET HUNTINGTON, IN 46750	35-2094506	501(C)(3)	41,822.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST VALLEY B&GC 7245 REMMET AVE CANOGA PARK, CA 91303	95-4419365	501(C)(3)	41,620.				SUPPORT BGCA PROGRAM
(2) MAVERICK B&GC OF AMARILLO 1923 S LINCOLN ST AMARILLO, TX 79109	75-0808760	501(C)(3)	41,357.				SUPPORT BGCA PROGRAM
(3) B&GC OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	23-7153987	501(C)(3)	41,355.				SUPPORT BGCA PROGRAM
(4) FORT SMITH B&GC 4905 N O ST FORT SMITH, AR 72904	71-0270690	501(C)(3)	41,321.				SUPPORT BGCA PROGRAM
(5) B&GC OF HARRISON COUNTY 600 E CHESTNUT ST CORYDON, IN 47112	35-1983078	501(C)(3)	41,299.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE ARKANSAS RIVER VALLEY 600 E 16TH ST RUSSELLVILLE, AR 72801	71-0681999	501(C)(3)	41,229.				SUPPORT BGCA PROGRAM
(7) B&GC OF NEWPORT CO. 95 CHURCH STREET NEWPORT, RI 02840	05-0281572	501(C)(3)	41,000.				SUPPORT BGCA PROGRAM
(8) B&GCS OF THE GREATER COOK COUNTY AREA 1200 N HUTCHINSON AVE ADEL, GA 31620	75-3214885	501(C)(3)	40,827.				SUPPORT BGCA PROGRAM
(9) B&GCS OF GREATER LEE COUNTY 1365 GATEWOOD DR, #221 AUBURN, AL 36830	58-1875904	501(C)(3)	40,323.				SUPPORT BGCA PROGRAM
(10) B&GC OF NEW ROCHELLE 79 7TH ST NEW ROCHELLE, NY 10801	13-1943644	501(C)(3)	40,205.				SUPPORT BGCA PROGRAM
(11) B&GC OF MALIBU 30215 MORNING VIEW DR MALIBU, CA 90265	95-4774844	501(C)(3)	40,000.				SUPPORT BGCA PROGRAM
(12) B&GC OF MIDDLETOWN RANCHERIA OF POMO 21167 CALISTOGA RD MIDDLETOWN, CA 95461	99-9999999	GOVT	40,000.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization

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Employer identification number

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GC OF THE LEECH LAKE AREA 208 CENTRAL AVE NW CASS LAKE, MN 56633	41-1929446	501(C)(3)	39,997.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GCS OF THURSTON COUNTY 2424 HERITAGE CT SW, 301 OLYMPIA, WA 98502	91-2124629	501(C)(3)	39,959.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF ELKHART COUNTY - B&GC OF G GOSHEN 102 W LINCOLN AVE, STE 240 GOSHEN, IN 46526	35-1033735	501(C)(3)	39,778.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF EL CAMPO, TEXAS 713 FAHRENTHOLD ST EL CAMPO, TX 77437	76-0364956	501(C)(3)	39,460.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF BULLOCH COUNTY 515 DENMARK ST STATESBORO, GA 30458	58-2606951	501(C)(3)	39,393.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF THE HIGHLAND LAKES, INC. 1701 BROADWAY ST MARBLE FALLS, TX 78654	74-2907284	501(C)(3)	39,353.				SUPPORT BGCA PROGRAM
<b>(7)</b> BOYS & GIRLS CLUB OF TORRES MARTINEZ DESERT 66725 MARTINEZ RD THERMAL, CA 92274	99-9999999	GOVT	38,500.				SUPPORT BGCA PROGRAM
<b>(8)</b> SARAH HEINZ HOUSE 1 HEINZ ST PITTSBURGH, PA 15212	25-0965390	501(C)(3)	38,243.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF KOOTENAI COUNTY 200 W MULLAN AVE POST FALLS, ID 83854	84-1635505	501(C)(3)	37,811.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GCS OF CENTRAL OREGON 500 NW WALL ST BEND, OR 97703	93-1127536	501(C)(3)	37,716.				SUPPORT BGCA PROGRAM
<b>(11)</b> MUNCIE B&GC 1710 S MADISON ST MUNCIE, IN 47302	35-0869060	501(C)(3)	37,619.				SUPPORT BGCA PROGRAM
<b>(12)</b> THOMAS CHEW MEMORIAL B&GC 803 BEDFORD STREET FALL RIVER, MA 02723	04-2103923	501(C)(3)	37,500.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF SHERMAN 1500 N LUCKETT ST SHERMAN, TX 75090	75-1253018	501(C)(3)	37,395.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTH SAN LUIS OBISPO COUNTY 365 S 10TH ST GROVER BEACH, CA 93433	77-0390117	501(C)(3)	37,296.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE LAC COURTE OREILLES OJIBWE BAND 8575 N TREPANIA RD HAYWARD, WI 54843	39-1832703	501(C)(3)	37,084.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE TAR RIVER REGION 301 S CHURCH ST ROCKY MOUNT, NC 27804	56-0934910	501(C)(3)	36,944.				SUPPORT BGCA PROGRAM
(5) B&GC/CARING PEOPLE ALLIANCE 1628 JHN F KENDY BLV PHILADELPHIA, PA 19103	23-1352104	501(C)(3)	36,710.				SUPPORT BGCA PROGRAM
(6) GRENVILLE BAKER B&GC 135 FOREST AVE LOCUST VALLEY, NY 11560	11-1660855	501(C)(3)	36,663.				SUPPORT BGCA PROGRAM
(7) B&GCS OF WELD COUNTY 2400 1ST AVE GREELEY, CO 80631	84-0529902	501(C)(3)	36,447.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE GRAND STRAND 1000 DUNBAR ST MYRTLE BEACH, SC 29577	57-1051611	501(C)(3)	36,408.				SUPPORT BGCA PROGRAM
(9) B&GC OF ELK RIVER 905 6TH ST NW ELK RIVER, MN 55330	41-1888447	501(C)(3)	36,313.				SUPPORT BGCA PROGRAM
(10) DONALD W. REYNOLDS B&GC 560 N RUPPLE RD FAYETTEVILLE, AR 72704	71-0254287	501(C)(3)	35,983.				SUPPORT BGCA PROGRAM
(11) B&GCS OF SOUTHWEST WASHINGTON 1111 MAIN ST, 605 VANCOUVER, WA 98660	91-1978646	501(C)(3)	35,787.				SUPPORT BGCA PROGRAM
(12) B&GCS OF SONOMA VALLEY 100 W VERANO AVE SONOMA, CA 95476	94-1579901	501(C)(3)	35,776.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

**Open to Public  
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Name of the organization

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Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF ALMA AREA, INC. 410 E MAIN ST ALMA, AR 72921	74-3072145	501(C)(3)	35,273.				SUPPORT BGCA PROGRAM
(2) BOYS & GIRLS CLUB OF THE BIG ISLAND 100 KAMAKAHONU ST HILO, HI 96720	81-0575345	501(C)(3)	35,162.				SUPPORT BGCA PROGRAM
(3) BOYS CLUB OF CICERO 5500 W 25TH ST CICERO, IL 60804	36-2154018	501(C)(3)	34,720.				SUPPORT BGCA PROGRAM
(4) FALLON PAIUTE-SHOSHONE TRIBE 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	34,700.				SUPPORT BGCA PROGRAM
(5) B&GCS OF SYRACUSE 2100 E FAYETTE ST SYRACUSE, NY 13224	15-0532240	501(C)(3)	34,698.				SUPPORT BGCA PROGRAM
(6) B&GCS OF NORTHEASTERN PENNSYLVANIA 609 ASH ST SCRANTON, PA 18510	24-0796420	501(C)(3)	34,539.				SUPPORT BGCA PROGRAM
(7) B&GC OF COFFEE COUNTY REGION 210 JACKSON ST W DOUGLAS, GA 31533	45-4912660	501(C)(3)	34,067.				SUPPORT BGCA PROGRAM
(8) B&GC OF BLOOMINGTON 311 SOUTH LINCOLN BLOOMINGTON, IN 47401	35-0997525	501(C)(3)	33,880.				SUPPORT BGCA PROGRAM
(9) HELP COMMITTEE AND B&GC OF THE HI-LINE 500 1ST AVE HAVRE, MT 59501	81-0408011	501(C)(3)	33,877.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREATER GARDINER 14 PRAY ST GARDINER, ME 04345	60-0001275	501(C)(3)	33,491.				SUPPORT BGCA PROGRAM
(11) B&GC OF SHINNECOCK NATION 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	33,200.				SUPPORT BGCA PROGRAM
(12) BOYS & GIRLS CLUBS OF CENTRAL ARIZONA 335 E AUBREY PRESCOTT, AZ 86303	86-0964489	501(C)(3)	33,109.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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(1) BOYS & GIRLS CLUB OF FOND DU LAC 76 W 2ND ST FOND DU LAC, WI 54935	39-1896496	501(C)(3)	32,800.				SUPPORT BGCA PROGRAM
(2) PINOLEVILLE POMO NATION B&GC 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	32,200.				SUPPORT BGCA PROGRAM
(3) B&GC OF EASTON 210 JONES HOUSTON WAY EASTON, PA 18042	23-1941228	501(C)(3)	32,078.				SUPPORT BGCA PROGRAM
(4) B&GC OF BLOOMINGTON-NORMAL 1615 W. ILLINOIS ST BLOOMINGTON, IL 61701	37-1308723	501(C)(3)	31,587.				SUPPORT BGCA PROGRAM
(5) B&GC RED CLIFF BAND LAKE SUPERIOR CHIPPEW 88455 PIKE RD BAYFIELD, WI 54814	39-1178866	501(C)(3)	31,246.				SUPPORT BGCA PROGRAM
(6) NORTH PENN VALLEY B&GC 16 SUSQUEHANNA AVE LANSDALE, PA 19446	23-7164617	501(C)(3)	31,191.				SUPPORT BGCA PROGRAM
(7) B&GCS OF GREATER HIGH POINT 314 BARKER AVE HIGH POINT, NC 27262	56-2094591	501(C)(3)	31,133.				SUPPORT BGCA PROGRAM
(8) LAC VIEUX DESERT BAND LAKE SUPERIOR CHIPPEWA E23968 POW WOW TRL WATERSMEET, MI 49969	38-2629283	501(C)(3)	31,072.				SUPPORT BGCA PROGRAM
(9) BOYS & GIRLS CLUBS IN TEXAS 13110 HIGHWAY 290 WEST, AUSTIN, TX 78737	20-1493423	501(C)(3)	31,000.				SUPPORT BGCA PROGRAM
(10) B&GC OF LIVINGSTON COUNTY 1303 E INDIANA AVE PONTIAC, IL 61764	37-0975574	501(C)(3)	30,946.				SUPPORT BGCA PROGRAM
(11) NANTUCKET B&GC, INC. 61 SPARKS AVE NANTUCKET, MA 02554	04-6114678	501(C)(3)	30,400.				SUPPORT BGCA PROGRAM
(12) B&GC OF DETROIT LAKES 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	30,250.				SUPPORT BGCA PROGRAM

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<b>(1)</b> B&GC OF LANCASTER 116 S WATER ST LANCASTER, PA 17603	23-1352044	501(C)(3)	29,907.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF GADSDEN/ETOWAH COUNTY 2000 W MEIGHAN BLVD GADSDEN, AL 35904	46-3889209	501(C)(3)	29,859.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF LAKE TAHOE 1100 LYONS AVE SOUTH LAKE TAHOE, CA 96150	68-0241891	501(C)(3)	29,829.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF GREATER WESTFIELD 28 W SILVER ST WESTFIELD, MA 01085	04-2464259	501(C)(3)	29,822.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF RUTLAND COUNTY 75 MERCHANTS ROW RUTLAND, VT 05701	31-1653365	501(C)(3)	29,795.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF WARWICK 42 FREDERICK ST WARWICK, RI 02888	05-6019193	501(C)(3)	29,791.				SUPPORT BGCA PROGRAM
<b>(7)</b> MARIANAS GUAM NAVY YOUTH CENTER #1982 - B HAPUTO SANTA RITA, GU 96915	99-9999999	GOVT	29,768.				SUPPORT BGCA PROGRAM
<b>(8)</b> SHOSHONE BANNOCK TRIBE 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	29,500.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GCS OF TOOMBS COUNTY 800 E 3RD ST VIDALIA, GA 30474	58-2141084	501(C)(3)	29,352.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF WHITE MOUNTAIN APACHE 50 W CHINATOWN ST WHITERIVER, AZ 85941	86-0194403	501(C)(3)	29,300.				SUPPORT BGCA PROGRAM
<b>(11)</b> USAG ROCK ISLAND ARSENAL CYS SERVICES 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	28,876.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF VICTORIA 202 HOPKINS ST VICTORIA, TX 77901	74-6104461	501(C)(3)	28,837.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022



Employer identification number  
13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOS ANGELES B&GC 2635 PASADENA AVE LOS ANGELES, CA 90031	23-7304197	501(C)(3)	28,793.				SUPPORT BGCA PROGRAM
(2) B&GC OF MERIDEN 15 LINCOLN ST MERIDEN, CT 06451	06-1013015	501(C)(3)	28,677.				SUPPORT BGCA PROGRAM
(3) JOHN AVERY B&GC 808 E PETTIGREW ST DURHAM, NC 27701	56-6001906	501(C)(3)	28,623.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE LOWER NAUGATUCK VALLEY 1 POSITIVE PL SHELTON, CT 06484	06-0653185	501(C)(3)	28,619.				SUPPORT BGCA PROGRAM
(5) SOUTH SEBASTIAN COUNTY BOYS & GIRLS CLUB 38 N HESTER CUT RD GREENWOOD, AR 72936	71-0430937	501(C)(3)	28,618.				SUPPORT BGCA PROGRAM
(6) INTERNATIONAL E-Z UP INC. 1900 SECOND ST. NORCO, CA 92860	95-4104156	501(C)(3)	28,462.				SUPPORT BGCA PROGRAM
(7) B&GC OF MONMOUTH COUNTY 1201 MONROE AVE ASBURY PARK, NJ 07712	21-0694373	501(C)(3)	28,341.				SUPPORT BGCA PROGRAM
(8) B&GC OF ALPENA 601 RIVER STREET ALPENA, MI 49707	38-1405280	501(C)(3)	28,271.				SUPPORT BGCA PROGRAM
(9) B&GC OF STONEHAM, INC. 15 DALE CT STONEHAM, MA 02180	23-7025777	501(C)(3)	28,237.				SUPPORT BGCA PROGRAM
(10) B&GC OF BEEVILLE 705 N TYLER ST BEEVILLE, TX 78102	51-0211273	501(C)(3)	28,230.				SUPPORT BGCA PROGRAM
(11) GEORGE WERDEN BUCK B&GC 226 E CLINTON ST JOLIET, IL 60432	36-2270044	501(C)(3)	27,872.				SUPPORT BGCA PROGRAM
(12) BOYS & GIRLS CLUB OF BANGOR 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	27,519.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ORANGEBURG AREA BOYS CLUB 1313 CANNON BRIDGE RD CORDOVA, SC 29115	57-0834510	501(C)(3)	27,180.				SUPPORT BGCA PROGRAM
(2) B&GCS OF SOUTH CENTRAL KANSAS 2400 N OPPORTUNITY DR WICHITA, KS 67219	48-1071303	501(C)(3)	27,091.				SUPPORT BGCA PROGRAM
(3) B&GC OF SAN ANGELO 1802 LILLIE ST SAN ANGELO, TX 76903	75-1216481	501(C)(3)	27,054.				SUPPORT BGCA PROGRAM
(4) B&GCS OF THE UPSTATE 901 S PINE ST SPARTANBURG, SC 29302	57-0862226	501(C)(3)	27,043.				SUPPORT BGCA PROGRAM
(5) B&GCS IN NEW JERSEY 310 SOUTH ST MORRISTOWN, NJ 07940	27-0185288	501(C)(3)	27,000.				SUPPORT BGCA PROGRAM
(6) B&GCS OF EAST COUNTY 8820 TAMBERLY WAY SANTEE, CA 92071	95-2088013	501(C)(3)	26,816.				SUPPORT BGCA PROGRAM
(7) B&GC OF VERNON 2015 YAMPARIKA ST VERNON, TX 76384	75-1052556	501(C)(3)	26,676.				SUPPORT BGCA PROGRAM
(8) BOIS FORTE TRIBAL GOVT 5344 LAKE SHORE DR NETT LAKE, MN 55772	41-0954784	501(C)(3)	26,567.				SUPPORT BGCA PROGRAM
(9) B&GC OF MISSION 209 W 18TH ST MISSION, TX 78572	75-6157015	501(C)(3)	26,369.				SUPPORT BGCA PROGRAM
(10) GLEN COVE B&GC AT LINCOLN HOUSE 113 GLEN COVE AVE GLEN COVE, NY 11542	11-1673938	501(C)(3)	26,345.				SUPPORT BGCA PROGRAM
(11) B&GC OF LAKE COUNTY 1801 SHERIDAN RD NORTH CHICAGO, IL 60064	36-4266009	501(C)(3)	26,095.				SUPPORT BGCA PROGRAM
(12) SANTA CLARITA VALLEY B&GC 24909 NEWHALL AVE NEWHALL, CA 91321	95-2572622	501(C)(3)	26,051.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE PRAIRIE BAND POTAWATOMI NATION 15424 K RD MAYETTA, KS 66509	90-0036315	501(C)(3)	26,000.				SUPPORT BGCA PROGRAM
(2) B&GC OF OAK RIDGE 102 S JEFFERSON CIR OAK RIDGE, TN 37830	62-0589052	501(C)(3)	25,962.				SUPPORT BGCA PROGRAM
(3) BOYS & GIRLS CLUBS OF SOUTHWEST ALABAMA 149 ADAMS AVE THOMASVILLE, AL 36784	72-1363534	501(C)(3)	25,960.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE NEZ PERCE TRIBE 104 AGENCY RD LAPWAI, ID 83540	82-0255928	501(C)(3)	25,700.				SUPPORT BGCA PROGRAM
(5) B&GC OF FRESNO AMERICAN INDIAN 1551 E SHAW AVE, SUITE 139 FRESNO, CA 93710	45-1504597	501(C)(3)	25,700.				SUPPORT BGCA PROGRAM
(6) B&GCS OF CITRUS COUNTY 2021 S SUNCOAST BLVD HOMOSASSA, FL 34448	59-3124840	501(C)(3)	25,558.				SUPPORT BGCA PROGRAM
(7) B&GC OF MARION COUNTY 800 SW 12TH AVE OCALA, FL 34471	59-1172127	501(C)(3)	25,447.				SUPPORT BGCA PROGRAM
(8) BYRON DORGAN YOUTHWELLNESS CTR 1500 BIA ROAD 7 BELCOURT, ND 58316	45-0223071	501(C)(3)	25,200.				SUPPORT BGCA PROGRAM
(9) B&GC OF YUOK TRIBE 190 KLAMATH BLVD KLAMATH, CA 95548	99-9999999	GOVT	25,200.				SUPPORT BGCA PROGRAM
(10) B&GC OF NEW BRITAIN 150 WASHINGTON ST NEW BRITAIN, CT 06051	06-0660406	501(C)(3)	25,194.				SUPPORT BGCA PROGRAM
(11) B&GCS OF BAY COUNTY 3404 W 19TH ST PANAMA CITY, FL 32405	59-1114292	501(C)(3)	25,193.				SUPPORT BGCA PROGRAM
(12) B&GC OF STANTON 11050 CEDAR ST STANTON, CA 90680	95-2913402	501(C)(3)	25,000.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GCS OF HOCAC NISOC HACI 105 BLUFF STREET WINNEBAGO, NE 68071	77-0648527	501(C)(3)	24,790.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF CARLSBAD 1602 W FOX ST CARLSBAD, NM 88220	85-0159171	501(C)(3)	24,519.				SUPPORT BGCA PROGRAM
<b>(3)</b> BOYS & GIRLS CLUB OF LODGE GRASS 112 TAFT AVE LODGE GRASS, MT 59050	83-2513497	501(C)(3)	24,500.				SUPPORT BGCA PROGRAM
<b>(4)</b> BOYS & GIRLS CLUB OF HALIWA-SAPONI TRIBE 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	24,500.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF CAMDEN COUNTY 2 S. DUDLEY STREET CAMDEN, NJ 08105	22-3670025	501(C)(3)	24,211.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF AGAI DICUTTA TUAMUHVI NOBE 1022 HOSPITAL RD SCHURZ, NV 89427	88-0139307	501(C)(3)	23,700.				SUPPORT BGCA PROGRAM
<b>(7)</b> KINGS BAY YOUTH CENTER / B&GC 650 WAHOO AVENUE KINGS BAY, GA 31547	99-9999999	GOVT	23,450.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF THE SEMINOLE NATION OKALHO 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	23,357.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	23,294.				SUPPORT BGCA PROGRAM
<b>(10)</b> BGC OF THE HOOPA VALLEY TRIBE 11756 STATE HIGHWAY 96 HOOPA, CA 95546	94-1477040	501(C)(3)	23,000.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF LAREDO 500 MOCTEZUMA ST LAREDO, TX 78040	74-1152598	501(C)(3)	22,812.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF AHA MACAV 1603 PLANTATION RD MOHAVE VALLEY, AZ 86440	86-0951487	501(C)(3)	22,702.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

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Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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(1) B&GC OF FULLERTON 2200 E COMMONWEALTH AVE FULLERTON, CA 92831	95-1855645	501(C)(3)	22,684.				SUPPORT BGCA PROGRAM
(2) LYN TREECE B&GC OF TIPPECANOE COUNTY 1529 N 10TH ST LAFAYETTE, IN 47904	35-1262269	501(C)(3)	22,285.				SUPPORT BGCA PROGRAM
(3) B&GCS OF LAKE EUFAULA, INC. 446 SANFORD AVE EUFAULA, AL 36027	26-4093561	501(C)(3)	22,176.				SUPPORT BGCA PROGRAM
(4) LAWRENCE B&GC 136 WATER ST LAWRENCE, MA 01841	04-2104377	501(C)(3)	22,023.				SUPPORT BGCA PROGRAM
(5) B&GC OF EAST AURORA 24 PAINE ST EAST AURORA, NY 14052	16-0755732	501(C)(3)	22,000.				SUPPORT BGCA PROGRAM
(6) B&GC OF MAGIC VALLEY 999 FRONTIER RD TWIN FALLS, ID 83301	94-3176622	501(C)(3)	21,921.				SUPPORT BGCA PROGRAM
(7) B&GC OF CAMARILLO 1500 TEMPLE AVE CAMARILLO, CA 93010	95-6194547	501(C)(3)	21,855.				SUPPORT BGCA PROGRAM
(8) B&GCS OF SKAGIT COUNTY 1605 WILLIAM WAY MOUNT VERNON, WA 98273	91-1670669	501(C)(3)	21,790.				SUPPORT BGCA PROGRAM
(9) B&GC OF CLIFTON 822 CLIFTON AVE CLIFTON, NJ 07013	22-1589377	501(C)(3)	21,705.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE SANDHILLS 160 MEMORL PRK CT SOUTHERN PINES, NC 28387	91-1877405	501(C)(3)	21,702.				SUPPORT BGCA PROGRAM
(11) B&GCS OF GREATER PEORIA 806 E KANSAS ST PEORIA, IL 61603	37-0800010	501(C)(3)	21,419.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE SOUTHERN UTE INDIAN TRIBE 290 MOUACHE IGNACIO, CO 81137	84-0404384	501(C)(3)	21,228.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Employer identification number

13-5562976

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<b>(1)</b> B&GC OF BROCKTON 19 COURT ST TAUNTON, MA 02780	22-2963214	501(C)(3)	21,148.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF TRANSYLVANIA COUNTY 11 GALLIMORE RD BREVARD, NC 28712	56-2142829	501(C)(3)	21,000.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF THE QUINULT INDIAN NATION 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	21,000.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF LANGLADE COUNTY 411 SUPERIOR ST ANTIGO, WI 54409	39-1980025	501(C)(3)	20,826.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF CENTRAL PENNSYLVANIA 1227 BERRYHILL ST HARRISBURG, PA 17104	23-1352043	501(C)(3)	20,735.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF THE COYOTE VALLEY 7601 N STATE ST REDWOOD VALLEY, CA 95470	99-9999999	GOVT	20,700.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF GREATER HOLLAND 435 VAN RAALTE AVE HOLLAND, MI 49423	38-2756671	501(C)(3)	20,614.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF LAWRENCE COUNTY 2009 19TH ST BEDFORD, IN 47421	30-0759844	501(C)(3)	20,500.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF THE WAUSAU AREA 1710 N 2ND ST WAUSAU, WI 54403	39-1850386	501(C)(3)	20,483.				SUPPORT BGCA PROGRAM
<b>(10)</b> BOYS & GIRLS CLUB OF GLASGOW/BARREN COUNTY 100 CHEATHAM ST GLASGOW, KY 42141	45-4693954	501(C)(3)	20,423.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF PALM SPRINGS 450 S SUNRISE WAY PALM SPRINGS, CA 92262	95-1957907	501(C)(3)	20,300.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF NORTH COUNTY 445 E IVY ST FALLBROOK, CA 92028	95-2241614	501(C)(3)	20,283.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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13-5562976

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(1) B&GC OF WESTERN TREASURE VALLEY 573 SW 3RD AVE ONTARIO, OR 97914	20-8035378	501(C)(3)	20,000.				SUPPORT BGCA PROGRAM
(2) B&GC OF FREDERICK COUNTY 413 BURCK ST FREDERICK, MD 21701	26-3424855	501(C)(3)	19,937.				SUPPORT BGCA PROGRAM
(3) MESCALERO APACHE B&GC 108 CENTRAL AVE MESCALERO, NM 88340	85-0098966	501(C)(3)	19,700.				SUPPORT BGCA PROGRAM
(4) B&GC OF DOOR COUNTY 55 S 3RD AVE STURGEON BAY, WI 54235	39-2038359	501(C)(3)	19,593.				SUPPORT BGCA PROGRAM
(5) WEST END HOUSE B&GC OF ALLSTON-BRIGHTON 105 ALLSTON ST BOSTON, MA 02134	04-2105825	501(C)(3)	19,500.				SUPPORT BGCA PROGRAM
(6) B&GCS OF BROWN COUNTY 1701 AVENUE L BROWNWOOD, TX 76801	74-2721815	501(C)(3)	19,487.				SUPPORT BGCA PROGRAM
(7) B&GCS OF GREATER KALAMAZOO 4000 PORTAGE ST KALAMAZOO, MI 49001	38-1627080	501(C)(3)	19,376.				SUPPORT BGCA PROGRAM
(8) B&GC OF CATHEDRAL CITY 32141 WHSPRNG PLMS CATHEDRAL CITY, CA 92234	95-3507225	501(C)(3)	19,316.				SUPPORT BGCA PROGRAM
(9) MID-PENINSULA B&GC 200 N QUEBEC ST SAN MATEO, CA 94401	94-1431583	501(C)(3)	19,248.				SUPPORT BGCA PROGRAM
(10) B&GC OF ALTON 2512 AMELIA ST ALTON, IL 62002	36-4142577	501(C)(3)	19,035.				SUPPORT BGCA PROGRAM
(11) USAG BAUMHOLDER CYS SERVICES UNIT 23746 BOX 7948 APO, AE 09034	99-9999999	GOVT	18,850.				SUPPORT BGCA PROGRAM
(12) B&GC OF GREATER FLINT 3701 N AVERILL AVE FLINT, MI 48506	38-3381808	501(C)(3)	18,818.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization

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Employer identification number

13-5562976

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(1) B&GC OF PHILLIPS COUNTY 8 PLAZA STREET WEST HELENA, AR 72390	06-1757016	501(C)(3)	18,709.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE YAKAMA NATION 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	18,500.				SUPPORT BGCA PROGRAM
(3) B&GC OF LENAWEE 340 E CHURCH ST, SUITE A ADRIAN, MI 49221	38-3558470	501(C)(3)	18,497.				SUPPORT BGCA PROGRAM
(4) B&GC OF MAGNOLIA 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	18,358.				SUPPORT BGCA PROGRAM
(5) B&GC OF LAS CRUCES 330 W LAS CRUCES AVE LAS CRUCES, NM 88005	85-0167102	501(C)(3)	18,109.				SUPPORT BGCA PROGRAM
(6) B&GC OF WILTON RANCHERIA 9728 KENT ST ELK GROVE, CA 95624	20-1474428	501(C)(3)	18,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF SAN FERNANDO VALLEY 11251 GLENOAKS BLVD PACOIMA, CA 91331	95-2468448	501(C)(3)	17,873.				SUPPORT BGCA PROGRAM
(8) B&GCS OF NORTHWEST COLORADO 1324 E HIGHWAY 40 CRAIG, CO 81625	75-3124416	501(C)(3)	17,816.				SUPPORT BGCA PROGRAM
(9) B&GC OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457	80-0114397	501(C)(3)	17,698.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREENWICH 4 HORSENECK LN GREENWICH, CT 06830	06-0646655	501(C)(3)	17,500.				SUPPORT BGCA PROGRAM
(11) B&GC OF EDEN 1026 HARRIS ST EDEN, NC 27288	56-0711026	501(C)(3)	17,492.				SUPPORT BGCA PROGRAM
(12) BGC OF THE TRI-COUNTY AREA, INC. 344 BROADWAY BERLIN, WI 54923	99-9999999	GOVT	17,441.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE CAPITAL AREA 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	17,379.				SUPPORT BGCA PROGRAM
(2) B&GC OF OSHKOSH 501 E PARKWAY AVE OSHKOSH, WI 54901	39-6120658	501(C)(3)	17,257.				SUPPORT BGCA PROGRAM
(3) B&GCS OF MT. VERNON 350 S 6TH AVE MOUNT VERNON, NY 10550	13-1739925	501(C)(3)	17,250.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE HATCHIE RIVER REGION 412 ALSTON AVE, BLDG C COVINGTON, TN 38019	27-3459151	501(C)(3)	17,119.				SUPPORT BGCA PROGRAM
(5) D. A. R. B&GC 901 8TH AVENUE MENOMINEE, MI 49858	38-1392687	501(C)(3)	17,093.				SUPPORT BGCA PROGRAM
(6) THE B&GCS OF THE BIG PINES 1500 POSITIVE PL MARSHALL, TX 75670	75-2318241	501(C)(3)	16,786.				SUPPORT BGCA PROGRAM
(7) B&GC OF FAULKNER COUNTY ARKANSAS 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	16,719.				SUPPORT BGCA PROGRAM
(8) B&GC OF WESTMINSTER 14400 CHESTNUT ST WESTMINSTER, CA 92683	95-2919799	501(C)(3)	16,633.				SUPPORT BGCA PROGRAM
(9) B&GCS OF THE BLUE RIDGE 311 E CHURCH ST MARTINSVILLE, VA 24112	26-3166453	501(C)(3)	16,560.				SUPPORT BGCA PROGRAM
(10) B&GC OF FREMONT COUNTY, INC. 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	16,535.				SUPPORT BGCA PROGRAM
(11) B&GC OF SPARTA 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	16,460.				SUPPORT BGCA PROGRAM
(12) B&GCS OF GREATER SANTA ROSA, INC. 1011 HAHMAN DR SANTA ROSA, CA 95405	94-1498233	501(C)(3)	16,434.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF ALBANY 1215 HILL ST SE ALBANY, OR 97322	93-0549842	501(C)(3)	16,336.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTHWEST MONTANA 3864 BAXTER LN BOZEMAN, MT 59718	81-6013668	501(C)(3)	16,309.				SUPPORT BGCA PROGRAM
(3) B&GC OF SOUTHWESTERN OREGON 3333 WALNUT COOS BAY, OR 97420	93-0816161	501(C)(3)	16,293.				SUPPORT BGCA PROGRAM
(4) B&GC OF POPLAR BLUFF 1300 VICTORY LN POPLAR BLUFF, MO 63901	43-1831638	501(C)(3)	16,128.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE EASTERN SHOSHONE TRIBE 19 NORTH FORK RD FORT WASHAKIE, WY 82514	83-0261946	501(C)(3)	15,862.				SUPPORT BGCA PROGRAM
(6) B&GC OF FAUQUIER 98 ALEXANDRIA PIKE WARRENTON, VA 20186	54-1815587	501(C)(3)	15,726.				SUPPORT BGCA PROGRAM
(7) B&GC OF UKIAH 1640 S STATE ST UKIAH, CA 95482	68-0340783	501(C)(3)	15,677.				SUPPORT BGCA PROGRAM
(8) B&GC OF MORGAN COUNTY 31 INDIANAPOLIS RD MOORESVILLE, IN 46158	36-4541410	501(C)(3)	15,600.				SUPPORT BGCA PROGRAM
(9) B&GCS OF THE WIREGRASS 457 S ALICE ST DOTHAN, AL 36301	63-0422560	501(C)(3)	15,500.				SUPPORT BGCA PROGRAM
(10) B&GC OF LOS FRESNOS 900 N ARROYO BLVD LOS FRESNOS, TX 78566	74-2799966	501(C)(3)	15,444.				SUPPORT BGCA PROGRAM
(11) B&GCS OF BARRON COUNTY, INC. 426 N WILSON AVE RICE LAKE, WI 54868	39-2025211	501(C)(3)	15,382.				SUPPORT BGCA PROGRAM
(12) B&GC OF EL DORADO 1201 N WEST AVE EL DORADO, AR 71730	71-0264300	501(C)(3)	15,308.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF THE DANVILLE AREA 123 FOSTER ST DANVILLE, VA 24541	54-1880308	501(C)(3)	15,290.				SUPPORT BGCA PROGRAM
(2) B&GC OF LA PLATA COUNTY, INC. 2750 MAIN AVE DURANGO, CO 81301	20-5112759	501(C)(3)	15,133.				SUPPORT BGCA PROGRAM
(3) B&GCS OF WICHITA FALLS 1318 6TH ST WICHITA FALLS, TX 76301	75-0883102	501(C)(3)	15,108.				SUPPORT BGCA PROGRAM
(4) ORRVILLE AREA B&GC 820 N ELLA ST ORRVILLE, OH 44667	34-1003436	501(C)(3)	15,000.				SUPPORT BGCA PROGRAM
(5) B&GC OF BOWLING GREEN KENTUCKY 260 SCOTT WAY BOWLING GREEN, KY 42101	61-0482974	501(C)(3)	15,000.				SUPPORT BGCA PROGRAM
(6) FORT MACARTHUR YOUTH CENTER 2901 ARTHUR MACARTHUR SAN PEDRO, CA 90731	95-2558367	501(C)(3)	15,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF MANHATTAN 220 S 5TH ST MANHATTAN, KS 66502	23-7358134	501(C)(3)	14,933.				SUPPORT BGCA PROGRAM
(8) B&GCS OF SOUTH CENTRAL TEXAS 400 UHLAND RD SAN MARCOS, TX 78666	74-2729963	501(C)(3)	14,581.				SUPPORT BGCA PROGRAM
(9) B&GC OF FITCHBURG & LEOMINSTER 365 LINDELL AVE LEOMINSTER, MA 01453	04-3576700	501(C)(3)	14,497.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE WISCONSIN RAPIDS AREA 501 17TH ST S WISCONSIN RAPIDS, WI 54494	39-1745942	501(C)(3)	14,332.				SUPPORT BGCA PROGRAM
(11) JEB LITTLE CREEK-FORT STORY 5720 INTEGRITY DR MILLINGTON, TN 38054	99-9999999	GOVT	14,294.				SUPPORT BGCA PROGRAM
(12) B&GC OF PEKIN 1101 VEERMAN ST PEKIN, IL 61554	37-0800532	501(C)(3)	14,070.				SUPPORT BGCA PROGRAM

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Name of the organization  
BOYS & GIRLS CLUBS OF AMERICA

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OSCAR CROSS B&GC OF PADUCAH, INC. 2596 PARK AVE PADUCAH, KY 42001	61-1001392	501(C)(3)	14,051.				SUPPORT BGCA PROGRAM
(2) B&GC OF MASON VALLEY 124 N MAIN ST YERINGTON, NV 89447	88-0407331	501(C)(3)	14,000.				SUPPORT BGCA PROGRAM
(3) B&GC OF JEFFERSON COUNTY 2701 SHORT REEKER ST PINE BLUFF, AR 71601	71-0264612	501(C)(3)	13,752.				SUPPORT BGCA PROGRAM
(4) B&GC OF PIKE AND SURROUNDING COUNTIES 1318 N 3 NOTCH ST TROY, AL 36081	27-3228308	501(C)(3)	13,705.				SUPPORT BGCA PROGRAM
(5) B&GC OF GARFIELD 490 MIDLAND AVE GARFIELD, NJ 07026	22-1660518	501(C)(3)	13,585.				SUPPORT BGCA PROGRAM
(6) B&GC OF EL PASO ISD AYPYN 6531 BOEING DR EL PASO, TX 79925	74-6086021	501(C)(3)	13,476.				SUPPORT BGCA PROGRAM
(7) B&GC OF HAWTHORNE 150 MAITLAND AVE HAWTHORNE, NJ 07506	23-7112349	501(C)(3)	13,451.				SUPPORT BGCA PROGRAM
(8) B&GC OF MICHIGAN CITY 321 DETROIT ST MICHIGAN CITY, IN 46360	35-1992851	501(C)(3)	13,404.				SUPPORT BGCA PROGRAM
(9) CLINTON COUNTY BOYS & GIRLS CLUB 1100 W GREEN ST FRANKFORT, IN 46041	35-1172553	501(C)(3)	13,207.				SUPPORT BGCA PROGRAM
(10) B&GC OF SANTA CRUZ COUNTY 590 N TYLER AVE NOGALES, AZ 85621	86-0671818	501(C)(3)	13,132.				SUPPORT BGCA PROGRAM
(11) B&GC OF BRATTLEBORO, INC. 17 FLAT ST BRATTLEBORO, VT 05301	03-0309528	501(C)(3)	13,102.				SUPPORT BGCA PROGRAM
(12) B&GC OF MONTGOMERY COUNTY 1001 WHITLOCK AVE CRAWFORDSVILLE, IN 47933	35-6007302	501(C)(3)	13,100.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> B&GC OF THE COASTSIDE 600 CHURCH ST HALF MOON BAY, CA 94019	94-3193725	501(C)(3)	13,036.				SUPPORT BGCA PROGRAM
<b>(2)</b> HICKSVILLE YOUTH COUNCIL'S B&GC 79 W OLD COUNTRY RD HICKSVILLE, NY 11801	11-2287963	501(C)(3)	12,980.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF GREATER VERGENNES 20 ARMORY LN VERGENNES, VT 05491	03-0359691	501(C)(3)	12,912.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF MASSILLON 730 DUNCAN ST SW MASSILLON, OH 44647	34-0726102	501(C)(3)	12,900.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF VINELAND 560 CRYSTAL AVE VINELAND, NJ 08360	22-3604451	501(C)(3)	12,892.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF SAN DIEGUITO 533 LOMAS SANTA FE SOLANA BEACH, CA 92075	95-2470435	501(C)(3)	12,891.				SUPPORT BGCA PROGRAM
<b>(7)</b> BOYS CLUB OF SIOUX CITY 823 PEARL ST SIOUX CITY, IA 51101	42-0940032	501(C)(3)	12,838.				SUPPORT BGCA PROGRAM
<b>(8)</b> LODI B&GC 275 POPLAR ST LODI, CA 95240	94-1570121	501(C)(3)	12,772.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GCS OF NORTH CENTRAL FLORIDA 918 N WASHINGTON ST PERRY, FL 32347	59-2973927	501(C)(3)	12,709.				SUPPORT BGCA PROGRAM
<b>(10)</b> TERRE HAUTE BOYS & GIRLS CLUB 924 N 13TH ST TERRE HAUTE, IN 47807	35-0868182	501(C)(3)	12,634.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GCS OF WEST CENTRAL MISSOURI 3100 AARON AVENUE SEDALIA, MO 65301	43-6051103	501(C)(3)	12,578.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF DORCHESTER, INC. 1135 DORCHESTER AVE DORCHESTER, MA 02125	23-7076465	501(C)(3)	12,500.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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<b>(1)</b> B&GC OF HOLLAND 79 VERMONT ST HOLLAND, NY 14080	38-2756671	501(C)(3)	12,500.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF STORY COUNTY, IOWA 210 S 5TH ST AMES, IA 50010	42-0888428	501(C)(3)	12,500.				SUPPORT BGCA PROGRAM
<b>(3)</b> RED LAKE NATION B&GC 23810 HWY 1 EAST RED LAKE, MN 56671	41-1935631	501(C)(3)	12,477.				SUPPORT BGCA PROGRAM
<b>(4)</b> BGC OF IOWA TRIBE OF KANSAS & NE 2169 IOWA DR WHITE CLOUD, KS 66094	48-0799251	501(C)(3)	12,365.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF WORCESTER 65 TAINTER ST WORCESTER, MA 01610	04-2105851	501(C)(3)	12,343.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GCS OF CUMBERLAND COUNTY 3475 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	56-0896317	501(C)(3)	12,319.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF DAYTON 1828 W STEWART ST DAYTON, OH 45417	31-0536657	501(C)(3)	12,250.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GC OF GREATER LOWELL 657 MIDDLESEX ST LOWELL, MA 01851	04-2104396	501(C)(3)	12,208.				SUPPORT BGCA PROGRAM
<b>(9)</b> B&GC OF TUSTIN 580 W 6TH ST TUSTIN, CA 92780	95-2482220	501(C)(3)	12,110.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GCS OF EAST TEXAS 1909 S BROADWAY AVE TYLER, TX 75701	75-2541408	501(C)(3)	12,084.				SUPPORT BGCA PROGRAM
<b>(11)</b> BOYS & GIRLS CLUB OF MERCED COUNTY 615 W 15TH ST MERCED, CA 95340	77-0357487	501(C)(3)	12,047.				SUPPORT BGCA PROGRAM
<b>(12)</b> FOUNDATION FOR YOUTH OF BARTHOLOMEW COUNTY 405 HOPE AVE COLUMBUS, IN 47201	35-0873340	501(C)(3)	12,034.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

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<b>(1)</b> B&GC OF EAST PROVIDENCE 115 WILLIAMS AVE EAST PROVIDENCE, RI 02914	05-0278988	501(C)(3)	12,000.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF SAN BENITO 410 STOOKEY RD SAN BENITO, TX 78586	74-1883973	501(C)(3)	12,000.				SUPPORT BGCA PROGRAM
<b>(3)</b> NELLIS AFB YOUTH PROGRAM 110 STAFFORD DR NELLIS AFB, NV 89191	99-9999999	GOVT	12,000.				SUPPORT BGCA PROGRAM
<b>(4)</b> MARKETING MAVEN PUBLIC RELATIONS, INC. 2390 C. LAS POSAS RD, CAMARILLO, CA 93010	99-9999999	GOVT	12,000.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GC OF ERIE 1515 E LAKE RD ERIE, PA 16511	25-1265501	501(C)(3)	11,842.				SUPPORT BGCA PROGRAM
<b>(6)</b> ULBRICH B&GC 72 GRAND ST WALLINGFORD, CT 06492	06-0801966	501(C)(3)	11,699.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF WAYNE COUNTY 1401 ROYALL AVE GOLDSBORO, NC 27534	56-0706013	501(C)(3)	11,617.				SUPPORT BGCA PROGRAM
<b>(8)</b> VANCE AFB YOUTH PROGRAM 242 FIELDS ST ENID, OK 73705	99-9999999	GOVT	11,609.				SUPPORT BGCA PROGRAM
<b>(9)</b> COMMUNITY B&GC 901 NIXON ST WILMINGTON, NC 28401	56-0636247	501(C)(3)	11,543.				SUPPORT BGCA PROGRAM
<b>(10)</b> OSBORN FOUNDATION 101 THEALL ROAD RYE, NY 10580	47-4600665	501(C)(3)	11,537.				SUPPORT BGCA PROGRAM
<b>(11)</b> WAKEMAN MEMORIAL ASSOCIATION 385 CENTER ST SOUTHPORT, CT 06890	06-0662198	501(C)(3)	11,500.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GC OF HAMILTON 958 EAST AVE HAMILTON, OH 45011	31-0616383	501(C)(3)	11,408.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

2022

Open to Public  
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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(1) B&GC OF HENDERSON COUNTY/HENDERSONVILLE 1304 ASHE ST HENDERSONVILLE, NC 28792	56-1803125	501(C)(3)	11,389.				SUPPORT BGCA PROGRAM
(2) B&GCS OF MCALESTER 305 E CHADICK AVE MCALESTER, OK 74501	73-0708243	501(C)(3)	11,357.				SUPPORT BGCA PROGRAM
(3) YOUTH ACTIVITY CENTER - LAUGHLIN AFB 652 MITCHELL BLVD. LAUGHLIN AFB, TX 78843	99-9999999	GOVT	11,143.				SUPPORT BGCA PROGRAM
(4) B&GC OF GENEVA 1 GOODMAN ST GENEVA, NY 14456	16-1481026	501(C)(3)	11,100.				SUPPORT BGCA PROGRAM
(5) B&GCS OF GLOUCESTER COUNTY, INC. 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	11,048.				SUPPORT BGCA PROGRAM
(6) RIDGEFIELD B&GC 41 GOVERNOR ST RIDGEFIELD, CT 06877	06-0653182	501(C)(3)	11,000.				SUPPORT BGCA PROGRAM
(7) SANTA FE B&GC 730 ALTO ST SANTA FE, NM 87501	85-0102948	501(C)(3)	10,950.				SUPPORT BGCA PROGRAM
(8) ELKO BOYS & GIRLS CLUB 782 COUNTRY CLUB DR ELKO, NV 89801	86-0858401	501(C)(3)	10,937.				SUPPORT BGCA PROGRAM
(9) B&GC OF BUENA PARK 7758 KNOTT AVE BUENA PARK, CA 90620	95-1808525	501(C)(3)	10,751.				SUPPORT BGCA PROGRAM
(10) B&GC OF MENARD 213 E. SAN SABA MENARD, TX 76859	26-3174725	501(C)(3)	10,750.				SUPPORT BGCA PROGRAM
(11) ANDREWS AIR FORCE BASE YOUTH CENTER 4700 YUMA CIR ANDREWS AFB, MD 20762	99-9999999	GOVT	10,700.				SUPPORT BGCA PROGRAM
(12) B&GCS OF SCHENECTADY 104 EDUCATION DR SCHENECTADY, NY 12303	14-1364595	501(C)(3)	10,675.				SUPPORT BGCA PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BOYS & GIRLS CLUB OF DANVILLE 850 N GRIFFIN ST DANVILLE, IL 61832	54-1880308	501(C)(3)	10,548.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GC OF SANTA CRUZ 543 CENTER ST SANTA CRUZ, CA 95060	94-6129075	501(C)(3)	10,523.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GCS OF BRIGHAM CITY 550 S MAIN ST BRIGHAM CITY, UT 84302	87-0529606	501(C)(3)	10,521.				SUPPORT BGCA PROGRAM
<b>(4)</b> B&GC OF BIG VALLEY RANCHERIA 2726 MISSION RANCHERIA LAKEPORT, CA 95453	99-9999999	GOVT	10,500.				SUPPORT BGCA PROGRAM
<b>(5)</b> B&GCS OF CHATTANOOGA 1307 E MAIN ST CHATTANOOGA, TN 37404	62-0557179	501(C)(3)	10,416.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF PLEASANTS COUNTY 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	10,375.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GCS OF MISSISSIPPI BAND CHOCTAW INDIANS 13361 HIGHWAY 16 W CHOCTAW, MS 39350	64-0345731	501(C)(3)	10,363.				SUPPORT BGCA PROGRAM
<b>(8)</b> B&GCS OF DUMPLIN VALLEY 218 N HIGHWAY 92 JEFFERSON CITY, TN 37760	26-1475216	501(C)(3)	10,330.				SUPPORT BGCA PROGRAM
<b>(9)</b> KEESLER AFB YOUTH PROGRAM 505 C ST BLDG 3101 BILOXI, MS 39534	99-9999999	GOVT	10,313.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF ADAMS COUNTY 410 WINCHESTER ST DECATUR, IN 46733	35-1807774	501(C)(3)	10,132.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF CUMBERLAND-LINCOLN 1 JAMES J MCKEE WAY CUMBERLAND, RI 02864	05-0280121	501(C)(3)	10,106.				SUPPORT BGCA PROGRAM
<b>(12)</b> USAG VICENZA CYS SERVICES 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	10,100.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

**Open to Public  
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

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(1) B&GC OF GREATER HOLYOKE 70 NICK COSMOS WAY HOLYOKE, MA 01040	04-2103792	501(C)(3)	10,078.				SUPPORT BGCA PROGRAM
(2) B&GC OF GREATER SHASTA 803 CEDAR ST MOUNT SHASTA, CA 96067	99-9999999	GOVT	10,068.				SUPPORT BGCA PROGRAM
(3) WALTHAM B&GC 20 EXCHANGE ST WALTHAM, MA 02451	04-2103927	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(4) WATERTOWN B&GC, MARYLAND 25 WHITES AVE WATERTOWN, MA 02472	04-6134699	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(5) B&GC OF ELMA, MARILLA & WALES 2080 GIRDLE RD ELMA, NY 14059	16-1023305	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(6) BOYS & GIRLS CLUB OF RUSH COUNTY 1590 N SEXTON ST RUSHVILLE, IN 46173	23-7170004	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(7) LAMESA B&GC 400 N 7TH ST LAMESA, TX 79331	75-1076737	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(8) MCAS MIRAMAR, YOUTH & TEEN CENTER 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(9) USAG FORT JACKSON CYS SERVICES 5975 CHESTNUT RD FORT JACKSON, SC 29207	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(10) BOYS & GIRLS CLUB OF MARSHFIELD, INC. 37 PROPRIETORS DR MARSHFIELD, MA 02050	04-3525938	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(11) BOYS & GIRLS CLUBS OF THE MONDAK 201 3RD AVE SE SIDNEY, MT 59270	11-3694698	501(C)(3)	10,000.				SUPPORT BGCA PROGRAM
(12) US COAST GUARD 510 INDEPENDENCE PKWY CHESAPEAKE, VA 23320	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

Employer identification number  
13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOYS AND GIRLS OF CANADA 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(2) BOARD OF TRUSTEES OF THE LELAND STANFORD 635 KNIGHT WAY PALO ALTO, CA 94305	94-1156365	501(C)(3)	9,990.				SUPPORT BGCA PROGRAM
(3) B&GCS OF THE SEMINOLE TRIBE OF FLORIDA 6353 N 30TH ST HOLLYWOOD, FL 33024	59-1415030	501(C)(3)	9,973.				SUPPORT BGCA PROGRAM
(4) WEST CONTRA COSTA SALESIAN B&GC 2801 MORAN AVE RICHMOND, CA 94804	94-1492635	501(C)(3)	9,784.				SUPPORT BGCA PROGRAM
(5) BOYS & GIRLS CLUB OF MARSHALL COUNTY 314 E JEFFERSON ST PLYMOUTH, IN 46563	35-1955489	501(C)(3)	9,746.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER HAVERHILL, INC. 55 EMERSON ST HAVERHILL, MA 01830	04-2111215	501(C)(3)	9,582.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE UMPQUA VALLEY 1144 NE CEDAR ST ROSEBURG, OR 97470	91-1788798	501(C)(3)	9,461.				SUPPORT BGCA PROGRAM
(8) B&GC OF HOPKINSVILLE - CHRISTIAN COUNTY 1600 S WALNUT ST HOPKINSVILLE, KY 42240	20-2103260	501(C)(3)	9,281.				SUPPORT BGCA PROGRAM
(9) B&GC OF GREATER LYNCHBURG 1101 MADISON ST LYNCHBURG, VA 24504	20-0199894	501(C)(3)	9,095.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE OLYMPIC PENINSULA 400 W FIR ST SEQUIM, WA 98382	91-1376766	501(C)(3)	9,046.				SUPPORT BGCA PROGRAM
(11) B&GCS OF CHAMPION VALLEY 101 W JACKSON ST WEIMAR, TX 78962	06-1674854	501(C)(3)	8,743.				SUPPORT BGCA PROGRAM
(12) B&GCS OF CONEJO & LAS VIRGENES, INC. 1 DOLE DR. #3331 WESTLAKE VILLAGE, CA 91362	91-2151731	501(C)(3)	8,571.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SOUTHSIDE B&GC 701 BERKLEY AVENUE EXT NORFOLK, VA 23523	54-0839152	501(C)(3)	8,538.				SUPPORT BGCA PROGRAM
<b>(2)</b> B&GCS OF CENTRAL ILLINOIS 300 S 15TH ST SPRINGFIELD, IL 62703	37-0752849	501(C)(3)	8,520.				SUPPORT BGCA PROGRAM
<b>(3)</b> SALVATION ARMY B&GC OF THE BLUEGRASS 736 W MAIN ST LEXINGTON, KY 40508	13-5562351	501(C)(3)	8,370.				SUPPORT BGCA PROGRAM
<b>(4)</b> DON MOYER B&GC 201 E PARK ST CHAMPAIGN, IL 61820	37-0906638	501(C)(3)	8,282.				SUPPORT BGCA PROGRAM
<b>(5)</b> MINOT AIR FORCE BASE YOUTH ACTIVITIES CTR 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	8,175.				SUPPORT BGCA PROGRAM
<b>(6)</b> B&GC OF SEYMOUR 950 N OBRIEN ST SEYMOUR, IN 47274	35-0909245	501(C)(3)	8,163.				SUPPORT BGCA PROGRAM
<b>(7)</b> THE B&GC OF WASHINGTON COUNTY 307 LANCASTER ST MARIETTA, OH 45750	45-3445754	501(C)(3)	8,146.				SUPPORT BGCA PROGRAM
<b>(8)</b> BURKBURNETT B&GC 800 COUNTY RD BURKBURNETT, TX 76354	75-1478734	501(C)(3)	8,044.				SUPPORT BGCA PROGRAM
<b>(9)</b> LANSINGBURGH BOYS & GIRLS CLUB 501 4TH AVE TROY, NY 12182	14-1338445	501(C)(3)	8,039.				SUPPORT BGCA PROGRAM
<b>(10)</b> WEST ORANGE COMMUNITY HOUSE B&GC 242 MAIN ST WEST ORANGE, NJ 07052	22-1487378	501(C)(3)	8,009.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF THE CAPITAL CITY 1105 LAFAYETTE ST JEFFERSON CITY, MO 65101	43-1733063	501(C)(3)	7,912.				SUPPORT BGCA PROGRAM
<b>(12)</b> USAG FORT GORDON CYS SERVICES 45410 46TH STREET FORT GORDON, GA 30905	99-9999999	GOVT	7,742.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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<b>(1)</b> BOYS & GIRLS CLUB OF PAWTUCKET 1 MOELLER PL PAWTUCKET, RI 02860	05-0258924	501(C)(3)	7,601.				SUPPORT BGCA PROGRAM
<b>(2)</b> USAG FORT BRAGG CYS SERVICES P.O. BOX 70122 FORT BRAGG, NC 28310	99-9999999	GOVT	7,550.				SUPPORT BGCA PROGRAM
<b>(3)</b> B&GC OF INDIAN RIVER COUNTY 1729 17TH AVE VERO BEACH, FL 32960	59-3623298	501(C)(3)	7,519.				SUPPORT BGCA PROGRAM
<b>(4)</b> GOODFELLOW AFB YOUTH CENTER 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	7,500.				SUPPORT BGCA PROGRAM
<b>(5)</b> HILL AIR FORCE BASE YOUTH ACTIVITIES CENTER 7285 4TH ST, SUITE 204 HILL AFB, UT 84056	99-9999999	GOVT	7,500.				SUPPORT BGCA PROGRAM
<b>(6)</b> CASTLE X YOUTH CENTER 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	7,500.				SUPPORT BGCA PROGRAM
<b>(7)</b> B&GC OF MARIMN HEALTH (BENEWAH MED. CTR) 43935 S HWY 95 WORLEY, ID 83876	82-0441207	501(C)(3)	7,500.				SUPPORT BGCA PROGRAM
<b>(8)</b> NSA HAMPTON ROADS - NORTHWEST ANNEX YTH CTR 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	99-9999999	GOVT	7,500.				SUPPORT BGCA PROGRAM
<b>(9)</b> VACAVILLE NEIGHBORHOOD B&GC 100 HOLLY LN VACAVILLE, CA 95688	13-4223488	501(C)(3)	7,246.				SUPPORT BGCA PROGRAM
<b>(10)</b> B&GC OF EDENTON / CHOWAN COUNTY, INC. 131 MORRISTOWN RD EDENTON, NC 27932	61-1546080	501(C)(3)	7,235.				SUPPORT BGCA PROGRAM
<b>(11)</b> B&GC OF LYNN 25 N COMMON ST LYNN, MA 01902	04-2103924	501(C)(3)	7,223.				SUPPORT BGCA PROGRAM
<b>(12)</b> B&GCS OF THE LOWCOUNTRY 10 PINCKNEY COLONY RD BLUFFTON, SC 29909	57-0811876	501(C)(3)	7,184.				SUPPORT BGCA PROGRAM

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(1) B&GCS OF THE TIMBER RIDGE 981 PEARL ST HOMER, LA 71040	72-1401675	501(C)(3)	7,176.				SUPPORT BGCA PROGRAM
(2) B&GC OF HERNANDO COUNTY 5425 COMMERCIAL WAY SPRING HILL, FL 34606	59-3550575	501(C)(3)	7,064.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE CASA GRANDE VALLEY 1905 N PEART RD CASA GRANDE, AZ 85122	86-0864429	501(C)(3)	7,017.				SUPPORT BGCA PROGRAM
(4) MASHKISIBI (BAD RIVER) B&GC 72830 ELM ST ODANAH, WI 54861	30-0028025	501(C)(3)	6,701.				SUPPORT BGCA PROGRAM
(5) BOYS & GIRLS CLUB OF GREATER LA CROSSE 1331 CLINTON ST LA CROSSE, WI 54603	39-6084791	501(C)(3)	6,617.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREENEVILLE & GREENE COUNTY 740 W CHURCH ST GREENEVILLE, TN 37745	62-1706248	501(C)(3)	6,596.				SUPPORT BGCA PROGRAM
(7) GILA VALLEY RECREATIONAL YOUTH CENTER 805 S 7TH AVE SAFFORD, AZ 85546	36-4708413	501(C)(3)	6,530.				SUPPORT BGCA PROGRAM
(8) WINIFRED CRAWFORD DIBERT B&GC OF JAMESTOWN 1275 PEACHTREE ST, N.E. ATLANTA, GA 30309	16-0743055	501(C)(3)	6,500.				SUPPORT BGCA PROGRAM
(9) B&GCS OF THE NORTHTOWNS OF WNY 54 RIVERDALE AVE, APT. BUFFALO, NY 14207	16-0755733	501(C)(3)	6,400.				SUPPORT BGCA PROGRAM
(10) B&GCS OF NORTH SAN MATEO COUNTY 201 W ORGANGE AVE S SAN FRANCISCO, CA 94080	94-1497000	501(C)(3)	6,230.				SUPPORT BGCA PROGRAM
(11) LANGLEY AFB B&GC 2424 BIG BETHEL RD YORKTOWN, VA 23693	99-9999999	GOVT	6,172.				SUPPORT BGCA PROGRAM
(12) J. KENNETH SELF SHELBYVILLE BOYS CLUB 710 S MILLER ST SHELBYVILLE, IN 46176	35-0957039	501(C)(3)	6,162.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) 2022

Employer identification number  
13-5562976

Part I

General Information on Grants and Assistance

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Part II

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GCS OF BREA-PLACENTIA-YORBA LINDA 502 SIEVERS AVE BREA, CA 92821	95-2428410	501(C)(3)	6,140.				SUPPORT BGCA PROGRAM
(2) B&GCS OF NORTHWEST TENNESSEE 1015 E COLLEGE ST UNION CITY, TN 38261	52-2441482	501(C)(3)	6,067.				SUPPORT BGCA PROGRAM
(3) PENSACOLA FL NAVY YOUTH CENTER 690 MOFFETT RD PENSACOLA, FL 32508	99-9999999	GOVT	6,009.				SUPPORT BGCA PROGRAM
(4) B&GC OF GREATER WATERBURY 1037 E MAIN ST WATERBURY, CT 06705	06-0646551	501(C)(3)	6,000.				SUPPORT BGCA PROGRAM
(5) B&GC OF OYSTER BAY-EAST NORWICH 1 PINE HOLLOW RD OYSTER BAY, NY 11771	11-2136505	501(C)(3)	6,000.				SUPPORT BGCA PROGRAM
(6) B&GC OF WEST CHESTER/LIBERTY, THE 8749 CINCIN DAYTON R WEST CHESTER, OH 45069	46-3631593	501(C)(3)	5,955.				SUPPORT BGCA PROGRAM
(7) JB MDL-MCGUIRE AFB YOUTH PROGRAMS BLDG. 487 WALSH RD. LAKEHURST, NJ 08733	22-1845732	501(C)(3)	5,889.				SUPPORT BGCA PROGRAM
(8) PATUXENT RIVER MD NAVY YOUTH PROGRAMS 46983 HINKLE CIR PATUXENT RIVER, MD 20670	99-9999999	GOVT	5,713.				SUPPORT BGCA PROGRAM
(9) MCCONNELL AIR FORCE BASE YOUTH CENTER 3015 ARNOLD BLVD. MCCONNELL AFB, KS 67221	99-9999999	GOVT	5,500.				SUPPORT BGCA PROGRAM
(10) B&GC OF KUMEYAAY NATION WELLNESS 4058 WILLOWS RD ALPINE, CA 91901	95-3782164	501(C)(3)	5,500.				SUPPORT BGCA PROGRAM
(11) BOYS & GIRLS CLUB OF DINE' YOUTH 1 MORGAN BLVD WINDOW ROCK, AZ 86515	99-9999999	GOVT	5,500.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE BELLPORT AREA 471 ATLANTIC AVE BELLPORT, NY 11713	23-7376060	501(C)(3)	5,493.				SUPPORT BGCA PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LACKLAND AFB YOUTH PROGRAMS 2380 STANLEY RD SAN ANTONIO, TX 78234	74-1266017	501(C)(3)	5,453.				SUPPORT BGCA PROGRAM
(2) KINGSTON B&GCS, INC. 139 GREENKILL AVE KINGSTON, NY 12401	14-1374487	501(C)(3)	5,398.				SUPPORT BGCA PROGRAM
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> SCHOLARSHIPS	178	1,026,619.			
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, QUESTION 2:

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US

BOYS & GIRLS CLUBS OF AMERICA ("BGCA") STRIVES TO PROVIDE ONGOING AND EFFECTIVE TECHNICAL ASSISTANCE, INFORMATION, SYSTEMS AND MONITORING SO AS TO HELP ENSURE THAT BGCA AND LOCAL CLUBS RECEIVING PASS-THROUGH GRANTS FROM BGCA MAKE FULL AND COMPLIANT USE OF ALL FUNDS ENTRUSTED TO BGCA - FEDERAL AND NON-FEDERAL.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FOR THE LIFE OF THE GRANT, CONTRACT, ETC., THE FINANCIAL/LEGAL SERVICES, SERVICES TO CLUBS AND FEDERAL GRANTS DEPARTMENTS PROVIDE COMPLIANCE AND FISCAL MANAGEMENT RELATED GUIDANCE AND OVERSIGHT. THE PROGRAM SPONSORING DEPARTMENT IS ALSO INVOLVED IN THESE AREAS AND IS PRIMARILY RESPONSIBLE FOR THE PROGRAMMATIC ACTIVITIES AND OUTCOMES.

THROUGHOUT THE PROCESS, INFORMATION AND EDUCATION IS PROVIDED TO CLUB REPRESENTATIVES THROUGH, FOR EXAMPLE, THE FUNDING ANNOUNCEMENT PACKET; GRANT ADMINISTRATION TRAININGS; ONLINE VIA WWW.BGCA.NET; LETTERS OF AGREEMENT; AND ESPECIALLY VIA BGCA STAFF IN FEDERAL GRANTS, FINANCIAL

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SERVICES, SERVICES TO CLUBS AND GOVERNMENT RELATIONS.

BGCA STAFF CONTINUALLY MONITOR THE FINANCIAL AND PROGRAMMATIC PERFORMANCE

OF SUB-RECIPIENTS THROUGH CLUB FINANCIAL REPORTS, CLUB PROGRAM REPORTS,

DIRECT COMMUNICATIONS WITH CLUBS, SITE VISITS, ETC.

WHEN GRANTS ARE AWARDED TO CLUBS ON A REIMBURSEMENT BASIS (I.E. FEDERAL

GRANTS), REQUESTS FOR EXPENDITURES ARE THOROUGHLY REVIEWED FOR ACCURACY,

ALLOWABILITY AND APPROPRIATENESS PER AGREED UPON BUDGETS AND PROGRAM

DELIVERABLES THAT ARE IN ALIGNMENT WITH THE DONOR OR GRANTOR'S INTENT AND

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

REQUIREMENTS.

PERIODICALLY BGCA RECEIVES DETAILED FINANCIAL AND PROGRAMMATIC REPORTS FROM THE SUB-RECIPIENTS (I.E. CLUBS RECEIVING PASS-THROUGH FUNDS FROM BGCA, TO DOCUMENT THEIR USE OF THE FUNDS FOR THE SPECIFIC PURPOSE FOR WHICH THEY ARE GRANTED). THESE REPORTS ALSO INCLUDE SUB-RECIPIENT CLUB FINANCIAL STATEMENT AUDIT REPORTS AND IF APPLICABLE, AUDIT REPORTS IN ACCORDANCE WITH OMB CIRCULAR A-133 FOR THE USE OF FEDERAL FUNDS.

LIKewise, FINANCIAL AND PROGRAMMATIC REPORTS ARE ALSO ISSUED BY BGCA TO THE APPROPRIATE FUNDING SOURCES - FEDERAL AGENCIES OR PRIVATE SECTOR

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

DONORS - DETAILING THE USE OF GRANT/DONATED FUNDS AND PROGRAMMATIC

ACHIEVEMENTS/OUTCOMES.

BGCA ALSO CONDUCTS NUMEROUS ONSITE VISITS OF LOCAL CLUB ORGANIZATIONS AND THEIR GRANT AND FISCAL MANAGEMENT PROCEDURES, AGAIN TO ENSURE THAT THE CLUBS ARE COMPLIANT WITH THE TERMS OF THE GRANTS AWARDED TO THEM BY BGCA AND ARE USING THE GRANT FUNDS APPROPRIATELY FOR THE DELIVERABLES OF THE GRANTS. MAJORITY OF THESE SITE VISITS ARE CONDUCTED BY INDEPENDENT CPA FIRMS ON BEHALF OF BGCA.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BGCA HAS CONTRACTED WITH SCHOLARSHIP AMERICA, A SCHOLARSHIP MANAGEMENT  
SERVICE, TO ADMINISTER SCHOLARSHIPS TO ELIGIBLE CLUBS' KIDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** ☐ **4b** ☒ **4c** ☒
- 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? **5a** ☒ **5b** ☒
- 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? **6a** ☐ **6b** ☒
- 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

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>	<input checked="" type="checkbox"/>	
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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				
ANASTASI, ELIZABETH 1 CHIEF DEV & PUBLIC AFFAIRS OFF	(i)	418,720.	146,250.	22,054.	NONE	20,075.	607,099.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AUSTIN, PHYLLIS R. 2 SVP, HUMAN RESOURCES	(i)	272,052.	105,698.	60,037.	19,687.	10,641.	468,115.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CLARK, JAMES L. 3 PRESIDENT AND CEO	(i)	605,651.	185,277.	334,910.	20,300.	25,675.	1,171,813.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DUGAN, MELISSA P. 4 SVP, GOVERNMENT RELATIONS	(i)	278,151.	104,036.	58,673.	20,300.	11,030.	472,190.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MILLER, JOHN R. 5 SVP, AFFILIATE RELATIONS	(i)	241,277.	244,246.	66,672.	20,300.	18,536.	591,031.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MILLER, MISTY L. 6 SVP ORGANIZATIONAL DEVELOPMENT	(i)	273,212.	100,268.	50,568.	18,961.	10,641.	453,650.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MORAIN, KRISTINE B. 7 ASST. SEC., EVP CHIEF LEGAL	(i)	361,088.	121,535.	44,840.	20,300.	25,675.	573,438.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ORR, LORRAINE E. 8 EVP CHIEF OPERATIONS OFFICER	(i)	437,430.	151,207.	84,847.	20,300.	25,618.	719,402.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROYAL PASCOE, CHAD I. 9 SVP, RD CORP CAUSE & EVENTS	(i)	280,734.	80,025.	35,893.	20,274.	18,411.	435,337.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
UNGLO, SAMUEL J. 10 ASST TREASURER, EVP CFO	(i)	412,820.	344,423.	64,321.	20,300.	25,675.	867,539.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FOWLKES, ELIZABETH M. 11 SVP, STRATEGY	(i)	264,068.	86,495.	26,975.	19,054.	24,374.	420,966.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WALKER, H. 12 DIVERSITY, EQUITY & INCLUSION	(i)	248,784.	27,500.	8,424.	12,777.	10,641.	308,126.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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.

SCHEDULE J, PART I, QUESTION 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

IN 2011 THE BOARD OF GOVERNORS APPROVED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE BENEFIT OF A MEMBER OF SENIOR MANAGEMENT WHEREBY A RETIREMENT BENEFIT WILL BE EARNED RATABLY BY THE EXECUTIVE DURING THE SERVICE TERM AS DEFINED IN THE PLAN AGREEMENT. THE VESTED AMOUNT WILL BE PAID TO THE EXECUTIVE UPON RETIREMENT, DISABILITY, OR TERMINATION WITHOUT CAUSE AS DEFINED IN THE PLAN AGREEMENT. THE CHIEF EXECUTIVE OFFICER PARTICIPATED IN AND RECEIVED PAYMENTS OF \$100,000 UNDER THE PLANS AGREEMENT.

SCHEDULE J, PART I, QUESTION 5A:

INCENTIVE COMPENSATION

BGCA HAS A PAY AT-RISK PROGRAM THAT HOLDS BACK A PORTION OF THE PERSON'S PAY OPPORTUNITY UNTIL MULTIPLE, STRETCH PERFORMANCE CRITERIA ARE MET. NONE OF THE PAY AT RISK WILL BE EARNED BY ANY ONE PERSON UNTIL A

**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.

PRE-ESTABLISHED LEVEL OF FINANCIAL PERFORMANCE IS ATTAINED, ENSURING THAT  
WE HAVE THE FINANCIAL RESOURCES TO MEET THE OBJECTIVES OF OUR MISSION,  
FIRST AND FOREMOST. NO BONUSES OR INCENTIVE COMPENSATION WAS PAID OUT TO  
OFFICERS AND KEY EMPLOYEES FOR 2022.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

**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 . . . . .	X	37	1,564,107.	FMV
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 ▶ ( ) . . . . .				
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 three 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.		

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

Schedule M (Form 990) 2022

**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.

---

PART I, COLUMN B:

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF INDIVIDUAL  
CONTRIBUTIONS RECEIVED.

USE OF THIRD PARTIES

BOYS & GIRLS CLUBS OF AMERICA USES THE SERVICES OF AUCTIONEERS AT  
FUNDRAISING EVENTS AND A THIRD PARTY TO PROCESS THE SALE OF SECURITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

**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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

13-5562976

**FORM 990, PART III, LINE 4:**

LINE 4A: PROGRAM #1 CLUB EXPERIENCE

THROUGH RESEARCH AND ANALYSIS, WE'VE DETERMINED THAT A HIGH-QUALITY CLUB EXPERIENCE IS ONE IN WHICH MEMBERS FEEL PHYSICALLY AND EMOTIONALLY SAFE, RECEIVE SUPPORT AND RECOGNITION FROM CARING ADULTS WHO SET EXPECTATIONS FOR THEM, ARE PROVIDED OPPORTUNITIES TO TRY NEW THINGS, HAVE FUN AND FEEL A SENSE OF BELONGING.

WHEN CLUB STAFF INTENTIONALLY FOCUS ON THESE YOUTH DEVELOPMENT FUNDAMENTALS AND YOUNG PEOPLE ATTEND THE CLUB MORE FREQUENTLY, THIS COMBINATION DRIVES STRONGER OUTCOMES FOR YOUTH IN BGCA'S THREE PRIORITY AREAS - ACADEMIC SUCCESS, GOOD CHARACTER AND CITIZENSHIP, AND HEALTHY LIFESTYLES.

UNDER THE 2025 PROGRAM STRATEGY, TARGETED PROGRAMS WILL BE DESIGNED TO INTEGRATE THE EVIDENCE-BASED STAFF PRACTICES THAT PROMOTE THE FIVE KEY ELEMENTS FOR POSITIVE YOUTH DEVELOPMENT. IN TARGETED PROGRAMS, THESE PRACTICES WILL BE WRITTEN INTO THE CURRICULUM AND IMPLEMENTED IN WAYS THAT ARE RELEVANT TO THE SPECIFIC TOPIC ADDRESSED BY THE PROGRAM. CURRICULA WILL INCORPORATE SPECIFIC COMPONENTS TO INCREASE YOUNG PEOPLE'S EMOTIONAL SAFETY AS THEY PARTICIPATE IN PROGRAMS.

WE KNOW FROM OUR LOCAL CLUB LEADERS THAT TRAINING FOR YOUTH DEVELOPMENT PROFESSIONALS IS ONE OF THE MOST IMPORTANT SERVICES BGCA PROVIDES, AND WE ALSO KNOW THROUGH OUR DATA THAT REGULAR TRAINING FOR STAFF CREATES BETTER

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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13-5562976

OUTCOMES FOR YOUTH. BGCA'S ABILITY TO DRIVE YOUTH OUTCOMES RELIES ON THE POWER OF OUR PEOPLE AND THE IMPACT OF LEADERSHIP. BY DEVELOPING LEADERS WHO ARE CAPABLE OF FOSTERING SAFE LEARNING ENVIRONMENTS, CLUB YOUTH WILL GAIN THE ESSENTIAL SKILLS NECESSARY TO BE PRODUCTIVE, CARING AND RESPONSIBLE CITIZENS.

BGCA'S TRAINING MODEL IS CONTINUALLY EVOLVING TO MEET THE NEEDS OF CLUB STAFF AND YOUTH AND ENSURE THAT ALL STAFF HAVE THE OPPORTUNITY TO RECEIVE TRAININGS, WHETHER THEY ARE IN URBAN, RURAL, NATIVE OR MILITARY COMMUNITIES.

LINE 4B: PROGRAM #2 OFFICE OF JUSTICE PROGRAMS

BOYS & GIRLS CLUBS OF AMERICA (BGCA) IS UNIQUELY POSITIONED TO DRIVE POSITIVE OUTCOMES FOR YOUNG PEOPLE IN DIVERSE COMMUNITIES THROUGHOUT THE COUNTRY. MENTORING AT BOYS & GIRLS CLUBS (MBGC) IS A MULTI-COMPONENT MENTORING PROGRAM THAT WILL LEVERAGE BGCA'S NATIONWIDE CLUB NETWORK TO CONNECT AT-RISK YOUTH WITH CARING MENTORS, POSITIVE YOUTH DEVELOPMENT, AND TARGETED SKILL-BUILDING PROGRAMS THAT ADDRESS INDIVIDUAL YOUTH RISK FACTORS. THE TARGET POPULATION IS YOUTH AGES 6-17 EXPERIENCING RISK FACTORS IN LOW-INCOME COMMUNITIES IN ALL 50 STATES. THIS POPULATION INCLUDES AMERICAN INDIAN/ALASKA NATIVE (AI/AN) YOUTH LIVING BOTH ON AND OFF RESERVATIONS, YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM, AND YOUTH FROM UNDERSERVED AND CULTURALLY SPECIFIC COMMUNITIES. RISK FACTORS INCLUDE POVERTY, LOW-PERFORMING SCHOOLS, AND COMMUNITY VIOLENCE. AI/AN YOUTH EXPERIENCE ESPECIALLY HIGH LEVELS OF RISK. YOUTH WHO EXPERIENCE ONE

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OR MORE RISK FACTORS ARE MORE LIKELY TO BECOME INVOLVED IN DELINQUENCY,  
SUBSTANCE ABUSE, AND OTHER PROBLEM BEHAVIORS.

PROJECT GOALS ARE TO PROMOTE POSITIVE OUTCOMES AND REDUCE NEGATIVE  
OUTCOMES FOR FIVE TARGET GROUPS: YOUTH AT RISK; AI/AN YOUTH;  
MILITARY-CONNECTED YOUTH; YOUTH AT RISK FOR PARTICIPATION IN GANGS; AND  
YOUTH IN JUVENILE DETENTION. ADDITIONAL YOUTH FROM UNDERSERVED AND  
CULTURALLY SPECIFIC POPULATIONS WILL BE SERVED UNDER THE PROPOSED  
INNOVATION IN LOCALLY-RESPONSIVE MENTORING INITIATIVE. PROJECT OBJECTIVES  
INCLUDE PROVIDING EACH YOUTH WITH A MENTOR AND ENGAGING THEM IN AT LEAST  
TWO EVIDENCE-BASED OR EVIDENCE-INFORMED SKILL-BUILDING PROGRAMS.

PROJECT ACTIVITIES INCLUDE SMALL GROUP, ONE-ON-ONE, AND PEER MENTORING,  
DELIVERED IN THE YOUTH DEVELOPMENT ENVIRONMENT OF A BOYS & GIRLS CLUB,  
AND A VARIETY OF PROGRAMS BUILDING SKILLS IN THREE AREAS: HEALTHY  
DECISION-MAKING/RISK AVOIDANCE, ACADEMICS, AND SOCIAL EMOTIONAL.  
CURRICULA INCLUDE RACIAL EQUITY ELEMENTS AND ADAPTATIONS FOR NATIVE  
YOUTH. PROGRAM ENHANCEMENTS INCLUDE UPDATES TO MATCH CLOSURE PROCEDURES  
RELATED TO MENTEES AND FAMILY MEMBERS, AND A NEW MENTOR TRAINING PATHWAY  
FOCUSED SUPPORTING YOUTH IMPACTED BY BULLYING AND CYBERBULLYING.

MENTORS AND MENTEES WILL BE MATCHED BASED ON MUTUAL INTERESTS AND  
INDIVIDUAL MENTEE NEEDS AND RISK FACTORS. GROUP MATCHING EVENTS FOR LAW  
ENFORCEMENT MENTORING WILL BE IMPLEMENTED, ENABLING OFFICERS, YOUTH AND  
FAMILY MEMBERS TO MEET AND INTERACT TO INFORM MATCHES. MENTEES AND

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MENTORS WILL EACH COMMIT TO MEET FOR 1-2 HOURS A WEEK FOR A MINIMUM OF  
ONE YEAR.

ANTICIPATED YOUTH OUTCOMES INCLUDE INCREASES IN SOCIAL COMPETENCE, SCHOOL  
ATTENDANCE, GPA, AND POSITIVE FAMILY RELATIONSHIPS; DECREASES IN  
ANTI-SOCIAL BEHAVIOR AND SUBSTANCE ABUSE; AND INCREASED RESISTANCE TO  
INVOLVEMENT IN GANGS AND DELINQUENCY. PROGRESS WILL BE MEASURED USING  
TRACKING REPORTS, STAFF OBSERVATIONS, AND PRE/POST SURVEYS.

LINE 4C: PROGRAM #3 NATIONAL YOUTH OF THE YEAR PROGRAM

YOUTH OF THE YEAR IS THE EMBODIMENT OF EVERYTHING THAT BOYS & GIRLS CLUBS  
OF AMERICA DOES AS AN ORGANIZATION TO MAKE OUR NATION'S YOUNG PEOPLE  
LIFE-READY AND COLLEGE- AND CAREER-READY SO THAT THE FUTURE IS GREATER,  
LIVES ARE CHANGED, AND LEADERS ARE STRONG. SINCE 1947, WE HAVE CELEBRATED  
THE EXTRAORDINARY ACHIEVEMENTS OF CLUB TEENS. STORIES OF OUTSTANDING  
LEADERSHIP, ACTS OF SERVICE, ACADEMIC EXCELLENCE AND DEDICATION TO A  
HEALTHY LIFESTYLE HAVE MADE THIS PROGRAM THE NATION'S PREMIER LEADERSHIP  
AND RECOGNITION PROGRAM FOR TEENS.

YOUTH OF THE YEAR PROGRAM HAS CONTINUED TO GROW SINCE THE BEGINNING.  
NEARLY 100,000 YOUTH PARTICIPATE IN THE YOUTH OF THE YEAR PROGRAM  
THROUGHOUT THE MOVEMENT. THROUGH THE YOUTH OF THE YEAR SPEAKER'S BUREAU,  
A GROUP OF YOUTH OF THE YEAR REPRESENTATIVES MAKES MORE THAN 100  
APPEARANCES ANNUALLY TO SPEAK ON BEHALF OF 4.7 MILLION YOUNG PEOPLE  
SERVED BY THE BOYS & GIRLS CLUBS. AND, WE'VE MADE COLLEGIATE DREAMS A



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REALITY BY DISTRIBUTING MORE THAN \$1 MILLION IN SCHOLARSHIPS ANNUALLY.

LINE 4D: OTHER PROGRAM SERVICES

BOYS & GIRLS CLUBS OF AMERICA HAS NATIONALLY RECOGNIZED PROGRAMS THAT ADDRESS TODAY'S MOST PRESSING YOUTH ISSUES, TEACHING YOUNG PEOPLE THE SKILLS THEY NEED TO SUCCEED IN LIFE. NATIONAL PROGRAMS ARE AVAILABLE IN FIVE CORE PROGRAM AREAS OF EDUCATION, HEALTH AND WELLNESS, SPORTS AND RECREATION, THE ARTS, AND LEADERSHIP AND SERVICE. BOYS & GIRLS CLUBS OF AMERICA'S NATIONAL PROGRAMS TAKE MEMBERS FROM THE CLUBHOUSE TO THE WHITE HOUSE; FROM THE GAMES ROOM TO THE CORPORATE BOARDROOM; AND FROM ART CLASS TO DESIGN CAREERS. THERE ARE SEVERAL OTHER PROGRAMS FUNDED BY VARIOUS DONORS AT DIFFERENT LEVELS.

**FORM 990, PART VI, SECTION A, QUESTION 6, 7A & 7B:**

MEMBERS:

THE MEMBERS ARE MADE UP OF THE INDIVIDUAL CLUBS AND EACH RECEIVE ONE VOTE.

NATIONAL COUNCIL:

THE BOARD OF GOVERNORS IS ELECTED BY A PLURALITY VOTE AT THE ANNUAL MEETING OF THE NATIONAL COUNCIL FOR A THREE-YEAR TERM.

VOTING RIGHTS:

THE BOARD OF GOVERNORS CONSISTS OF THREE CATEGORIES OF BOARD MEMBERS:

1. GOVERNORS; 2. LIFE MEMBERS; AND 3. GOVERNORS EMERITUS. ONLY THE GOVERNORS HAVE FULL VOTING RIGHTS AND PRIVILEGES.

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**(Form 990 or 990-EZ)**

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DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL:

THE POLICIES OF BOYS & GIRLS CLUBS OF AMERICA ("BGCA") ARE DETERMINED BY A NATIONAL COUNCIL WHICH ESTABLISHES THE REQUIREMENTS FOR MEMBERSHIP IN THE CORPORATION; ESTABLISHES OPERATING STANDARDS; ELECTS MEMBERS OF THE BOARD OF GOVERNORS; AND DETERMINES ANNUAL MEMBERSHIP DUES TO BE PAID BY THE MEMBER ORGANIZATIONS. THE NATIONAL COUNCIL CONSISTS OF ONE DELEGATE FROM EACH MEMBER ORGANIZATION.

**FORM 990, PART VI, SECTION A, QUESTION 11:**

GOVERNING BODY'S REVIEW OF FORM 990

A DRAFT OF THE FORM 990 IS CIRCULATED TO THE AUDIT COMMITTEE OF THE BOARD OF GOVERNORS FOR ITS REVIEW, RECOMMENDATIONS AND APPROVAL. CHANGES, IF ANY, RECOMMENDED BY THE COMMITTEE ARE INCORPORATED IN THE FORM 990 BEFORE ITS SUBMISSION. A DRAFT OF THE FORM 990 IS ALSO CIRCULATED TO ALL GOVERNORS FOR THEIR REVIEW AND RECOMMENDATIONS, WHICH ARE CONSIDERED BY THE AUDIT COMMITTEE IN ITS APPROVAL PROCESS. A FINALIZED VERSION OF THE FORM 990 IS PROVIDED TO THE COMPLETE BOARD.

**FORM 990, PART VI, SECTION B, QUESTION 12C:**

MONITORING CONFLICTS OF INTEREST

BOYS & GIRLS CLUBS OF AMERICA HAS DEVELOPED TWO SEPARATE CODES OF ETHICS POLICIES ONE FOR THE EMPLOYEES AND THE OTHER FOR GOVERNORS AND TRUSTEES, BOTH OF WHICH ADDRESS CONFLICTS OF INTERESTS AND WHISTLE BLOWING POLICIES WITHIN THEM. THESE POLICIES WERE APPROVED BY THE BOARD OF GOVERNORS. THE CODE OF ETHICS FOR EMPLOYEES IS EXECUTED BY ALL NEW EMPLOYEES AT THE TIME OF HIRE AND ANNUALLY ON AN ONGOING BASIS. LIKEWISE, THE CODE OF ETHICS

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FOR GOVERNORS MUST BE EXECUTED BY ALL NEW GOVERNORS AND THEY ARE ASKED TO  
REVIEW AND EXECUTE ON AN ANNUAL BASIS. THE HUMAN RESOURCE DEPARTMENT OF  
BOYS & GIRLS CLUBS OF AMERICA IS RESPONSIBLE FOR MONITORING THE EXECUTION  
OF THE EMPLOYEES' CODE OF ETHICS AND THE RESOURCE DEVELOPMENT DEPARTMENT  
IS RESPONSIBLE FOR MONITORING THE EXECUTION CODE OF ETHICS FOR GOVERNORS  
& TRUSTEES.

IN ADDITION, THE BOARD OF GOVERNORS HAS AN ETHICIST ON THE BOARD TO  
MONITOR ETHICAL CONCERNS AT THAT LEVEL. BOYS & GIRLS CLUBS OF AMERICA HAS  
AN ETHICS HOTLINE AND TWO ETHICS OFFICERS WHO MONITOR ETHICAL CONCERNS ON  
AN ONGOING BASIS BY:

- ENSURING THE CODE OF ETHICS IS UPDATED AT LEAST ANNUALLY AND CONTINUES  
TO REPLICATE BEST PRACTICES OF OTHER FOR-PROFIT AND NOT-FOR-PROFIT  
ORGANIZATIONS;
- REVIEWING AND RESPONDING APPROPRIATELY TO ALL QUESTIONS, ISSUES, AND  
COMPLAINTS AND ENSURING THE CODE OF ETHICS IS CLARIFIED AND/OR REVISED  
BASED ON THE INPUT RECEIVED;
- REPORTING ANY SIGNIFICANT ETHICAL CONCERNS TO ALL NECESSARY COMMITTEES  
OF THE BOARD AND/OR THE BOARD;
- REQUIRING A MEMBER OF THE BOARD OF GOVERNORS RECEIVE ALL FORMAL  
COMPLAINTS AND ENLIST THEIR INVOLVEMENT IN THE RESOLUTION AND RESPONSE TO  
COMPLAINTS AS NEEDED; AND
- CONDUCTING TRAINING ON THE CODE OF ETHICS AS NEEDED.

**FORM 990, PART VI, SECTION B, QUESTION 15:**

PROCESS OF DETERMINING COMPENSATION

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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THE TOTAL COMPENSATION FOR ALL SENIOR LEADERSHIP IS DETERMINED BY BOYS & GIRLS CLUBS OF AMERICA'S ("BGCA'S") BOARD OF GOVERNORS THROUGH THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ("HRCC"), WHICH WORKS WITH AN INDEPENDENT FIRM TO ASSESS THE MARKETPLACE THOROUGHLY TO DETERMINE COMPARABLE SALARY PRACTICES, "PEER COMPARISON" COMPENSATION DATA, AND OTHER RELATED TRENDS IN THE NOT-FOR-PROFIT SECTOR. THE INDEPENDENT FIRM ALSO PROVIDES A DETAILED REPORT OF THEIR ANALYSIS, COMPARISONS AND RECOMMENDATIONS TO THE HRCC. THIS REVIEW IS CONDUCTED ON A REGULAR BASIS. IN ADDITION, EVERY MARCH, THE HRCC REVIEWS EACH SENIOR LEADERSHIP TEAM MEMBER'S TOTAL COMPENSATION BASED ON PERFORMANCE FEEDBACK ON THE INDIVIDUAL AS WELL AS THE ORGANIZATION AND APPROVES THE UPCOMING ANNUAL TOTAL COMPENSATION AND BENEFITS PACKAGE PRIOR TO ANY CHANGES IN COMPENSATION AND/OR BENEFITS. ALL COMPENSATION AND BENEFIT DECISIONS OF THE HRCC ARE COMPLETED AND DOCUMENTED AS REQUIRED TO MEET THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS.

**FORM 990, PART VI, SECTION C, QUESTION 18:**

APPLICATION FOR RECOGNITION OF EXEMPTION

BOYS & GIRLS CLUBS OF AMERICA DOES NOT HAVE FORMS 1023 OR 1024. THE ORGANIZATION HAS BEEN CHARTERED UNDER PUBLIC LAW 84-988, S. 4184, APPROVED AUGUST 6, 1956, AS AMENDED BY PUBLIC LAW 102-199, H.R. 525, APPROVED DECEMBER 10, 1991.

**FORM 990, PART VI, SECTION C, QUESTION 19:**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS

BOYS & GIRLS CLUBS OF AMERICA MAINTAINS A COMPREHENSIVE WEBSITE

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WWW.BGCA.ORG THAT INCLUDES MULTIPLE YEARS OF ANNUAL REPORTS AND FORMS 990  
TO WHICH THE GENERAL PUBLIC HAS ACCESS. THE WEBSITE ALSO PROVIDES  
INFORMATION REGARDING THE HISTORY OF THE ORGANIZATION, BOARD OF  
GOVERNORS, MISSION OF THE ORGANIZATION, DETAILS OF VARIOUS PROGRAMS,  
PARTNERS, ALUMNI, PRIVACY POLICY ETC.

**FORM 990, PART VII:**

COMPENSATION

OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ALL WORK AT LEAST 40 HOURS PER  
WEEK.

**FORM 990, PART XI, LINE 9:**

OTHER CHANGES IN NET ASSETS

TRANSFER OF ASSETS TO SUPPORTING ORGANIZATIONS (23,870,887)

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## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO BOYS & GIRLS CLUBS OF AMERICA'S MISSION IS TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. BOYS & GIRLS CLUBS OF AMERICA (BGCA) PROMOTES THE HEALTH, SOCIAL, EDUCATION, VOCATIONAL AND CHARACTER DEVELOPMENT OF YOUNG PEOPLE THROUGHOUT THE UNITED STATES. THE NATIONAL ORGANIZATION WAS FOUNDED IN 1906 AND CHARTERED BY CONGRESS IN 1956. BGCA DEVELOPS INNOVATIVE PROGRAMS AND SERVICES FOR YOUNG PEOPLE; PROVIDES TRAINING, TECHNICAL ASSISTANCE AND RESOURCE MATERIALS TO LOCAL CLUBS; PROMOTES PUBLIC AWARENESS AND SUPPORT FOR THE MISSION AND IMPACT OF THE BOYS & GIRLS CLUB MOVEMENT; AND ADDRESSES SOCIAL, EDUCATIONAL, VOCATIONAL AND ECONOMIC ISSUES AFFECTING YOUNG PEOPLE. AFFILIATED LOCAL BOYS & GIRLS CLUBS PROVIDE A SAFE PLACE TO LEARN AND GROW; ONGOING RELATIONSHIPS WITH CARING, ADULT PROFESSIONAL STAFF; LIFE-ENHANCING PROGRAMS; CHARACTER DEVELOPMENT EXPERIENCES; AND HOPE AND OPPORTUNITY. THE BOYS & GIRLS CLUB MOVEMENT COMPRISES MORE THAN 1,100 INDEPENDENT ORGANIZATIONS AND THE NATIONAL ORGANIZATION, BOYS & GIRLS CLUBS OF AMERICA. LOCAL ORGANIZATIONS SERVE YOUNG PEOPLE AND COMMUNITIES THROUGH SOME 4,000 CLUB LOCATIONS, 50,000 TRAINED ADULT PROFESSIONAL STAFF, 199,000 PROGRAM VOLUNTEERS AND 27,000 BOARD MEMBERS. WHILE BOYS & GIRLS CLUBS OF AMERICA SERVES ITS LOCAL ORGANIZATIONS, THE NATIONAL ORGANIZATION DOES NOT CONTROL THE AFFAIRS OF INDIVIDUAL CLUBS, WHICH ARE GOVERNED LOCALLY.

## HOW THE NATIONAL ORGANIZATION SERVES LOCAL CLUBS:

THE BOYS & GIRLS CLUB MOVEMENT BEGAN IN 1906 WHEN 53 LOCAL CLUBS BANDED TOGETHER TO ESTABLISH A NATIONAL FEDERATION. SINCE THEN, THE NATIONAL ORGANIZATION AND LOCAL CLUBS HAVE WORKED CLOSELY TOGETHER TO HELP AMERICA'S YOUTH REACH THEIR FULL POTENTIAL. PROVIDES SAFETY RESOURCES AND GUIDANCE TO MEMBER ORGANIZATIONS. THROUGH ITS HEADQUARTERS IN ATLANTA, FOUR REGIONAL SERVICE CENTERS AND A GOVERNMENT RELATIONS OFFICE IN WASHINGTON, D.C., BGCA PROVIDES ASSISTANCE AND SUPPORT TO CLUBS IN PROGRAM DEVELOPMENT, BOARD AND STAFF DEVELOPMENT, ORGANIZATIONAL PLANNING, RESOURCE DEVELOPMENT, SECURING STATE AND FEDERAL FUNDING, MARKETING AND COMMUNICATIONS, AND ADMINISTRATION AND MANAGEMENT. KEY FUNCTIONS INCLUDE:

" DEVELOPING AND TESTING NEW PROGRAMS FOR YOUTH;

" ASSISTING CLUBS WITH QUALITY PROGRAM PLANNING AND EVALUATION;

" PROVIDING TRAINING EXPERIENCES, MANAGEMENT CONSULTATIONS AND RESOURCE MATERIALS FOR STAFF DEVELOPMENT, VOLUNTEER RECRUITMENT,

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## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

MARKETING, FUNDRAISING, COMPENSATION AND BENEFITS ADMINISTRATION, AS  
WELL AS FACILITY DESIGN, CONSTRUCTION, SAFETY AND MAINTENANCE;

" HELPING COMMUNITY LEADERS ESTABLISH NEW CLUBS AND EXPAND EXISTING  
ONES;

" PROMOTING GREATER PUBLIC AND MEDIA AWARENESS ABOUT THE MOVEMENT'S  
MISSION AND IMPACT; " ASSISTING CLUBS IN ACQUIRING STATE AND FEDERAL  
FUNDING;

" ADDRESSING LEGISLATIVE AND PUBLIC POLICY ISSUES AFFECTING YOUNG  
PEOPLE; AND

" PASSING THROUGH FUNDS TO MEMBER CLUBS.

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## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
OTHER	32,973,379.	81,870,305.	13,926,125.
	-----	-----	-----
TOTALS	32,973,379.	81,870,305.	13,926,125.
	=====	=====	=====



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FORM 990, PART VI, LINE 17 - STATES

=====

AL, AZ, AR, CA, CO, CT, DE,  
DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI,

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## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SALESFORCE.COM, INC. 415 MISSION STREET, 3RD FLOOR SAN FRANCISCO, CA 94139	INFO. TECHNOLOGY	3,353,219.
TRACTION REC TECHNOLOGIES, INC. 851 GLENCOE DRIVE PORT MOODY BRITISH COLUMBIA CANADA V3H 4G7	INFO. TECHNOLOGY	2,449,580.
ILINK SYSTEMS 18912 NORTH CREEK PARKWAY BOTHELL, WA 98011	INFO. TECHNOLOGY	2,312,497.
TRACTION SALES AND MARKETING, INC. 2700 PRODUCTION WAY 500 (5TH FLOOR) BURNABY CANADA V5A 0C2	INFO. TECHNOLOGY	1,895,823.
MCGRIFF SEIBELS & WILLIAMS, INC. P.O. BOX 890635 CHARLOTTE, AL 28289	INSURANCE	1,286,158.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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BOYS & GIRLS CLUBS OF AMERICA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s).	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s).	X	
<b>d</b> Loans or loan guarantees to or for related organization(s).		X
<b>e</b> Loans or loan guarantees by related organization(s).		X
<b>f</b> Dividends from related organization(s).		X
<b>g</b> Sale of assets to related organization(s).		X
<b>h</b> Purchase of assets from related organization(s).		X
<b>i</b> Exchange of assets with related organization(s).		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
<b>o</b> Sharing of paid employees with related organization(s).	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses.	X	
<b>r</b> Other transfer of cash or property to related organization(s).		X
<b>s</b> Other transfer of cash or property from related organization(s).		X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARKANSAS ALLIANCE OF BOYS & GIRLS CLUBS INC.	Q	88,726.	FMV
(2) GEORGIA BOYS & GIRLS CLUBS INC.	Q	149,239.	FMV
(3) GEORGIA ALLIANCE OF BOYS & GIRLS CLUBS INC.	Q	633,292.	FMV
(4) ILLINOIS ALLIANCE OF BOYS & GIRLS CLUB INC.	Q	634,109.	FMV
(5) INDIANA ALLIANCE OF BOYS & GIRLS CLUB INC.	Q	125,626.	FMV
(6) MISSOURI ALLIANCE OF BOYS AND GIRLS CLUBS INC	Q	104,132.	FMV

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) MISSISSIPPI ALLIANCE OF BOYS & GIRLS CLUBS	Q	295,734.	FMV
(2) TENNESSEE BOYS & GIRLS CLUBS INC.	Q	65,441.	FMV
(3) TEXAS ALLIANCE OF BOYS & GIRLS CLUBS INC.	Q	554,009.	FMV
(4) FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS INC.	B	100,000.	FMV
(5) TEXAS ALLIANCE OF BOYS & GIRLS CLUBS INC.	B	100,000.	FMV
(6) BGCA FUNDS HOLDCO INC.	C	10,369,998.	FMV

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) BGCA IP SUPPORT CO INC.	A	150,000.	FMV
(2) BGCA REAL ESTATE SUPPORT CO INC.	K	3,000,000.	FMV
(3) BGCA FUNDS HOLDCO INC.	Q	210,800.	FMV
(4) BGCA REAL ESTATE SUPPORT CO INC.	Q	89,760.	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII****Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
ALABAMA ALLIANCE OF BGC INC. P.O. BOX 1016	63-1232492 ALEXANDER CITY, AL 35011 YOUTH DEVELOP	AL	501(C)(4)		BGCA		X
ARIZONA ALLIANCE OF BGC INC. 10515 E. LAKEVIEW DRIVE	86-1039968 SCOTTSDALE, AZ 85258 YOUTH DEVELOP	AZ	501(C)(4)		BGCA		X
ARKANSAS ALLIANCE OF BGC INC. 611 MAIN STREET	71-0822051 N LITTLE ROCK, AR 72114 YOUTH DEVELOP	AR	501(C)(4)		BGCA		X
CALIFORNIA ALLIANCE OF BGC INC. P.O. BOX 360	91-2084469 ROUGH READY, CA 95975 YOUTH DEVELOP	CA	501(C)(4)		BGCA		X
COLORADO ALLIANCE OF BGC INC. 103 SMOKEY STREET	06-1653186 FORT COLLINS, CO 80525 YOUTH DEVELOP	CO	501(C)(4)		BGCA		X
CONNECTICUT ALLIANCE OF BGC INC. ONE POSITIVE PLACE, PO BOX 209	33-1064638 SHELTON, CT 06484 YOUTH DEVELOP	CT	501(C)(4)		BGCA		X
FLORIDA ALLIANCE OF BGC INC. 4384 NICOKE CIRCLE	65-0839955 TEQUESTA, FL 33469 YOUTH DEVELOP	FL	501(C)(4)		BGCA		X
GEORGIA ALLIANCE OF BGC INC. P.O. BOX 1130	01-0557882 ALBANY, GA 31702 YOUTH DEVELOP	GA	501(C)(4)		BGCA		X
HAWAII ALLIANCE OF BGC INC. P.O. BOX 427	30-0457526 KAHULUI, HI 96733 YOUTH DEVELOP	HI	501(C)(4)		BGCA		X
IDAHO ALLIANCE OF BGC INC. 10424 BARNSALE DRIVE	84-1674661 BOISE, ID 83704 YOUTH DEVELOP	ID	501(C)(4)		BGCA		X

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
ILLINOIS ALLIANCE OF BGC INC. 112 W EDWARDS STREET	36-4327562 SPRINGFIELD, IL 62704 YOUTH DEVELOP	IL	501(C)(4)		BGCA		X
INDIANA ALLIANCE OF BGC INC. 2236 E 10TH ST., SUITE 2000	35-2129067 INDIANAPOLIS, IN 04620 YOUTH DEVELOP	IN	501(C)(4)		BGCA		X
IOWA ALLIANCE OF BGC INC. 1350E WASHINGTON AVENUE	42-1516490 DES MOINES, IA 50312 YOUTH DEVELOP	IA	501(C)(4)		BGCA		X
KANSAS ALLIANCE OF BGC INC. 2150 SW WESTPORT DR, SUITE 204	01-0650318 TOPEKA, KS 66614 YOUTH DEVELOP	KS	501(C)(4)		BGCA		X
KENTUCKY ALLIANCE OF BGC INC. P.O. BOX 4989	61-1364080 LOUISVILLE, KY 40204 YOUTH DEVELOP	KY	501(C)(4)		BGCA		X
LOUISIANA ALLIANCE OF BGC INC. 500 EVERGREEN STREET	72-1491228 WEST MONROE, LA 71292 YOUTH DEVELOP	LA	501(C)(4)		BGCA		X
MAINE ALLIANCE OF BGC INC. 277 CUMBERLAND AVE PO BOX 7830	20-2953315 PORTLAND, ME 04112 YOUTH DEVELOP	ME	501(C)(4)		BGCA		X
MARYLAND ALLIANCE OF BGC INC. 404 AGGIES CIRCLE, UNIT L	52-2312888 BELAIR, MD 21014 YOUTH DEVELOP	MD	501(C)(4)		BGCA		X
MASSACHUSETTS ALLIANCE OF BGC INC. CHARLES GARDNER LANE	06-1684675 WOBURN, MA 01801 YOUTH DEVELOP	MA	501(C)(4)		BGCA		X
MICHIGAN ALLIANCE OF BGC INC. 1545 EAST LINCOLN AVENUE	38-3636955 ROYAL OAK, MI 78067 YOUTH DEVELOP	MI	501(C)(4)		BGCA		X

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
MINNESOTA ALLIANCE OF BGC INC. 6500 NICOLLET AVE, SUITE 201	80-0037988 MINNEAPOLIS, MN 55423 YOUTH DEVELOP	MN	501(C)(4)		BGCA		X
MISSISSIPPI ALLIANCE OF BGC INC. 1500 NORTH HARPER RD, SUITE 3B	64-0932322 CORINTH, MS 38834 YOUTH DEVELOP	MS	501(C)(4)		BGCA		X
MISSOURI ALLIANCE OF BGC INC. 1460 BEE CREEK ROAD	43-1870548 BRANSON, MO 65616 YOUTH DEVELOP	MO	501(C)(4)		BGCA		X
MONTANA ALLIANCE OF BGC INC. 505 ORCHARD LANE	81-0536980 BILLINGS, MT 59101 YOUTH DEVELOP	MT	501(C)(4)		BGCA		X
NEBRASKA ALLIANCE OF BGC INC. 2610 HAMILTON STREET	27-2250924 OMAHA, NE 68131 YOUTH DEVELOP	NE	501(C)(4)		BGCA		X
NEVADA ALLIANCE OF BGC INC. 2680 E. 9TH STREET	74-3128043 RENO, NV 89512 YOUTH DEVELOP	NV	501(C)(4)		BGCA		X
NEW HAMPSHIRE ALLIANCE OF BGC INC. 47 GRAND AVENUE	56-2425831 NASHUA, NH 03060 YOUTH DEVELOP	NH	501(C)(4)		BGCA		X
NEW JERSEY ALLIANCE OF BGC INC. 822 CLIFTON AVENUE	22-3621285 CLIFTON, NJ 07015 YOUTH DEVELOP	NJ	501(C)(4)		BGCA		X
NEW MEXICO ALLIANCE OF BGC INC. 551 CORDOVA ROAD BOX 325	43-1950851 SANTA FE, NM 87505 YOUTH DEVELOP	NM	501(C)(4)		BGCA		X
NEW YORK ALLIANCE OF BGC INC. 282 BABCOCK STREET, FLOOR 2	13-4065411 BUFFALO, NY 14210 YOUTH DEVELOP	NY	501(C)(4)		BGCA		X

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT	(G) SEC 512	
					CONTROLLING	YES	NO
-----							
NORTH CAROLINA ALLIANCE OF BGC INC.	55-0856392						
701 N. RALEIGH BOULEVARD	RALEIGH, NC 27610						
	YOUTH DEVELOP	NC	501(C)(4)		BGCA		X
OHIO ALLIANCE OF BGC INC.	31-1704802						
262 S. THIRD STREET	COLUMBUS, OH 43215						
	YOUTH DEVELOP	OH	501(C)(4)		BGCA		X
OKLAHOMA ALLIANCE OF BGC INC.	73-1598475						
1300 E. 15TH STREET, SUITE 150	EDMOND, OK 73103						
	YOUTH DEVELOP	OK	501(C)(4)		BGCA		X
OREGON ALLIANCE OF BGC INC.	93-1303337						
1395 SUMMER STREET NE	SALEM, OR 97301						
	YOUTH DEVELOP	OR	501(C)(4)		BGCA		X
PENNSYLVANIA ALLIANCE OF BGC INC.	25-1857470						
5 HANOVER SQUARE 3RD FLOOR	NEW YORK, NY 10004						
	YOUTH DEVELOP	NY	501(C)(4)		BGCA		X
RHODE ISLAND ALLIANCE OF BGC INC.	05-0504432						
180 S. MAIN STREET	PROVIDENCE, RI 02903						
	YOUTH DEVELOP	RI	501(C)(4)		BGCA		X
SOUTH CAROLINA ALLIANCE OF BGC INC.	57-1092504						
P.O. BOX 423	COLUMBIA, SC 29201						
	YOUTH DEVELOP	SC	501(C)(4)		BGCA		X
SOUTH DAKOTA ALLIANCE OF BGC INC.	74-3083839						
P.O. BOX 833	WATERTOWN, SD 57201						
	YOUTH DEVELOP	SD	501(C)(4)		BGCA		X
TENNESSEE ALLIANCE OF BGC INC.	62-1835398						
220 CARRICK STREET, SUITE 318	KNOXVILLE, TN 37921						
	YOUTH DEVELOP	TN	501(C)(4)		BGCA		X
TEXAS ALLIANCE OF THE BGC INC.	75-2939705						
100 COMMONS ROAD SUITE 7 #206	DRIPPING SPRINGS, TX 78620						
	YOUTH DEVELOP	TX	501(C)(4)		BGCA		X

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
-----						
UTAH ALLIANCE OF BGC INC. 244 E VINE ST, PO BOX 57071	82-0562906 MURRAY, UT 84107 YOUTH DEVELOP	UT	501(C)(4)		BGCA	X
VERMONT ALLIANCE OF BGC INC. 62 OAK STREET	20-4319910 BURLINGTON, VT 05401 YOUTH DEVELOP	VT	501(C)(4)		BGCA	X
VIRGINIA ALLIANCE OF BGC INC. 5511 STAPLES MILL RD, STE 301	54-1946564 RICHMOND, VA 23228 YOUTH DEVELOP	VA	501(C)(4)		BGCA	X
WASHINGTON ALLIANCE OF BGC INC. 3003 SUNSET WAY SE	91-2157587 TUMWATER, WA 98501 YOUTH DEVELOP	WA	501(C)(4)		BGCA	X
WEST VIRGINIA ALLIANCE OF BGC INC. P.O. BOX 1184	20-1472867 MARTINSBURG, WV 25402 YOUTH DEVELOP	WV	501(C)(4)		BGCA	X
WISCONSIN ALLIANCE OF BGC INC. 925 N. SILVERBROOK DRIVE	39-2008889 WEST BEND, WI 53090 YOUTH DEVELOP	WI	501(C)(4)		BGCA	X
WYOMING ALLIANCE OF BGC INC. 1701 E K STREET	20-5386022 CASPER, WY 82601 YOUTH DEVELOP	WY	501(C)(4)		BGCA	X
BOYS & GIRLS CLUBS IN NEW JERSEY, INC. 310 SOUTH STREET	27-0185288 MORRISTOWN, NJ 07940 SUPPORT B&GC	NJ	501(C)(3)	7	BGCA	X
BOYS & GIRLS CLUBS IN TENNESSEE, INC. 220 CARRICK STREET, SUITE 318	26-4568046 KNOXVILLE, TN 37921 SUPPORT B&GC	TN	501(C)(3)	10	BGCA	X
BOYS & GIRLS CLUBS IN TEXAS, INC. 13110 HIGHWAY 290 WEST	20-1493423 AUSTIN, TX 78737 SUPPORT B&GC	TX	501(C)(3)	10	BGCA	X

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
-----						
LOS ANGELES COUNTY ALLIANCE FOR BGC 578 WASHINGTON BLVD, SUITE 199	46-5058473 MARINA DEL REY, CA 90292 SUPPORT B&GC	CA	501(C)(3)	7	BGCA	X
WASHINGTON STATE BGC ASSOCIATION P.O. BOX 1774	35-2275325 OLYMPIA, WA 98507 SUPPORT B&GC	WA	501(C)(3)	7	BGCA	X
BOYS & GIRLS CLUBS OF GEORGIA 1275 PEACHTREE STREET, NE	83-1259454 ATLANTA, GA 30309 SUPPORT B&GC	GA	501(C)(3)	10	BGCA	X
BOYS & GIRLS CLUBS IN INDIANA 973 N. SHADELAND AVENUE	81-4118364 INDIANAPOLIS, IN 46219 SUPPORT B&GC	IN	501(C)(3)	12 A TYPE 1	BGCA	X
BOYS & GIRLS CLUBS IN COLORADO 2017 W. 9TH AVENUE	47-1955928 DENVER, CO 80204 SUPPORT B&GC	CO	501(C)(3)	7	BGCA	X
BOYS & GIRLS CLUBS OF OHIO 266 S. THIRD STREET	88-2909822 COLUMBUS, OH 43215 SUPPORT B&GC	OH	501(C)(3)	7	BGCA	X
BOYS & GIRLS CLUBS IN INDIAN COUNTRY 1275 PEACHTREE STREET NE	02-0656763 ATLANTA, GA 30309 SUPPORT B&GC	GA	501(C)(3)	7	BGCA	X
BGCA FUNDS HOLDCO, INC. 1275 PEACHTREE STREET NE	85-2422429 ATLANTA, GA 30309 SUPPORT B&GC	GA	501(C)(3)	12 A TYPE 1	BGCA	X
BGCA IP SUPPORT CO. 1275 PEACHTREE STREET NE	85-2471762 ATLANTA, GA 30309 SUPPORT B&GC	GA	501(C)(3)	12 A TYPE 1	BGCA	X
BGCA REAL ESTATE SUPPORT CO. 1275 PEACHTREE STREET NE	85-2446390 ATLANTA, GA 30309 SUPPORT B&GC	GA	501(C)(3)	12 A TYPE 1	BGCA	X

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
-----						
BOYS & GIRLS CLUBS IN ILLINOIS, INC.	85-1740518					
112 W EDWARDS STREET	SPRINGFIELD, IL 62704					
	SUPPORT B&GC	IL	501(C)(3)	12 A TYPE 1	BGCA	X