# EXTENDED TO NOVEMBER 15, 2021

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ 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

<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number
a	pplicab				
	Addre chang	e BOYS & GIRLS CLUB OF BLOOMINGTON, INC.			
	Name chang			35-09975	25
	]Initial return	,	Room/suite		
	Final return	311 SOUTH LINCOLN STREET		812-332-	
	termir ated	, , , , , , , , , , , , , , , , , , ,		<b>G</b> Gross receipts \$	3,164,583.
	Amen return	BLOOMINGION, IN 47402		H(a) Is this a group r	
	Application pendi	F Name and address of principal officer: OEFF BALDWIN		for subordinates	
	<u> </u>	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	<b>⊣</b> ′	list. See instructions
		te: ► WWW.BGCBLOOMINGTON.COM		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1956	M State of legal domicile: IN
Pa	rt I	Summary	DIIDDA		IID TO MO
ě	1	Briefly describe the organization's mission or most significant activities: THE : PROVIDE BEHAVIOR GUIDANCE AND TO PROMOTE			
Governance				-	
ern	2	Check this box if the organization discontinued its operations or dispose		ا	sets.
90	3			<u>3</u>	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2020 (Part V, line 2a)			184
ties	5 6				355
Activities &	_	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Tect unrelated business taxable meetine north offin 550 f, f art f, inte f f		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,554,945.	3,079,370.
nιe	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		903.	318.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-40,840.	-151,468.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,515,008.	2,928,220.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,000.
	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)		1,574,446.	1,612,050.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)   126, 05	51.		
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,000,871.	780,874.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,575,317.	2,394,924.
	19	Revenue less expenses. Subtract line 18 from line 12		939,691.	533,296.
or ses				eginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		10,769,836.	11,444,520.
AS	21	Total liabilities (Part X, line 26)		206,917.	334,079.
Net, Fund		Net assets or fund balances. Subtract line 21 from line 20		10,562,919.	11,110,441.
	ırt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	е	JEFF BALDWIN, EXECUTIVE DIRECTOR			
		Type or print name and title		Doto In F	DTIN
		Print/Type preparer's name  Preparer's signature		Date Check	PTIN
Paid		KANDY L. WISCHMEIER, CPA KANDY L. WISCHMI	EIEK,		
Prep		Firm's name BLUE & CO., LLC		Firm's EIN ▶	35-1178661
Use	unly	Firm's address 813 WEST SECOND STREET		01	2 522 0416
	. ді-	SEYMOUR, IN 47274		Phone no. 8 1	2-522-8416 X Yes No
iviav	ıne L	RS discuss this return with the preparer shown above? See instructions			LALIYES I INO

Fai	Statement of Frogram 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 ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO	
	REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING AND RESPONSIBLE	
	CITIZENS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	٦
	prior Form 990 or 990-EZ?	_ No
	If "Yes," describe these new services on Schedule O.	٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_ 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		<u>5•</u> )
	THE BOYS AND GIRLS CLUBS OF BLOOMINGTON (BGCB) PROVIDE A SAFE PLACE TO	
	LEARN AND GROW THROUGH LIFE-ENHANCING PROGRAMS AND CHARACTER	
	DEVELOPMENT EXPERIENCES TO OVER 1,300 YOUTH ANNUALLY. OUR ORGANIZATION	
	IS PART OF A NATIONWIDE AFFILIATION, BOYS & GIRLS CLUBS OF AMERICA,	
	WORKING TO HELP YOUTH OF ALL BACKGROUNDS DEVELOP THE QUALITIES NEEDED	
	TO BECOME RESPONSIBLE CITIZENS AND LEADERS. IT IS FACILITY-BASED AND	
	OFFERS DAILY ACCESS TO A BROAD RANGE OF PROGRAMS IN FIVE CORE PROGRAM	
	AREAS: EDUCATION & CAREER DEVELOPMENT, CHARACTER & LEADERSHIP	
	DEVELOPMENT, THE ARTS, HEALTH & LIFE SKILLS AND SPORTS, FITNESS &	
	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 ▶ 1,630,738.	

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

Page 4

BOYS & GIRLS CLUB OF BLOOMINGTON, INC

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

020) BOYS & GIRLS CLUB OF BLOOMINGTON, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 184			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Activities and the second sec	, ,	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 TO		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	•	6a		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		ua		1
b	were not tax deductible?	9	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a		х
		nece promueu to ane payer.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	•	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:	40-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
'' a		11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				\
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	in 0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

BOYS & GIRLS CLUB OF BLOOMINGTON, INC Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u> </u>	tion C. Disalessure			

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	<u>TI</u>	1
----	--	-----------	---

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

	Own website	Another's website	X Upon reques	st Other (explain on Schedule (
--	-------------	-------------------	---------------	---------------------------------

	otation onto available to the public daring the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶	
	JEFF BALDWIN - 812-332-5311		

311 SOUTH LINCOLN STREET, BLOOMINGTON, IN 47402

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

# 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.

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

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

(A)	(B)	Jiga	IIIZA	((		ірсі	Satt	(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per d a d	son is	s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a			ted		organization	(W-2/1099-MISC)	from the
	related	istee c	truste		9	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tr.	ional		ploye	t com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFFREY BALDWIN	50.00									
EXECUTIVE DIRECTOR				Х				91,540.	0.	10,430.
(2) LORI DAHLSTROM	3.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) BOB BABCOCK	3.00									
VICE PRESIDENT	2 22	Х		X				0.	0.	0.
(4) DAVE MADDOCK	3.00	3,7		7,7					0	0
TREASURER (5) ISABEL SANTNER	3.00	Х		Х				0.	0.	0.
SECRETARY	3.00	Х		х				0.	0.	0.
(6) DENNY SMITH	3.00	Λ		Δ				0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(7) GLENN HARRIS	3.00	21						•	•	
DIRECTOR	3,00	х						0.	0.	0.
(8) GARTH GOODLETT	3.00								•	
DIRECTOR		Х						0.	0.	0.
(9) HEATHER LACY	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JILL KOVACH	3.00									
DIRECTOR		Х						0.	0.	0.
(11) JOY MAIN	3.00									
DIRECTOR		Х						0.	0.	0.
(12) JEN GOINS	3.00									_
DIRECTOR		Х						0.	0.	0.
(13) KATE DEWEESE	3.00									
DIRECTOR	2 00	Х						0.	0.	0.
(14) LANCE EBERLE	3.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(15) JAMIE CROWHURST DIRECTOR	3.00	Х						0.	0.	•
(16) LARRY BAILEY	3.00	Λ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(17) MEREDITH ELMORE	3.00	-22						0.	0.	<u></u>
DIRECTOR	J • • • •	Х						0.	0.	0.
	I	77							J •	000

								NGTON, INC	35-09	975	525	Page 8
Part VII   Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	compensated Employee	s (continued)			
(A)	(B)			(C	;)			(D)	(E)		<b>(</b> I	F)
Name and title	Average	(do		Posi heck r			nne.	Reportable	Reportable		Estin	nated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	1	amo	unt of
	week		cer an	id a di	recto	r/trus	tee)	from	from related		otl	her
	(list any	ector						the	organizations			nsation
	hours for	or dir	au			ted		organization	(W-2/1099-MIS	C)		n the
	related	stee	trustee		an an	bens		(W-2/1099-MISC)			•	ization
	organizations below	altru	onal 1		loye	8 S						elated
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				organi	zations
7.2	,	Ë	Ë	#0	Ke.	ë, Ë	요			$\dashv$		
(18) SCOTT JOHNSON	3.00											_
DIRECTOR		Х						0.		0.		0.
(19) STACEY HAWKINS	3.00											
DIRECTOR		Х						0.		0.		0.
(20) STEVE HOLBROOK	3.00											
DIRECTOR		Х						0.		0.		0.
(21) TIM RISEN	3.00									$\Box$		
DIRECTOR		Х						0.		0.		0.
(22) BRIAN THOMPSON	3.00									$\neg$		
DIRECTOR		х						0.		0.		0.
(23) TODD MAY	3.00							· · · · ·		<del>"</del>		
DIRECTOR	3.00	Х						0.		0.		0.
(24) TONI MOSEMAN	3.00	Λ						· ·		•		<u> </u>
	3.00	77								ا ۸		0
DIRECTOR	2 00	Х						0.		0.		0.
(25) AARON STOLBERG	3.00											•
DIRECTOR		Х						0.		0.		0.
(26) AMY COPE	3.00											
DIRECTOR		Х						0.		0.		0.
1b Subtotal							ightharpoons	91,540.		0.	10	430.
c Total from continuation sheets to Part VII	, Section A						<b></b>	0.		0.		0.
d Total (add lines 1b and 1c)							<b></b>	91,540.		0.	10	430.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable			
compensation from the organization						,			·			0
											Y	es No
3 Did the organization list any <b>former</b> officer,	director truste	ا مم	2 N C	mnl	0VA	e or	hic	nhest compensated emp	lovee on	ſ		
	•		•	•	•		_		•		3	х
line 1a? If "Yes," complete Schedule J for st										···	3	1
4 For any individual listed on line 1a, is the su											4	Х
and related organizations greater than \$150	,		•							···· }	4	$+^{\Delta}$
5 Did any person listed on line 1a receive or a	· ·				-			~			_	37
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ntra	acto	rs th	hat received more than \$	100,000 of compe	ensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	th c	or wi	thir	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	C	ompensa	ation
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	ation >				0	)						

Form 990 BOYS & G	LKTS CTO	ıB	OF	В	ЪU	OM	ТN	GTON, INC	35-099	/525
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	(C) Position all that apply)			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ANDREW LOVELL DIRECTOR	3.00	Х						0.	0.	0.
(28) BRIAN LEWIS DIRECTOR	3.00	х						0.	0.	0.
(29) DAVID HAYS DIRECTOR	3.00	х						0.	0.	0
		25								0.
otal to Part VII, Section A, line 1c										

		Check if Schedule O contains a res	sponse o	r note to any lin	e in this Part VIII			
				_	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
arants ounts	1 a	Federated campaigns 1	а	29,177.				
		Membership dues 1		167,943.				
2 5		Fundraising events 1	-	379,320.				
fts,		Related organizations 1		,				
Contributions, Gifts, Grants and Other Similar Amounts				310,468.				
			e	310,400.				
utio	T	All other contributions, gifts, grants, and		2 102 462				
들됨		similar amounts not included above		2,192,462.				
d d	_		g  \$		2 070 270			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	3,079,370.			
			-	Business Code				
Se	2 a	·						
Program Service Revenue	b							
S	С	·						
ar eve	d	I						
oga	е	·						
Ā	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends	s, interes	st, and				
		other similar amounts)			318.			318.
	4	Income from investment of tax-exempt						
	5	Royalties	-					
		(i) R	Real	(ii) Personal				
	6 a	Gross rents 6a 62	2,020.					
		Less: rental expenses 6b	0.					
			2,020.					
		Net rental income or (loss)	, -		62,020.	62,020.		
		Gross amount from sales of (i) Section (ii) Section (ii) Section (iii) S	urities	(ii) Other	, , , , , ,			
	ı a	assets other than inventory <b>7a</b>	u	(, 55.				
	h	Less: cost or other basis						
ø.	D	I						
Ž		and sales expenses 7b						
ther Revenue	C	Gain or (loss)						
Ä.		Net gain or (loss)		·····				
‡	8 a	Gross income from fundraising events (not						
0		including \$ 379,320.						
		contributions reported on line 1c). See		•				
		Part IV, line 18		0.				
		Less: direct expenses		236,363.				
		Net income or (loss) from fundraising e		<b></b>	-236,363.			-236,363.
	9 a	Gross income from gaming activities. S						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	ities	<b>)</b>				
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inver	ntory	<b>&gt;</b>				
,				Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE		900099	22,875.	22,875.		
ane Dug	b							
eve	С							
<u>I</u> SC	d	All other revenue						
2	е	Total. Add lines 11a-11d	_	<b></b>	22,875.			
	12	Total revenue. See instructions		<b>&gt;</b>	2,928,220.	84,895.	0.	-236,045.

	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must com	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	2,000.	2 000		
•	individuals. See Part IV, line 22	2,000.	2,000.		
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,				
J	trustees, and key employees	101,969.	71,607.	26,652.	3,710.
6	Compensation not included above to disqualified	,	,	,	- <b>,</b>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,326,846.	931,769.	346,801.	48,276.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	30,241.	21,238.	7,903.	1,100. 1,993.
9	Other employee benefits	54,804.	38,486.	14,325.	1,993.
10	Payroll taxes	98,190.	68,953.	25,665.	3,572.
11	Fees for services (nonemployees):				
а	Management	2 522	4 000	- 150	
b	Legal	9,500.	4,038.	5,462.	
С	Accounting	18,336.	7,794.	10,542.	
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,				
12	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	29,022.			29,022.
13	Office expenses	36,436.	24,416.	4,312.	7,708.
14	Information technology	30,1300	21,1100	1,0120	.,
15	Royalties				
16	Occupancy	88,964.	68,216.	20,748.	
17	Travel	7,054.	3,620.	3,434.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,829.	6,610.	9,219.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	355,152.	249,402.	92,828.	12,922.
23	Insurance	47,963.	33,574.	14,389.	
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 0.)				
а	REPAIRS AND MAINTENANCE	77,814.	65,885.	11,929.	
b	MISCELLANEOUS	27,812.	247.	25,261.	2,304.
c	LICENSE & FEES	26,484.	19,858.	3,572.	3,054.
d	PROGRAM AND ACTIVITIES	23,492.	11,102.		12,390.
е	All other expenses	17,016.	1,923.	15,093.	
25	Total functional expenses. Add lines 1 through 24e	2,394,924.	1,630,738.	638,135.	126,051.
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)				
					Earm <b>990</b> (2020)

Form 990 (2020)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments  Pledges and grants receivable, net			561,473.	2	1,553,719.
	3					3	
	4	Accounts receivable, net			0.	4	22,652.
	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 disqualit	ied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B) L		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Down and design and design and all all and a second all all a second all all a second all all a second all all all a second all all a second all all a second all all all a second all all all all a second all all all all all all all all all al				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,462,285.			
	b	Less: accumulated depreciation	10b	1,197,763.	9,619,674.	10c	9,264,522.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			289,110.	12	270,772.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			299,579.	15	332,855.
	16	Total assets. Add lines 1 through 15 (must equa			10,769,836.	16	11,444,520.
	17	Accounts payable and accrued expenses	92,320.	17	34,001.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
i <u>≅</u>		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela	114,597.	23	300,078.		
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, pa	yables <sup>.</sup>	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		<u></u>	206,917.	26	334,079.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				10,450,905.	27	10,998,427.
Ва	28	Net assets with donor restrictions			112,014.	28	112,014.
ဋ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔛			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne.	32	Total net assets or fund balances			10,562,919.	32	11,110,441.
	33	Total liabilities and net assets/fund balances			10,769,836.	33	11,444,520.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2				24.
3	Revenue less expenses. Subtract line 2 from line 1	3				96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,5	562	, 9:	19.
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		- 5	,06	64.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		19	, 29	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11,1	L10	, 44	41.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
				-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u> :	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> 2	2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		;	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?	-	<u>L</u> :	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
			، ا	- I		

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** BOYS & GIRLS CLUB OF BLOOMINGTON 35-0997525 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF BLOOMINGTON, INC 35-0997525 Page 2

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2759178.	3181871.	7156280.	3554945.	3079370.	19731644.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2759178.	3181871.	7156280.	3554945.	3079370.	19731644.
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)						4846483.
	Public support. Subtract line 5 from line 4.						14885161.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2759178.	3181871.	7156280.	3554945.	3079370.	19731644.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	62,318.	53,171.	67,777.	72,223.	62,338.	317,827.
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.)	39,996.	2,447.		1,023.	22,875.	
11	<b>Total support.</b> Add lines 7 through 10						20115812.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	34,971.
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop	here	······				<b>.</b>
Sec	ction C. Computation of Publi						74 00
14	Public support percentage for 2020 (li					14	74.00 %
15	Public support percentage from 2019					15	71.23 %
16a	33 1/3% support test - 2020. If the c						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2019. If the c						. $\Box$
<b>4</b>	and <b>stop here.</b> The organization qual		• • •		10 1010-		
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-		•	<b>.</b> —
	meets the facts-and-circumstances te	· ·		,	•	7	
b	10% -facts-and-circumstances test	ū				Ť	10% or
	more, and if the organization meets the				-		<b>.</b> —
	organization meets the facts-and-circu						<b>P</b> H
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box a	na see instructions	<u> </u>

(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.)

Se	ction A. Public Support													
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total							
1	Gifts, grants, contributions, and													
	membership fees received. (Do not	ļ												
	include any "unusual grants.")													
2	Gross receipts from admissions,													
	merchandise sold or services per-													
	formed, or facilities furnished in any activity that is related to the	ļ												
	organization's tax-exempt purpose													
3														
	are not an unrelated trade or bus-	ļ												
	iness under section 513													
4	Tax revenues levied for the organ-													
	ization's benefit and either paid to	ļ												
	or expended on its behalf													
5	The value of services or facilities													
	furnished by a governmental unit to	ļ												
	the organization without charge	ļ												
6	Total. Add lines 1 through 5													
	A Amounts included on lines 1, 2, and													
	3 received from disqualified persons													
k	Amounts included on lines 2 and 3 received													
	from other than disqualified persons that													
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year													
	Add lines 7a and 7b													
	Public support. (Subtract line 7c from line 6.)													
	ction B. Total Support													
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total							
	Amounts from line 6		. ,	. ,		` ,								
	Gross income from interest,													
	dividends, payments received on	ļ												
	securities loans, rents, royalties, and income from similar sources	ļ												
k	Unrelated business taxable income													
	(less section 511 taxes) from businesses													
	acquired after June 30, 1975													
	Add lines 10a and 10b													
	Net income from unrelated business						_							
	activities not included in line 10b,	ļ												
	whether or not the business is regularly carried on	ļ												
12	Other income. Do not include gain						_							
	or loss from the sale of capital													
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)													
	First 5 years. If the Form 990 is for the	ne organization's fir	rst second third t	fourth or fifth tax	vear as a section 5	01(c)(3) organizatio	n							
		-			•									
Se	ction C. Computation of Publi													
	Public support percentage for 2020 (I			column (f))		15	%							
	Public support percentage from 2019					16	%							
	ction D. Computation of Inves					,								
	Investment income percentage for 20			ne 13. column (f))		17	%							
	Investment income percentage from					18	%							
	a 33 1/3% support tests - 2020. If the													
	more than 33 1/3%, check this box ar						▶□							
ŀ	33 1/3% support tests - 2019. If the						nd							
•														
20				line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  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

- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b	O E7	
_	00 ~** 00	~ = 3\	~~~

За

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? If "Yes" or "No" provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF BLOOMINGTON, INC 35-0997525 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 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 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
_4_	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne 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	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	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				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2020 BOYS	& GIRLS	CLUB O	F BLOOMI	NGTON,	INC	35-0997525	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa (See instructions.)	Provide the exp , 4b, 4c, 5a, 6, 9 d 3; Part IV, Sec	planations requ 9a, 9b, 9c, 11a, tion E, lines 1c	ired by Part II, li 11b, and 11c; F , 2a, 2b, 3a, and	ine 10; Part I Part IV, Secti d 3b; Part V,	II, line 17a or i ion B, lines 1 line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	C, rt V,