

O-191-22

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Boys & Girls Clubs, Inc. (Newburg Club)
Applicant Requested Amount: \$10,000
Appropriation Request Amount: \$10,000

Executive Summary of Request
Funding of \$10,000 for projects at Newburg Boys and Girls Club that will run from 09/01/2022 to 04/28/2023. \$5,000 in funding will be utilized for a Reading Program for community children that need assistance in reading and positive role-model engagement; included in this are utilities, staff time, program supplies, and incentives. The remaining \$5,000 in funding will cover Newburg program supplies in the Arts, Cooking, Gardening, Torch, and Youth of the Month Clubs; this includes field trip opportunities designed to fill an academic or equity need.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

2 District # Barbara Johnston Primary Sponsor Signature \$10,000 Amount 05/25/2022 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
N/A

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program: Boys & Girls Club, Inc. - Newburg Club

Funding of \$10,000 for projects at Newburg Boys and Girls Club that will run from 09/01/2022 to 04/28/2023.

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program: Boys & Girls Club, Inc. - Newburg Club

Funding of \$10,000 for projects at Newburg Boys and Girls Club that will run from 09/01/2022 to 04/28/2023.

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Boys & Girls Clubs, Inc. (Newburg Club)

Program Name and Request Amount Newburg Boys & Girls Club Operations, Programs, Field Trips (\$10,000)

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes

Prepared by: **Caleb Howard**

Date: **05/25/2022**

Howard, Caleb A.

From: Shanklin, Barbara
Sent: Wednesday, May 25, 2022 12:27 PM
To: Howard, Caleb A.
Subject: Re: Permission to sign for Boys and Girls Club NDF

Yes, you have my permission. To sign for me. Thanks.

Get [Outlook for iOS](#)

From: Howard, Caleb A. <Caleb.Howard@louisvilleky.gov>
Sent: Wednesday, May 25, 2022 11:42:23 AM
To: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>
Subject: Permission to sign for Boys and Girls Club NDF

Dr. Shanklin, can you please respond to this email with your permission for me to sign for you on the Boys and Girls Club NDF for \$10,000.

Thank you,



Caleb Howard
Legislative Assistant to
Councilwoman Dr. Barbara Shanklin
District 2
Louisville Metro Council

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Boys & Girls Clubs, Inc. (Newburg Club) <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3900 Crittenden Dr. Louisville, KY 40209			
Website: www.bgcky.org			
Applicant Contact:	Michelle Whitehouse	Title:	Lead Grants Manager
Phone:	502-585-5437	Email:	mwhitehouse@bgckyana.org
Financial Contact:	Angela Price	Title:	CFO
Phone:	5025855437	Email:	aprice@bgcky.org
Organization's Representative who attended NDF Training: Michelle Whitehouse			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	5020 East Indian Trail		
Council District(s):	2	Zip Code(s):	40218
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Newburg Boys & Girls Club's Operations, Programs and Field Trips			
Total Request: (\$)	10,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro Teen Shawnee	Amount: (\$)	9,600
Source:	Metro Teen Newburg	Amount: (\$)	9,600
Source:	Metro Teen Parkland	Amount: (\$)	15,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our vision is to inspire and enable all young people, especially those most in need of our services, to realize and develop their full potential as productive, responsible and caring citizens. It is the vision of BGCK to be recognized as Kentuckiana's premier youth development organization by providing leadership, support, programming, and inspiration for our youth to obtain the knowledge and skills they need to achieve success.

Boys & Girls Clubs of Kentuckiana (BGCK) is an out-of-school time provider, offering a safe haven for youth who need us most. We open our doors and our arms to kids ages 6-18, in a safe, positive environment. Inside our Clubs, kids are greeted by name by adult youth professionals in a fun, family atmosphere. The Club doors open after school until 7:30 pm and during the summer from 8:30 am to 5:30 pm.

For over 60 years, Boys & Girls Clubs of Kentuckiana has put young people on the path to great futures by providing safe, positive Club environments that promote wellbeing. When kids and teens visit one of our five Club sites across Kentuckiana, they are provided with a broad range of activities and services, including homework help, mentoring, sports and recreation programs, arts programs, access to computer technology, service and leadership clubs and so much more. For the nearly 2,000 youth we serve annually, Clubs reduce barriers and create access to resources and high-yield experiences that build resilient young people with the critical skills necessary to thrive into adulthood. The Boys & Girls Clubs of Kentuckiana's Return on Investment is \$14.56 per \$1. This is due to increasing earning power of parents now and youth in the future, and on saving societal cost such as healthcare, public assistance and incarceration.

The youth we serve our 92% minority, 85% from a single parent home and 99% qualify for free or reduced lunch.

Boys & Girls Clubs of Kentuckiana members receive the below resources, opportunities and programming:

- Education

- o One on One Assistance with NTI learning
- o Homework & Reading Tutoring
- o Access to Computers
- o DIY STEM -- STEM curriculum with hands on experiences
- o Diplomas2Degrees -- a college readiness program
- o Money Matters -- a financial literacy program to teach youth the fundamentals of managing a checking account, budget, investments and more

- Health & Wellness

- o Passport to Manhood -- teaches young men character and responsibility
- o SMART Girls -- provides health, prevention and self-esteem to young women
- o SMART Moves -- provides a prevention & education for drug/alcohol use and premature sexual activity
- o Healthy Habits -- emphasizes good nutrition, exercise and overall well being

- Character & Leadership

- o Keystone -- a program offering leadership to youth in areas of academic success, career preparation and community service
- o Youth of the Year -- the premier teen recognition program
- o Torch Club -- a small group leadership for younger adolescents

- Workforce Readiness

- o Career Launch -- allows youth to explore possible vocations with resume building, mock interviews and workplace tours

- Sports & Recreation

- o Triple Play -- a comprehensive health and wellness program
- o ALL STARS -- engages youth in organized basketball, football and soccer

see attached document with full description



BOYS & GIRLS CLUBS OF KENTUCKIANA

Mission

To inspire and enable all young people, especially those most in need of our services, to realize and develop their full potential as productive, responsible and caring citizens.

Boys & Girls Clubs of Kentuckiana (BGCK) is an out-of-school time provider, offering a safe haven for youth who need us most. We open our doors and our arms to kids ages 6-18, in a safe, positive environment. Inside our Clubs, kids are greeted by name by adult youth professionals in a fun, family atmosphere. The Club doors open after school until 7:30 pm and during the summer from 8:30 am to 5:30 pm.

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 - Career Launch – allows youth to explore possible vocations with resume building, mock interviews and workplace tours
- Sports & Recreation
 - Triple Play – a comprehensive health and wellness program
 - ALL STARS – engages youth in organized basketball, football and soccer
- The Arts
 - ImageMakers – teaches the art and science of photography
 - Lyricism 101 – cultivates and amplifies the teen voice
 - National Fine Arts – encourages artistic expression with a variety of mediums

On top of the above, we also offer Clubs in Cooking, Gardening, Bike, and many more! The National programs implemented by Boys & Girls Clubs of America have proven successful over the years and have taken care of the most unrelenting issues facing youth in today’s society. These programs have taken youth from the Clubhouse to the White House, from the game room to the corporate game room, and from the high school orchestra to Carnegie Hall. The young men and women who complete our programs not only have mentors they can look up to, but also learn the necessary skills to lead a successful life.

54%
of Club alumni say the Club
“saved my life”



95%
of High School Seniors
expect to graduate on time



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Josh Rose	Jan 1, 2023
Andy Mays	Legacy
Marvin Hill	Legacy
John Ritticher	12/2022
Steve Sternberg	Legacy
Josh Judah	Jan 1, 2023
Greg Vann	Jan 1, 2024
Tracy Roberts	Jan 1, 2024
Jennifer Simmonds	Jan 1, 2023
Wright Steenrod	Legacy
John Bestenlehner	Jan 1, 2023
Steve Thompson	Legacy
Bill Rybak	Legacy
Anne Fischer	02/2024
Deanna Durrett	02/2024
Tyler Smith	02/2024
Andrew Thompson	Jan 1, 2023

Describe the Board term limit policy:

1) Board Members will serve a maximum of Four 2-year terms. At the end of each 2-year term, the Executive Committee will choose whether to invite each Board Member to serve another 2-year term. After serving 8 years, Board Members will be required to resign from the Board.

2) Certain Board Members will be identified by the Executive Committee as Legacy. Legacy Board Members will be exempt from the 8 year maximum time limit and may serve as long as they wish.

3) Any Board Member shall be eligible to return to the Board one year after retiring from the Board due to Term Limit.

Three Highest Paid Staff Names	Annual Salary
Daryle W. Unseld Jr.	157,000
Jennifer Hayes	85,000
Angela Price	78,600

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The projects at Newburg will begin 9/1/2022 and end 4/28/2023. The reading program will run this program daily with roughly 50 members. The Reading Program will be roughly 1 hour long with focus on reading and making it fun. BGCK staff are experts at turning learning into fun and keeping our youth engaged. We constantly have staff participate in trainings for programming and youth engagement.

The additional programming, field trips and operations (such as the Arts, Cooking Club, Gardening Club, Torch Club, Youth of the Month, etc.) will all take place between 9/1/2022 and 4/28/2023 as well.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): \$5,000 of the funding will cover the reading program. This will include: utilities, staff time, program supplies, incentives, and more.

The remaining \$5,000 will cover Newburg program supplies in The Arts, Cooking Club, Gardening Club, Torch Club, Youth of the Month Club, etc.; field trips designed to fill in academic void, field trips designed to fill an equity need, etc. the Club Director needs to expand programming to reach more youth.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

NA

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
 - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
 - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
Over the summer of 2021, BGCK began reading labs in each Club and had great success. Newburg participated and had 93% of youth whom increased their reading, many by a full grade level. This was done with the help of the amazing volunteers of Linking Arms and others. This was captured with pre and post-testing.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
Previously this Reading Program has had volunteers from JCPS and Linking Arms. on previous reading programs we have worked with Mercy Academy and Fern Valley students.
However, BGCK knows that it truly takes a village and we collaborate with many organizations to ensure the best for our youth. Partnerships include Dare to Care, Anthem Foundation, KMAC, Kentucky Derby Festival, GE, Louisville Orchestra, Feed the West, countless churches, other not for profits, and countless others.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	2500	180984	183484
B: Rent/Utilities	2000	15158	17158
C: Office Supplies	500	595	1095
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials	5000	31186	36186
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	10000	227,923	237,923
% of Program Budget	4.2 %	95.8 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	37,048
United Way	
Private Contributions (do not include individual donor names)	210,000 \$190,875
Fees Collected from Program Participants	NA
Other (please specify)	
Total Revenue for Columns 2 Expenses **	247,048 \$227,923

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Total			

Applicant's Initials *[Signature]*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Linking Arms Volunteers	countless	Teachers spent nearly 100 hours
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2022

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

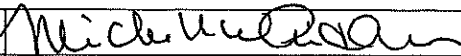
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

NA

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	05/20/2022
Legal Signatory: (please print):	Michelle Whitehouse	Title:	Grants Manager
Phone:	502-585-5437	Extension:	207
Email:	mwhitehouse@bgck yana.org		

Internal Revenue Service

Date: February 26, 2007

BOYS & GIRLS CLUBS INC
1516 STORY AVE
LOUISVILLE KY 40206-1738

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ms. Lumpkins 31-08344
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
61-0568789

Dear Sir or Madam:

This is in response to your request of February 26, 2007, regarding your organization's tax-exempt status.

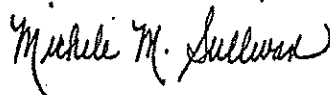
In August 1971 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

Budget
FYE 06/30/2022

Budget
FY 2022

Revenue

Contributions	
Metro United Way	\$ 86,875
In-Kind Donations	\$ 264,014
Christmas Party Contrib - In-kind	\$ 20,000
Individual Contributions	
Contributions - Foundations	
Contributions- Corporate	\$ 195,506
Contributions - Endowment	
Christmas Party Contributions	\$ 15,000
One Campaign Pledged	\$ 705,500
Grants	
State/Local	\$328,022
Grants - Corporate & Community Support	\$188,270
Grants - Foundations	\$256,800
Fundraising	
Golf Classic	\$ 135,000
Big Event	\$ 480,000
Blue Door Bash	\$ 60,000
John Bestenlehner Golf Event	\$ 15,000
	\$ -
Total RD Revenue	\$ 2,749,987

Earned	
Childcare Fees	\$ 69,000
Membership Dues	\$ -
Rental Income	\$ -
Foundation/Endowment Income	\$ 25,000
Gain on sale of vans	\$ -
Investment Income	\$ 1,800
KY Lead Agency	\$ 6,000
Total Other Income	\$ 101,800

Total Revenue	\$ 2,851,787
----------------------	---------------------

Expenditures

Administration	\$ 235,682
Programs	\$ 2,019,188
Development/Fundraising	\$ 442,600
In-Kind Donations (Offset)	\$ 284,014
	\$ -
Total Expenditures	\$ 2,981,484

Net Income/Loss	\$ (129,697)
------------------------	---------------------

Boys & Girls Clubs of Kentuckiana
Statement of Revenue and Expenditures
For the Month Ending March 31, 2022

	Actual YTD FY 2022	Budget YTD FY 2022	Variance	Previous Year Year to Date	Annual FY 21-22 Budget
Revenue					
Contributions					
Metro United Way Allocation	\$0	\$0	\$0	\$0	\$86,875
In-Kind Donations	\$267,167	\$213,626	\$53,541	\$218,237	\$284,014
Contributions - Individual - Restricted	\$68,159	\$15,000	\$53,159	\$14,468	\$15,000
Contributions - Corp & Community	\$276,349	\$168,615	\$107,734	\$317,229	\$195,506
Contributions - Endowment	\$0	\$0	\$0	\$0	\$25,000
Contributions - Individual - Unrestricted	\$415,849	\$387,919	\$27,930	\$182,346	\$705,500
Grants					
Grants - Gov't - State/Local /Federal	\$161,242	\$196,478	(\$35,236)	\$206,970	\$328,022
Grants - Corporate & Community	\$38,090	\$36,000	\$2,090	\$146,500	\$188,270
Grants - Foundations	\$163,050	\$109,500	\$53,550	\$342,537	\$256,800
Fundraising					
Golf Classic	\$84,477	\$135,000	(\$50,523)	\$82,336	\$135,000
Big Event Revenue	\$251,277	\$251,500	(\$223)	\$121,633	\$480,000
Blue Door Bash	\$27,906	\$60,000	(\$32,094)	\$10,800	\$60,000
BW3 Golf Event	\$400	\$400	\$0	\$0	\$15,000
Other Fundraising	\$0	\$0	\$0	\$0	\$0
Total RD Revenue	\$1,753,966	\$1,574,038	\$179,928	\$1,643,055	\$2,774,987
Earned					
Childcare Fees	\$0	\$0	\$0	\$0	\$0
Less direct expenses	\$0	\$0	\$0	\$0	\$0
Net Childcare Revenue	\$0	\$0	\$0	\$0	\$0
Other					
Membership Dues	\$0	\$0	\$0	\$0	\$0
Member Full - Time Fees	\$155,945	\$67,146	\$88,799	\$8,040	\$69,000
Member Summer Fees	\$0	\$0	\$0	\$1,650	\$0
Rental Fees	\$0	\$0	\$0	\$0	\$0
Concession Income	\$0	\$0	\$0	\$0	\$0
Miscellaneous Income	\$4,542	\$0	\$4,542	\$3,751	\$1,800
Contract Income	\$4,500	\$4,500	\$0	\$4,500	\$6,000
Investments	(\$3,887)	\$0	(\$3,887)	\$0	\$0
Total Other Revenue	\$161,099	\$71,646	\$89,453	\$17,941	\$76,800
Total Revenue	\$1,915,065	\$1,645,684	\$269,381	\$1,660,996	\$2,851,787

Expenditures

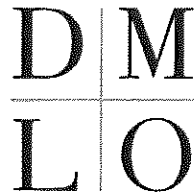
Administration	\$177,651	\$180,493	(\$2,842)	\$198,408	\$241,287
Programs	\$1,242,532	\$1,445,255	(\$202,723)	\$1,102,713	\$2,005,051
Development/Fundraising	\$301,573	\$290,898	\$10,675	\$259,050	\$451,207
In Kind Expense Offset	\$267,167	\$213,627	\$53,540	\$218,237	\$284,016
Total Expenditures	\$1,988,924	\$2,130,273	(\$141,349)	\$1,778,407	\$2,981,561
Difference in Revenue & Expense	(\$73,858)	(\$484,589)	\$410,730	(\$117,411)	(\$129,774)

Administration	9%
Programs (includes In Kind)	76%
Resource Development	15%

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT COPY



deming malone
livesay + ostroff

May 16, 2022

Mr. Daryle W. Unseld Jr.
3900 Crittenden Drive
Louisville, KY 40209

Mr. Daryle W. Unseld Jr.:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990

2020 Indiana Form NP-20

We have prepared the enclosed tax returns from your books of account and/or information submitted by you without verification by us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and is supported by the records as required by law. You should retain all the documents, receipts, cancelled checks and other data that form the basis of income and deductions. The tax laws specifically state that you are responsible for the preparation and the accuracy of the returns. Even though you have engaged us, the ultimate responsibility for the return is yours. Because of this, if there is anything on the returns we have prepared that you do not understand, please ask us to explain what was done. We want you to feel satisfied with the accuracy of the returns before they are submitted.

In addition, a copy of Form 990 should be mailed to Attorney General, Frankfort, Kentucky 40601. An addressed envelope is enclosed for your convenience.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Christine N. Koenig

301 E. Elm Street
New Albany, Indiana 47150
812.945.5236

9300 Shelbyville Road, Suite 1100
Louisville, Kentucky 40222
502.426.9660

131 E. Chestnut Street
Corydon, Indiana 47112
812.738.3516

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

Mr. Daryle W. Unsel Jr.
3900 Crittenden Drive
Louisville, KY 40209

Prepared By:

DEMING MALONE LIVESAY & OSTROFF PSC
9300 SHELBYVILLE RD STE 1100
LOUISVILLE, KY 40222-5187

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

THE BOYS & GIRLS CLUBS, INC.

****-***8789**

Name and title of officer or person subject to tax

**DARYLE W UNSELD JR
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,347,453.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DEMING MALONE LIVESAY & OSTROFF PSC** to enter my PIN **68789**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61315809300

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CHRISTINE N KOENIG**

Date ▶ **05/16/22**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

09320516 757979 0640501

2020.05094 THE BOYS & GIRLS CLUBS, I 06405011

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE BOYS & GIRLS CLUBS, INC.	Taxpayer identification number (TIN) ** - ***8789
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3900 CRITTENDEN DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40209	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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

DARYLE W. UNSELD JR.

- The books are in the care of ▶ **3900 CRITTENDEN DRIVE - LOUISVILLE, KY 40209**
Telephone No. ▶ **(502) 585-5437** 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 **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:	C Name of organization THE BOYS & GIRLS CLUBS, INC.	D Employer identification number ** - *** 8789
<input type="checkbox"/> Address change	Doing business as	E Telephone number (502) 585-5437
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	3900 CRITTENDEN DRIVE	G Gross receipts \$ 3,388,054.
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40209	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: DARYLE W. UNSELD JR.	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	SAME AS C ABOVE	If "No," attach a list. See instructions
I 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		
J Website: BGCKY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1959 M State of legal domicile: KY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ENABLE YOUTH TO REALIZE AND DEVELOP THEIR FULL POTENTIAL AS CITIZENS IN A GLOBAL SOCIETY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	100
6	Total number of volunteers (estimate if necessary)	6	319
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,793,520.	Current Year 3,353,935.
	9 Program service revenue (Part VIII, line 2g)	16,279.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,114.	2,271.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,229.	-8,753.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,823,684.	3,347,453.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,746,310.	1,490,132.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		305,791.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		983,024.	1,044,110.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,729,334.	2,534,242.	
19 Revenue less expenses. Subtract line 18 from line 12	94,350.	813,211.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,803,891.	End of Year 4,271,825.
	21 Total liabilities (Part X, line 26)	657,197.	311,920.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,146,694.	3,959,905.

Part II Signature Block

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

Sign Here	Signature of officer DARYLE W. UNSELD JR., PRESIDENT & CEO	Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE N KOENIG	Preparer's signature CHRISTINE N KOENIG
	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Date 05/16/22
	Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187	Check if self-employed <input type="checkbox"/> PTIN P01022180
		Firm's EIN ** - *** 4249
		Phone no. (502) 426-9660

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE MOST IN NEED OF OUR SERVICES, TO REALIZE AND DEVELOP THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS IN A GLOBAL SOCIETY.

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 \$ 1,962,427. including grants of \$) (Revenue \$ 2,299.)
THE OPERATION OF BOYS AND GIRLS CLUBS THAT TEACH YOUNG PEOPLE EDUCATION AND CAREER DEVELOPMENT, CHARACTER AND LEADERSHIP DEVELOPMENT, HEALTH AND LIFE SKILLS, THE ARTS, AND SPORTS, FITNESS AND RECREATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,962,427.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Form 990 (2020) with various sections (2a-16) and columns for Yes/No. Includes questions about employees, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, governance documents, and meeting documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- List of disclosure items including states where Form 990 is required (KY, IN), public inspection methods, and contact information for DARYLE W. UNSELD JR.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 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			
(1) JENNIFER HELGESON PRESIDENT & CEO	40.00 1.00			X			148,605.	0.	8,694.	
(2) ANGELA PRICE CHIEF FINANCIAL OFFICER	40.00 1.00			X			64,980.	0.	3,128.	
(3) ANDY MAYS VICE PRESIDENT, DIRECTOR	1.00 1.00	X		X			0.	0.	0.	
(4) BILL RYBAK DIRECTOR	1.00 1.00	X					0.	0.	0.	
(5) DOUG WOOD DIRECTOR	1.00 1.00	X					0.	0.	0.	
(6) GRAHAM MERRYWEATHER DIRECTOR	1.00 1.00	X					0.	0.	0.	
(7) GROVER COX DIRECTOR	1.00 1.00	X					0.	0.	0.	
(8) JAMES GORDON DIRECTOR	1.00 1.00	X					0.	0.	0.	
(9) JOE HERTZMAN DIRECTOR	1.00 1.00	X					0.	0.	0.	
(10) JOHN RITTICHIER TREASURER, DIRECTOR	1.00 1.00	X		X			0.	0.	0.	
(11) JOSHUA ROSE PRESIDENT, DIRECTOR	1.00 1.00	X		X			0.	0.	0.	
(12) MARIE BOUVETTE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(13) MARVIN HILL SECRETARY, DIRECTOR	1.00 1.00	X		X			0.	0.	0.	
(14) STEVE STERNBERG DIRECTOR EMERITUS	1.00 1.00	X					0.	0.	0.	
(15) STEVE THOMPSON DIRECTOR EMERITUS	1.00 1.00	X					0.	0.	0.	
(16) WRIGHT STEENROD DIRECTOR	1.00 1.00	X					0.	0.	0.	
(17) MICHELLE STIGALL DIRECTOR	1.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ADRIAN BROWN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) ANDREW THOMPSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) ANGELA SMITH DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) BRUCE WHITE DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) GENNY WENTA DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) GREGORY VANN DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) JENNIFER SIMMONDS DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) JOHN BESTENLEHNER DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) JOSHUA JUDAH DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								213,585.	0.	11,822.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								213,585.	0.	11,822.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	181,740.				
	b Membership dues	1b	61,943.				
	c Fundraising events	1c	267,770.				
	d Related organizations	1d	12,377.				
	e Government grants (contributions)	1e	813,058.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,017,047.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 351,801.				
	h Total. Add lines 1a-1f			3,353,935.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,271.		2,271.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	(ii) Personal			
			b Less: rental expenses	6b			
			c Rental income or (loss)	6c			
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
			b Less: cost or other basis and sales expenses	7b			
			c Gain or (loss)	7c			
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 267,770. of contributions reported on line 1c). See Part IV, line 18	8a					
			8a	19,849.			
	b Less: direct expenses	8b	40,601.				
	c Net income or (loss) from fundraising events				-20,752.		-20,752.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9a	9,700.				
b Less: direct expenses	9b	0.					
c Net income or (loss) from gaming activities				9,700.		9,700.	
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099		2,299.	2,299.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d				2,299.			
12 Total revenue. See instructions				3,347,453.	2,299.	0.	
						-8,781.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,558.	87,438.	79,282.	65,838.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,122,480.	914,974.	71,283.	136,223.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,565.	5,186.	263.	1,116.
9 Other employee benefits	38,518.	30,395.	1,707.	6,416.
10 Payroll taxes	90,011.	64,314.	11,153.	14,544.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,931.	1,931.		
c Accounting	17,500.		17,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	59,785.	50,891.	7,512.	1,382.
12 Advertising and promotion	9,467.	857.		8,610.
13 Office expenses	86,912.	49,595.	18,009.	19,308.
14 Information technology				
15 Royalties				
16 Occupancy	117,843.	65,754.	22,919.	29,170.
17 Travel	5,412.	4,710.	543.	159.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	866.		866.	
20 Interest	9,490.	6,490.	3,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,940.	172,553.	9,360.	27.
23 Insurance	42,827.	28,470.	11,533.	2,824.
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 PROGRAM EXPENSES	362,776.	356,320.	4,493.	1,963.
b REPAIRS & MAINTENANCE	91,380.	88,510.	1,999.	871.
c DUES & SUBSCRIPTIONS	20,190.	18,692.	1,406.	92.
d MISCELLANEOUS	16,876.	15,030.	428.	1,418.
e All other expenses	18,915.	317.	2,768.	15,830.
25 Total functional expenses. Add lines 1 through 24e	2,534,242.	1,962,427.	266,024.	305,791.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,149,710.	1	1,548,966.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	812,141.	3	852,630.
	4 Accounts receivable, net	10,800.	4	24,226.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,620.	9	78,561.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,382,982.		
	b Less: accumulated depreciation	10b 1,675,876.	10c 1,790,516.	1,707,106.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,104.	15	60,336.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,803,891.	16	4,271,825.	
Liabilities	17 Accounts payable and accrued expenses	391,160.	17	154,136.
	18 Grants payable		18	
	19 Deferred revenue	3,623.	19	2,052.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	50,000.	22	25,000.
	23 Secured mortgages and notes payable to unrelated third parties	185,123.	23	130,732.
	24 Unsecured notes and loans payable to unrelated third parties	27,291.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	657,197.	26	311,920.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,273,747.	27	3,005,216.
	28 Net assets with donor restrictions	872,947.	28	954,689.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,146,694.	32	3,959,905.	
33 Total liabilities and net assets/fund balances	3,803,891.	33	4,271,825.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,347,453.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,534,242.
3	Revenue less expenses. Subtract line 2 from line 1	3	813,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,146,694.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,959,905.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3489664.	2721322.	2875216.	2793520.	3353935.	15233657.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3489664.	2721322.	2875216.	2793520.	3353935.	15233657.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1002496.
6 Public support. Subtract line 5 from line 4.						14231161.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3489664.	2721322.	2875216.	2793520.	3353935.	15233657.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,818.	980.	595.	2,554.	2,271.	9,218.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,594.	1,920.	18,558.	909.	2,299.	26,280.
11 Total support. Add lines 7 through 10						15269155.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.20 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	91.50 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Lined area for supplemental information with a large diagonal watermark reading 'CLIENT COPY'.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

**** - *** 8789**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE BOYS & GIRLS CLUBS, INC.

-*8789

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	METRO UNITED WAY 334 E. BROADWAY LOUISVILLE, KY 40204	\$ 181,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE ST. NE ATLANTA, GA 30309	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	\$ 268,640.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANTHEM FOUNDATION 1 WELLPOINT WAY #CAT201-A0006 WESTLAKE VILLAGE, CA 91362-3893	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JUSTIN THOMAS FOUNDATION 12300 WARNER DRIVE GOSHEN, KY 40026	\$ 77,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KOSIAR CHARITIES 982 EASTERN PARKWAY LOUISVILLE, KY 40217-1566	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOYS & GIRLS CLUBS, INC.

**** - *** 8789**

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	TACO BELL FOUNDATION 1 GLEN BELL WAY IRVINE, CA 92618	\$ 82,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416	\$ 358,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DOUG WOOD 707 ELSMERE CIR. LOUISVILLE, KY 40223	\$ 100,000.	Person <input 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 THE BOYS & GIRLS CLUBS, INC.	Employer identification number **-***8789
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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
3	FOOD _____ _____ _____	\$ 268,640.	06/30/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE BOYS & GIRLS CLUBS, INC.	Employer identification number **_***8789
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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	
(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	
(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	
(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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

****-***8789**

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.	Held at the End 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 7/25/06, 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	▶ \$

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

Schedule D (Form 990) 2020

032051 12-01-20

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	0.	60,000.	60,000.	60,000.	60,000.
b Contributions	100,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		60,000.			
g End of year balance	100,000.		60,000.	60,000.	60,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		54,500.		54,500.
b Buildings		1,693,884.	755,251.	938,633.
c Leasehold improvements		865,399.	362,591.	502,808.
d Equipment		434,559.	370,791.	63,768.
e Other		334,640.	187,243.	147,397.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,707,106.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS WILL BE USED FOR THE WOOD FAMILY ACADEMIC LEARNING LAB AT THE BOYS & GIRLS CLUBS, INC.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN AS REQUIRED BY FEDERAL AND STATE REGULATIONS.

AS OF JUNE 30, 2021 AND 2020, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST

Part XIII Supplemental Information *(continued)*

OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BIG EVENT (event type)	GOLF CLASSIC (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	165,883.	84,817.	36,919.	287,619.
	2	Less: Contributions	163,965.	71,777.	32,028.	267,770.
	3	Gross income (line 1 minus line 2)	1,918.	13,040.	4,891.	19,849.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		7,800.	4,891.	12,691.
	7	Food and beverages	1,014.	149.		1,163.
	8	Entertainment				
	9	Other direct expenses	18,347.	7,292.	1,108.	26,747.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				40,601.
11	Net income summary. Subtract line 10 from line 3, column (d)				-20,752.	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

****-***8789**

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

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

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

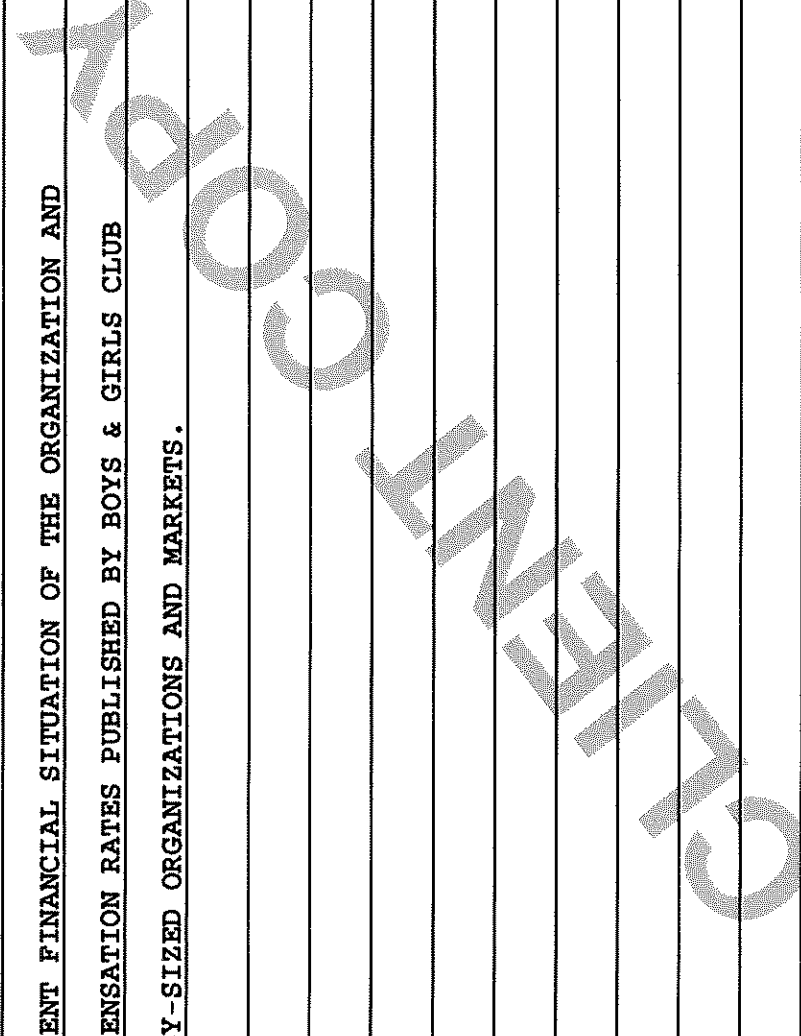
Schedule J (Form 990) 2020

Part II Supplemental Information

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

PART I, LINE 3

THE PRESIDENT & CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AND IS BASED ON THE CURRENT FINANCIAL SITUATION OF THE ORGANIZATION AND BENCHMARKED AGAINST COMPENSATION RATES PUBLISHED BY BOYS & GIRLS CLUB OF AMERICA FOR COMPARABLY-SIZED ORGANIZATIONS AND MARKETS.



SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

**** - ***8789**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
STEVE STERNBERG	DIRECTOR	OPERATIO	X		50,000.	25,000.		X	X		X	
Total						▶ \$ 25,000.						

Total ▶ \$ 25,000.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

****_***8789**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		268,640.	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROGRAM SUPPL)	X	26	64,109.	FAIR VALUE
26 Other (LEASEHOLD IMP)	X	1	19,052.	FAIR VALUE
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.		

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

Schedule M (Form 990) 2020

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.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE BOYS & GIRLS CLUBS, INC.

Employer identification number

** - *** 8789

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE REVIEWS THE 990 IN ITS ENTIRETY AND APPROVES ITS
SUBMISSION TO THE IRS. THE EXECUTIVE COMMITTEE THEN REPORTS TO THE BOARD
AND PROVIDES THE COMPLETED 990 TO THE BOARD.

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

ANNUALLY, EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE ORGANIZATION'S
CONFLICT OF INTEREST POLICY AND IS REQUIRED TO COMPLETE A CONFLICT OF
INTEREST STATEMENT. MEMBERS ARE ALSO REQUIRED TO RECUSE THEMSELVES ANY
TIME THERE IS AN ACTION TAKEN IN WHICH THEY HAVE A CONFLICT OF INTEREST.

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

THE PRESIDENT & CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AND IS
BASED ON THE CURRENT FINANCIAL SITUATION OF THE ORGANIZATION AND
BENCHMARKED AGAINST COMPENSATION RATES PUBLISHED BY BOYS & GIRLS CLUBS OF
AMERICA FOR COMPARABLY-SIZED ORGANIZATIONS AND MARKETS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE
TO THE PUBLIC UPON REQUEST.

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	BOYS & GIRLS CLUBS FOUNDATION TRUST	C	12,377. AMOUNT RECEIVED			X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

Mr. Daryle W. Unsel Jr.
3900 Crittenden Drive
Louisville, KY 40209

Prepared By:

DEMING MALONE LIVESAY & OSTROFF PSC
9300 SHELBYVILLE RD STE 1100
LOUISVILLE, KY 40222-5187

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, Indiana 46206-6481

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

NP-20

STATEMENT 1

TO ENABLE YOUTH TO REALIZE AND DEVELOP THEIR FULL POTENTIAL AS CITIZENS IN A GLOBAL SOCIETY.

CLIENT COPY

NAME AND ADDRESS

TITLE

JENNIFER HELGESON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

PRESIDENT & CEO

ANGELA PRICE
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

CHIEF FINANCIAL OFFICER

ANDY MAYS
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

VICE PRESIDENT, DIRECTOR

BILL RYBAK
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

DOUG WOOD
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

GRAHAM MERRYWEATHER
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

GROVER COX
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

JAMES GORDON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

JOE HERTZMAN
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

JOHN RITTICHER
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

TREASURER, DIRECTOR

JOSHUA ROSE
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

PRESIDENT, DIRECTOR

CLIENT COPY

MARIE BOUVETTE
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

MARVIN HILL
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

SECRETARY, DIRECTOR

STEVE STERNBERG
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR EMERITUS

STEVE THOMPSON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR EMERITUS

WRIGHT STEENROD
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

MICHELLE STIGALL
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

ADRIAN BROWN
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

ANDREW THOMPSON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

ANGELA SMITH
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

BRUCE WHITE
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

GENNY WENTA
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

GREGORY VANN
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

CLIENT COPY

JENNIFER SIMMONDS
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

JOHN BESTENLEHNER
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

JOSHUA JUDAH
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

KOLBY ADKINSON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

MARIA RAQUE
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

SARAH CONTARDO
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

TONYA ROBINSON
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

TRACY ROBERTS
3900 CRITTENDEN DRIVE
LOUISVILLE, KY 40209

DIRECTOR

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ORIGINAL COPY

FILED

DEPARTMENT OF STATE OF KENTUCKY
RECORDS SECTION

OCT 21 1985

ck 7800

Deepest Davis

SECRETARY OF STATE

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
EAST END BOYS' CLUB, INC.

419021

Pursuant to the provisions of Sections 273.267 and 273.273 of the Kentucky Revised Statutes, the undersigned corporation hereby adopts the following Amended and Restated Articles of Incorporation as set forth in their entirety.

FIRST: The name of the corporation is East End Boys' Club, Inc.

SECOND: The following amendments of the Articles of Incorporation (as restated in their entirety) were adopted by the directors of the corporation at a duly convened meeting of the Board of Directors held on June 19, 1985, at which a quorum was present by a majority of the directors in office.

ARTICLE I

The name of the corporation is The Boys and Girls Clubs, Inc.

ARTICLE II

The purposes for which the corporation is organized shall be, subject to the limitations otherwise set forth herein:

1. To operate one or more Boys Clubs or Boys and Girls Clubs.

2. To transact any or all lawful activities for which corporations may be organized under Sections 273.161 through

273.390 of the Kentucky Revised Statutes.

ARTICLE III

The corporation is organized exclusively for charitable, educational and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 as may be amended from time to time ("Code").

ARTICLE IV

The corporation shall have no members.

ARTICLE V

The affairs and business of the corporation shall be conducted by a Board of Directors, whose number, terms and qualifications shall be determined in accordance with the By-Laws of the corporation.

ARTICLE VI

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Articles II and III. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign

on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Code Section 501(c)(3), or (b) by a corporation, contributions to which are deductible under Code Section 170(c)(2).

ARTICLE VII

Upon the dissolution of the corporation, assets shall be distributed as determined by the Board of Directors to one or more organizations operated for the benefit of youth, provided such organizations are qualified as organizations described under Code Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Jefferson Circuit Court of Jefferson County, Kentucky, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The foregoing Amended and Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as amended herein and heretofore, and supersede the original Articles of Incorporation and all amendments thereto.

THIRD: The foregoing amendments to the Articles of Incorporation are restated in their entirety and were adopted by

a majority of all of the directors in office at a duly convened meeting of the directors of the corporation held on the 19th day of June, 1985, there being no members of the corporation.

Dated this 27 day of September, 1985.

EAST END BOYS' CLUB, INC.

By: Edward S. Carle
Edward S. Carle, President

By: John Woodford
John Woodford, Secretary

STATE OF KENTUCKY)
) SS.
COUNTY OF JEFFERSON)

I, Barbara Allen, a Notary Public, do hereby certify that on this 27 day of September, 1985, personally appeared before me EDWARD S. CARLE and JOHN WOODFORD, who, being by me first duly sworn, declared that they are the President and the Secretary, respectively, of EAST END BOYS' CLUB, INC., that they signed the foregoing document as the President and the Secretary, respectively, of the corporation, and that the statements therein contained are true.

My commission expires: August 15, 1988

Barbara Allen
Notary Public, Not-at-Large, Ky.

This instrument was prepared by MICHAEL E. LANNON, Attorney at Law, of Ewen, MacKenzie & Peden, P.S.C., 650 Starks Building, Louisville, Kentucky, 40202.


MICHAEL E. LANNON

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Boys & Girls Clubs, Inc.	
	2 Business name/disregarded entity name, if different from above Boys & Girls Clubs of Kentuckiana	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input checked="" type="checkbox"/> Other (see instructions) ▶ 501C3	
	5 Address (number, street, and apt. or suite no.) See instructions. 3900 Crittenden Drive	Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40209	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
6	1								
-									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 5-19-2022
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Kentucky Secretary of State

Michael G. Adams

THE BOYS AND GIRLS CLUBS, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	
Printable Forms	Subscribe to changes made to this entity	Certificates

General Information

Organization Number	0015062
Name	THE BOYS AND GIRLS CLUBS, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	12/3/1959
Organization Date	12/3/1959
Last Annual Report	2/12/2021
Principal Office	3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209
Registered Agent	DARYLE W. UNSELD JR. 3900 CRITTENDEN DR LOUISVILLE, KY 40209

Current Officers

President	JOSH ROSE
Vice President	ANDY MAYS
Treasurer	JOHN RITTICHIER
Director	STEVE THOMPSON
Director	MARVIN HILL
Director	GROVER COX

Individuals / Entities listed at time of formation

Director	CHARLES C DIBOWSKI
Director	WILLIAM MOORE
Director	JOHN D COOPER JR
Director	JACK HOWERTON
Director	BOB DORSEY
Incorporator	CHARLES C DIBOWSKI
Incorporator	WILLIAM MOORE
Incorporator	JOHN D COOPER JR
Incorporator	JACK HOWERTON
Incorporator	BOB DORSEY

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Registered Agent name/address change	3/23/2022 3:25:57 PM	1 page	PDF	
Registered Agent name/address change	11/23/2021 11:32:18 AM	1 page	PDF	
Annual Report	2/12/2021	1 page	PDF	
Annual Report	2/21/2020	1 page	PDF	
Annual Report	4/22/2019	1 page	PDF	
Certificate of Assumed Name	10/5/2018	1 page	tiff	PDF
Annual Report	4/10/2018	1 page	PDF	
Renewal of Assumed Name Return	3/27/2018	2 pages	tiff	PDF
Annual Report	4/19/2017	1 page	PDF	
Annual Report	3/29/2016	1 page	PDF	
Registered Agent name/address change	3/31/2015 7:37:46 AM	1 page	PDF	
Principal Office Address Change	3/31/2015 7:35:01 AM	1 page	PDF	
Annual Report	3/31/2015	1 page	PDF	
Annual Report	1/22/2014	1 page	PDF	
Certificate of Assumed Name	8/21/2013	1 page	tiff	PDF
Annual Report	6/24/2013	1 page	PDF	
Renewal of Assumed Name Return	2/8/2013	2 pages	tiff	PDF
Annual Report	7/24/2012	1 page	PDF	
Annual Report	8/1/2011	1 page	PDF	
Registered Agent name/address change	10/22/2010 4:56:57 PM	1 page	PDF	
Annual Report	5/20/2010	3 pages	tiff	PDF
Registered Agent name/address change	4/29/2010	1 page	tiff	PDF
Principal Office Address Change	4/29/2010	1 page	tiff	PDF
Annual Report	3/26/2009	2 pages	tiff	PDF
Registered Agent name/address change	3/26/2009	1 page	tiff	PDF
Annual Report	5/28/2008	3 pages	tiff	PDF
Articles of Incorporation	5/27/2008	1 page	tiff	PDF
Annual Report	6/27/2007	4 pages	tiff	PDF

Annual Report	6/20/2006	1 page	PDF
Annual Report	4/14/2005	3 pages	tiff PDF
Annual Report	8/1/2003	3 pages	tiff PDF
Statement of Change	6/9/2003	1 page	tiff PDF
Name Renewal	5/29/2003	1 page	tiff PDF
Annual Report	9/11/2001	4 pages	tiff PDF
Annual Report	6/19/2000	4 pages	tiff PDF
Statement of Change	1/27/2000	1 page	tiff PDF
Annual Report	7/8/1999	3 pages	tiff PDF
Annual Report	6/16/1998	3 pages	tiff PDF
Annual Report	7/1/1997	3 pages	tiff PDF
Statement of Change	7/18/1996	1 page	tiff PDF
Annual Report	7/1/1996	2 pages	tiff PDF
Certificate of Assumed Name	3/25/1996	2 pages	tiff PDF
Annual Report	7/1/1995	3 pages	tiff PDF
Annual Report	7/1/1994	2 pages	tiff PDF
Annual Report	3/16/1993	3 pages	tiff PDF
Annual Report	7/1/1992	1 page	tiff PDF
Annual Report	7/1/1991	3 pages	tiff PDF
Annual Report	7/1/1990	4 pages	tiff PDF
Annual Report	7/1/1989	3 pages	tiff PDF
Annual Report	7/1/1988	1 page	tiff PDF
Statement of Change	7/6/1987	1 page	tiff PDF
Annual Report	7/1/1986	1 page	tiff PDF
Annual Report	7/1/1986	1 page	tiff PDF
Restated Articles	10/21/1985	1 page	tiff PDF
Amendment	10/21/1985	9 pages	tiff PDF
Statement of Change	3/9/1977	2 pages	tiff PDF
Amendment	10/9/1972	4 pages	tiff PDF
Amendment	8/1/1972	4 pages	tiff PDF
Annual Report	6/13/1960	21 pages	tiff PDF
Articles of Incorporation	12/3/1959	6 pages	tiff PDF

Assumed Names

BOYS & GIRLS CLUBS OF KENTUCKIANA	Active
THE BOYS & GIRLS CLUBS OF KENTUCKIANA	Inactive
THE BOYS & GIRLS CLUBS OF KENTUCKIANA	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Registered agent address change	3/23/2022 3:25:57 PM	3/23/2022 3:25:57 PM	
Registered agent address change	11/23/2021 11:32:18 AM	11/23/2021 11:32:18 AM	
Annual report	2/12/2021 9:53:18 AM	2/12/2021 9:53:18 AM	
Annual report	2/21/2020 8:42:21 AM	2/21/2020 8:42:21 AM	
Annual report	4/22/2019 4:02:43 PM	4/22/2019 4:02:43 PM	

Added assumed name	10/5/2018 12:37:06 PM	10/5/2018	BOYS & GIRLS CLUBS OF KENTUCKIANA
Annual report	4/10/2018 8:59:37 PM	4/10/2018 8:59:37 PM	
Annual report	4/19/2017 8:59:55 AM	4/19/2017 8:59:55 AM	
Annual report	3/29/2016 12:56:39 PM	3/29/2016 12:56:39 PM	
Annual report	3/31/2015 8:10:01 AM	3/31/2015 8:10:01 AM	
Registered agent address change	3/31/2015 7:37:46 AM	3/31/2015 7:37:46 AM	
Principal office change	3/31/2015 7:35:01 AM	3/31/2015 7:35:01 AM	
Annual report	1/22/2014 8:43:50 AM	1/22/2014 8:43:50 AM	
Added assumed name	8/21/2013 1:33:20 PM	8/21/2013	THE BOYS & GIRLS CLUBS OF KENTUCKIANA
Annual report	6/24/2013 12:15:49 PM	6/24/2013 12:15:49 PM	
Annual report	7/24/2012 9:26:17 AM	7/24/2012 9:26:17 AM	
Annual report	8/1/2011 4:50:19 PM	8/1/2011 4:50:19 PM	
Registered agent address change	10/22/2010 4:56:57 PM	10/22/2010 4:56:57 PM	
Annual report	5/20/2010 9:25:37 AM	5/20/2010	
Principal office change	4/29/2010 4:15:02 PM	4/29/2010	
Registered agent address change	4/29/2010 4:14:34 PM	4/29/2010	
Registered agent address change	3/26/2009 9:45:54 AM	3/26/2009	
Annual report	3/26/2009 9:44:52 AM	3/26/2009	
Annual report	5/28/2008 12:03:37 PM	5/28/2008	
Annual report	6/27/2007 9:34:11 AM	6/27/2007	
Annual report	6/20/2006 7:56:51 AM	6/20/2006 7:56:51 AM	
Annual report	6/9/2003 10:08:06 AM	6/9/2003	
Registered agent address change	6/9/2003 10:03:29 AM	6/9/2003	
Registered agent address change	1/27/2000	1/27/2000	
Principal office change	6/8/1999	6/8/1999	
Registered agent address change	7/18/1996	7/18/1996	
Restated articles	10/21/1985	10/21/1985	
Amendment previous name	10/21/1985	10/21/1985	EAST END BOY'S CLUB, INC.

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/30/2005	3 pages
Annual Report	5/28/2004	3 pages
Annual Report	8/1/2003	3 pages
Statement of Change	6/9/2003	1 page
Annual Report	7/30/2002	3 pages
Annual Report	9/11/2001	4 pages
Annual Report	6/19/2000	4 pages
Statement of Change	1/27/2000	1 page
Annual Report	7/8/1999	3 pages
Annual Report	6/16/1998	3 pages
Annual Report	7/1/1997	3 pages
Statement of Change	7/18/1996	1 page
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Amendment	10/9/1972	3 pages
Amendment	8/1/1972	3 pages
Annual Report	6/13/1960	21 pages
Articles of Incorporation	12/3/1959	5 pages

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