# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑF	or the	e 2022 calendar year, or tax year beginning and e	ending					
	Check if opplicable	C Name of organization		D Employer identific	cation number			
	Addre	e   BOYS AND GIRLS CLUB OF BLOOMINGTON, INC	С					
	Name chang	e Doing business as		35-09975	25			
	Initial return Final return	PO BOX 1716	Room/suite	E Telephone number 812-332-5311				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,341,586.			
	Ameno	BLOOMINGION, IN 47402		H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer: OEFF BALDWIN		for subordinates	—			
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) ol	r 527	1	list. See instructions			
	Nebsil		I Veen	H(c) Group exemption				
	art I	Summary			1 State of legal domicile: IN			
ø		Briefly describe the organization's mission or most significant activities: THE P						
Governance		PROVIDE BEHAVIOR GUIDANCE AND TO PROMOTE T		•	-			
ern	l	Check this box if the organization discontinued its operations or dispose		1 - 1				
Š				3	34 34			
		Number of independent voting members of the governing body (Part VI, line 1b)						
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			118			
ţi		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 12			0.			
		Net differenced business taxable income from 1 only 330-1, 1 art 1, life 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		3,000,990.	3,258,934.			
ne	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		349.	350.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,063.	-7,667.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,052,402.	3,251,617.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,943,380.	2,172,045.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 347,78						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,116,665.	1,106,919.			
	I .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,060,045.	3,278,964.			
	19	Revenue less expenses. Subtract line 18 from line 12		-7,643.	-27,347.			
Net Assets or				ginning of Current Year	End of Year			
Ssel	20	Total assets (Part X, line 16)		11,612,953. 346,206.	11,152,279. 59,819.			
let A	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		11,266,747.	11,092,460.			
Pá	22 art II	Signature Block		11,200,747.	11,002,400.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi		· · · · · · · · · · · · · · · · · · ·	interneuge and sener, it is			
Sig	n	Signature of officer		Date				
Her		JEFF BALDWIN, EXECUTIVE DIRECTOR						
		Type or print name and title						
Doi		Print/Type preparer's name  KANDY L. WISCHMEIER, CPA KANDY L. WISCHME	1	Date Check	PTIN P00118327			
Paid	ı Darer	Firm's name BLUE & CO., LLC	1 T T T T T T T T T T T T T T T T T T T		5-1178661			
-	Only	Firm's address 813 WEST SECOND STREET	FIIIII S EIN 3	<u> </u>				
036	Jiny	SEYMOUR, IN 47274		Phone no 81	2-522-8416			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions		Tr Holle Ho. 5 T	X Yes No			
ivid	LI IO II				100 140			

Га	Tim 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	
	prior Form 990 or 990-EZ?	)
	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?	,
	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 \$ 1,849,799 • including grants of \$ ) (Revenue \$ 82,302 •	_
Ta	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 \$	)
		_
		_
		_
		_
4c	(Code:         ) (Expenses \$	_
		,
		_
		_
		_
		_
		-
		-
		-
		-
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
40	Total program convice expanses 1 849 799.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			X
•	Schedule D, Part III	8		
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?	_		<b> </b> ₩
	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			3,7
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
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				
~	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	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ <del></del>		
		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		<del>  ^</del>
"		17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>~</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	L	X

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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 the 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 line 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 36 If "Yes," complete Schedule R, Part V, line 2 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 on 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 14 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

			Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a   194		37						
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	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 authority over, a			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
E0		Eo		х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
va	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
_	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.)  Section 4047(aVt) non-everyth charitable trusts, le the experienting filing form 900 in liquid form 10412	100							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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.	iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
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.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2022) BOYS AND GIRLS CLUB OF BLOOMINGTON, INC 35-0997525 Page 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		<b> </b> ₩
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			X
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8			Х	
	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<del>9</del>		1 22
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEFF BALDWIN - 812-332-5311			
	PO BOX 1716, BLOOMINGTON, IN 47402			

# 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of	
	week (list any							from the	from related organizations	other compensation	
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the	
	related	stee o	rustee		- 03	oensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	nal tru	io nal 1		ploye	t com		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JEFFREY BALDWIN	50.00										
EXECUTIVE DIRECTOR				Х				103,335.	0.	17,243.	
(2) ALLISON RINK	3.00										
DIRECTOR		Х						0.	0.	0.	
(3) BONNIE DYAR	3.00										
DIRECTOR		Х						0.	0.	0.	
(4) CHERYL SMITH	3.00									•	
DIRECTOR	2 00	Х						0.	0.	0.	
(5) CORY GRASS	3.00	3,7							0	0	
OIRECTOR (6) DAN PRATTER	3.00	Х						0.	0.	0.	
(6) DAN PRATTER DIRECTOR	3.00	Х						0.	0.	0.	
(7) DAVID HAYS	3.00	Λ						· ·	0.	<u> </u>	
DIRECTOR	3.00	Х						0.	0.	0.	
(8) DAVID WELCH	3.00							0.	0.	<u></u>	
DIRECTOR	3.00	х						0.	0.	0.	
(9) ERIK COYNE	3.00										
DIRECTOR		Х						0.	0.	0.	
(10) GLENN HARRIS	3.00								-		
DIRECTOR		Х						0.	0.	0.	
(11) HANNAH ARMSTRONG	3.00										
DIRECTOR		Х						0.	0.	0.	
(12) JAMES CROWHURST	3.00										
DIRECTOR		Х						0.	0.	0.	
(13) JAMIE MORRIS	3.00										
DIRECTOR		Х						0.	0.	0.	
(14) JASON BELL	3.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(15) JOHN DONATIELLO	3.00										
DIRECTOR	2 22	Х						0.	0.	0.	
(16) JOY MAIN	3.00									^	
DIRECTOR	2 00	Х						0.	0.	0.	
(17) JULIUS HANKS	3.00	٠,							_	0	
DIRECTOR		Х						0.	0.	0.	

Form **990** (2022)

	GIKTP (	JЦU	שו	UF	E	ЪU	U	IINGTON, INC	35-0997	<b>3</b>	Pa	ige 🖸
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	l than o	one	Reportable	Reportable	Es	timate	d
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	an	nount c	of
	week		Cer ar	la a a	lirecto	r/trus	lee)	from	from related	l	other	
	(list any hours for	irecto						the	organizations	l .	pensat om the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		anizati	
	organizations	ruste	l trus		99/	m pen		1099-NEC)	1033 (VEO)	ı -	d relate	
	below	Individual trustee or director	nstitutional trustee	<u></u>	sey employee	sst co	-ie	1		l	nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) KARI COSTELLO	3.00											
DIRECTOR		Х						0.	0.			0.
(19) KYLE THOMAS	3.00								_			
DIRECTOR		Х						0.	0.			0.
(20) LORI TODD	3.00											_
DIRECTOR	<del> </del>	Х						0.	0.			0.
(21) MADALYN MCKENNEY	3.00	ļ										•
DIRECTOR	<del> </del>	Х						0.	0.			0.
(22) NIKI ROLEN	3.00	ļ										•
DIRECTOR	2 00	Х						0.	0.			0.
(23) PATTON DEISCHER	3.00											_
DIRECTOR	2 00	Х						0.	0.			0.
(24) RICK WEIDENBENER	3.00	3,7										^
DIRECTOR	2 00	Х						0.	0.			0.
(25) ROBERTA KELZER	3.00	<b>.</b> ,										^
DIRECTOR (26) SIOBHAN DENNIS	3.00	Х						0.	0.			0.
DIRECTOR	3.00	Х						0.	0.			0.
1b Subtotal								103,335.	0.	1'	7,24	
c Total from continuation sheets to Part \								0.	0.		,	0.
d Total (add lines 1b and 1c)								103,335.	0.	1'	7,24	<del>1</del> 3.
Total number of individuals (including but								eceived more than \$100,	,000 of reportable	•		
compensation from the organization						•						1
											Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	dule	J t	for such individual		4		X

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

#### **Section B. Independent Contractors**

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 NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form 990 BOYS AND	GIRLS C	LU	JB_	OF	' B	<u>LO</u>	OM	INGTON, INC	35-099	7525
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	(check all tha			hat apply)		compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		ıloyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individu	Institutio	Officer	Key employee	Highest	Former			
(27) SUSAN RUDD DIRECTOR	3.00	x						0.	0.	0.
(28) TOM BROWNE	3.00									
DIRECTOR		Х						0.	0.	0.
(29) TYLER DOADES	3.00									
DIRECTOR		х						0.	0.	0.
(30) WIL FLEMING	3.00									
DIRECTOR		х						0.	0.	0.
(31) GARTH GOODLETT	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(32) JEN GOINS	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(33) AMY COPE	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(34) SHELBY TURNER	3.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(35) ANDY WILLIAMS	3.00									•
TREASURER	-	Х	_	Х				0.	0.	0.
		1								
		_								
		-								
Total to Part VII, Section A, line 1c										

Page 9

		Check if Schedule O cont	tains a response o	or note to any lin	e in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a	30,319.				
ant		Membership dues		404,536.				
يَ ق		Fundraising events		451,841 <b>.</b>				
ffs,		Related organizations		<del>1</del> 51,011.				
ig ig			4	030,922.				
Sir.		Government grants (contribut		050,522.				
utio	Ţ	All other contributions, gifts, gran		211 216				
<sup>듩</sup>	similar amounts not included above 1f 1 , 3  g Noncash contributions included in lines 1a-1f 1g \$			341,316.				
Contributions, Gifts, Grants and Other Similar Amounts	•				2 250 024			
O g	n	Total. Add lines 1a-1f			3,258,934.			
				Business Code				
<u>ic</u>	2 a							
erv	b							
ı S.	С							
ran Sev	d							
Program Service Revenue	е	· .						
ڇ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)			350.			350.
	4	Income from investment of tax	x-exempt bond pr	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	73,353.					
		Less: rental expenses 6b	0.					
	С	Rental income or (loss) 6c	73,353.					
	d	Net rental income or (loss)	•		73,353.	73,353.		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
<u>o</u>	-	and sales expenses 7b	,					
Revenue	c	Gain or (loss) 7c	+					
ě		Net gain or (loss)						
		Gross income from fundraising ev						
Other	o a	including \$ 451,8						
١		contributions reported on line						
		Part IV, line 18	, I	0.				
	h	Less: direct expenses		89,969.				
		Net income or (loss) from fund		03,303.	-89,969.			-89,969.
		Gross income from gaming at			05,505.			05,505.
	g d	• •						
	L	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
$\rightarrow$	С	Net income or (loss) from sale	es of inventory	<b>n</b>				
<u>s</u>		MICORI I MICORIO		Business Code	0.040	0.040		
e e	11 a	MISCELLANEOUS R	EVENUE_	624110	8,949.	8,949.		
lan en	b							
Miscellaneous Revenue	С							
Mis	d	All other revenue						
	е	Total. Add lines 11a-11d			8,949.			
	12	Total revenue. See instructions			3,251,617.	82,302.	0.	-89,619.

#### 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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 120,578. 70,369. 39,910. 10,299. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,817,737. 1,060,833. 601,649. 155,255. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>56,</u>868. 97,444. 32,253. 8,323. Other employee benefits 9 136,286. 79,537. 45,109. 11,640. 10 Payroll taxes 11 Fees for services (nonemployees): Management 27,718. 27,718. Legal 10,150. 10,150. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 14,438. 14,438. column (A), amount, list line 11g expenses on Sch O.) 15,601. 15,601. Advertising and promotion 12 16,872. 11,810. 5,062. 13 Office expenses Information technology 14 Royalties 15 86,065. 126,610. 40,545. 16 Occupancy 8,587. 8.587. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 15,628. 15,628. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 362,664. 211,651. 120,037. 30,976. Depreciation, depletion, and amortization 22 52,792. 36,954. 15,838. 23 Other expenses. Itemize expenses not covered 24 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.) 158,925. 111,248. 47,677. REPAIRS AND MAINTENANCE 115,695. PROGRAM AND ACTIVITIES 115,695. 47,323. 67,604. 20,281. LICENSE & FEES 55,159. 38,611. 16,548. d MISCELLANEOUS 58,476.  $29,9\overline{43}$ 28,533. e All other expenses \_ 3,278,964. 1,849,799. 1,081,376. 347,789. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

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

# Form 990 (2022) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	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			1,370,113.	2	1,310,345.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			87,650.	4	0.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described i		6			
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	B			36,000.	9	18,000.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,592,903.			
	b	Less: accumulated depreciation	10b	1,921,472.	9,031,627.	10c	8,671,431.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11	550,020.	12	592,782.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		537,543.	15	559,721.	
	16	Total assets. Add lines 1 through 15 (must equal	33)	11,612,953.	16	11,152,279.	
	17	Accounts payable and accrued expenses			58,031.	17	59,819.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these			222 455	22	
_	23	Secured mortgages and notes payable to unrelate			288,175.	23	0.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X			
		of Schedule D			246 206	25	FO 010
	26	Total liabilities. Add lines 17 through 25		77	346,206.	26	59,819.
S		Organizations that follow FASB ASC 958, chec	k here	e X			
ce		and complete lines 27, 28, 32, and 33.			10 050 017		10 600 633
alar	27				10,850,017.	27	10,600,632.
Ä	28	Net assets with donor restrictions			416,730.	28	491,828.
Ĕ		Organizations that do not follow FASB ASC 956	8, che	eck here			
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
λA	31	Retained earnings, endowment, accumulated inco			11,266,747.	31	11,092,460.
ž	32	Total net assets or fund balances			32		
	33	Total liabilities and net assets/fund balances			11,612,953.	33	11,152,279.

Form **990** (2022)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

За

Х

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

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

**Employer identification number** 

BOYS AND GIRLS CLUB OF BLOOMINGTON 35-0997525 INC 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).) 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 on 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))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7156280.	3554945.	3079370.	3000990.	3258934.	20050519.
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	7156280.	3554945.	3079370.	3000990.	3258934.	20050519.
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,						4472502
_	column (f)						4473583.
<u>6</u>	Public support. Subtract line 5 from line 4.						15576936.
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(I-) 0040	/-\ 0000	(-1) 0004	(-) 0000	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018 7156280.	(b) 2019 3554945.	(c) 2020 3079370.	(d) 2021 3000990.	(e) 2022 3 2 5 8 9 3 1	(f) Total 20050519.
	Amounts from line 4	7130200.	3334343.	3013310.	3000330.	3230334.	20030319.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	67,777.	72,223.	62,338.	58,549.	73,703.	334,590.
۵	Net income from unrelated business	07,777	72,223	02,330.	30,343.	73,703.	334,3301
J	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.)		1,023.	22,875.		8,949.	32,847.
11	<b>Total support.</b> Add lines 7 through 10		•				20417956.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	36,776.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	76.29 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	74.27 %
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				· ·	VI how the organiz	zation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	sL

(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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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		
Зс		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
_		
7		
8		
0		
9a		
9b		
9c		
40		
10a		
10b		
lule A (Forn	2000	2022

2b

За

these activities but for the organization's involvement.

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.

Sche	dule A (Form 990) 2022 BOYS AND GIRLS CLUB OF			35-0997525 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
<u> </u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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			

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) 2022

emergency temporary reduction (see instructions).

instructions).

Sche	schedule A (Form 990) 2022 BOTS AND GIRLS CLOB OF BLOOMINGTON, INC 33-0397323 Page 7						
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	tion 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 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					
Sect	tion E - Distribution Allocations (see instructions)  (i)  Excess Distributions  Under	(ii) erdistributions Pre-2022	(iii) Distributable Amount for 2022				

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

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

# Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

2022

Internal Revenue Service

Name of the organization

Employer identification number

BOYS AND GIRLS CLUB OF BLOOMINGTON, INC 35-0997525

Organization type (check one):							
Filers of	<b>:</b>	Section:					
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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					

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# BOYS AND GIRLS CLUB OF BLOOMINGTON, INC

35-0997525

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$598,286.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - \$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$ 75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 288,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# BOYS AND GIRLS CLUB OF BLOOMINGTON, INC

35-0997525

Part II	rt 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				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of organization Employer identification number

	AND GIRLS CLUB OF BLOOM			35-0997525				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations					
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or language is needed	less for the year. (Enter this in	nfo. once.) \$				
(a) No.	·							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd <b>7</b> IP ± 4	Relationship of	transferor to transferee				
	Transferoe o Transe, adai ooo, a		Troid troing of					
(a) N a		 	T					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
Part I								
	(e) Transfer of gift							
	T		Deletionakin of two reference to two reference					
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee					
			<u> </u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
Part I		.,,						
			— I ——					
		-						
	(e) Transfer of gift							
			Relationship of transferor to transferee					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
Part I	., .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Γ		(e) Transfer of gif	t					
-	Transferee's name, address, a	nd 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 Inspection

Name of the organization

BOYS AND GIRLS CLUB OF BLOOMINGTON,

**Employer identification number** 35-0997525

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (	Complete if the		
		(a) Donor advise	d 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 v	writing that the assets he	d in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	onferring		
	impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area		
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele					
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	orcing conservat	ion easements during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense s	statement and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the		
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	-	asures, or Otl	ner Similar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement ar	nd 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 finan	ncial statements that desc	cribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance 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 treat					
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assats included in Form 900 Part V			•		

_	dule D (Form 990) 2022 BOYS AN  t III Organizations Maintaining C	D GIRLS CLU							97525 S (continu		age 2
3	Using the organization's acquisition, accessi								- (COITHII)	ieu)	
Ū	collection items (check all that apply):	ori, and other records	o, oricon	arry or tire	ionowing that	i make s	igiiiioaiii	400 01 110			
_	Public exhibition	d		oan or ove	hange progra	am.					
a	Scholarly research	e									
b	Preservation for future generations	e	,	Julei							
C 4											
4 5											
3	to be sold to raise funds rather than to be ma		,		•				Yes		No
Par	t IV Escrow and Custodial Arran										NO
ı uı	reported an amount on Form 990, Pa		ete ii tile	organizatio	ii answered	res on	i Foiiii 98	o, Fart IV,	iiile 9, oi		
10	Is the organization an agent, trustee, custodi	· · · · · · · · · · · · · · · · · · ·	iany for c	ontribution	c or other acc	cots not	included				
Ia			•						Yes		No
h	on Form 990, Part X?								162		] NO
ь	ii res, explain the arrangement in Part Alli	and complete the for	lowing ta	ible.					Amount		
_	Paginning halanco						1c		7 11110 1111		
	Additions during the year										
e	Additions during the year  Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											
	·	(a) Current year		rior year	(c) Two yea	1		years back	(e) Four	years I	back
1a	Beginning of year balance	,						-			
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1a	column (a	)) held as:				I		
a	Board designated or quasi-endowment	•	%	, 001011111 (0,	)) Hold do.						
b	Permanent endowment	%	<b>—</b> ′°								
		<u></u> /°									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	•	tion that	are held ar	nd administer	red for th	ne				
	organization by:	3							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?							
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value	<del></del>
		basis (investn	nent)		(other)	de	preciatio	n			
1a	Land			4	0,638.				40	, 63	38.
	Buildings				4,101.	1,	231,0	66.	8,343		
	Leasehold improvements				7,367.		204,8	861.	172	,50	6.
	Equipment			42	0,880.		334,1	38.	86	,74	12.
	Other	I		17	9,917.		151,4	07.		, 51	
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)				8,671	, 43	31.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF COMMUNITY FOUNDATION	559,721.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	559,721.
Part X Other Liabilities	

<u>1. </u>	(a) Description of liability	(b) Book value
(	1) Federal income taxes	
(	2)	
(	3)	
(-		
(	5)	
(	6)	
	7)	

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

(8)(9)

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

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number BOYS AND GIRLS CLUB OF BLOOMINGTON, 35-0997525 INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through 5 SMART GIRLS BOYS TO MEN col. (c)) (event type) (event type) (total number) 206,224. 106,929. 138,688. 451,841. 1 Gross receipts 206,224. 106,929. 138,688. 451,841. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 15,604. 8,933. 65,432. 89,969 9 Other direct expenses 89,969 **10** Direct expense summary. Add lines 4 through 9 in column (d) ..... -89,969. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in 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 **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	ledule G (Form 990) 2022 BOYS AND GIRLS CLUB OF BLOOMINGTON, INC 35-0	1997525	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	,,,
17	Enter the hame and address of the person who prepares the organization's gaming special events books and records.		
	Name		
	Address		
	Address		
			<b>п</b>
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	L No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	daming manager information.		
	News		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a column to the	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i iii, iii ioo o,	00, 100,
	135, 136, 16, and 175, as applicable. Also provide any additional information. Occ instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	i (Form 990)	BOYS	AND	GIRLS	CLUB	OF	BLOOMINGTON,	INC	35-0997525	Page 4
Part IV	(Form 990) Supplemental Infor	mation $_{(0)}$	continue	ed)						

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOYS AND GIRLS CLUB OF BLOOMINGTON, INC

Employer identification number 35-0997525

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL AND CHARACTER DEVELOPMENT OF THE BOYS AND GIRLS. IT IS TO RECEIVE, INVEST, DISBURSE FUNDS AND TO HOLD PROPERTY FOR THE EXEMPT PURPOSE. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE AND FACILITIES COMMITTEE REVIEW THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND THE CPO (EXECUTIVE DIRECTOR) MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE REQUIRED TO SIGN AND SUBMIT A CONFLICT OF INTEREST POLICY EACH YEAR. FORM 990, PART VI, SECTION B, LINE 15: THE CPO (EXECUTIVE DIRECTOR) IS REVIEWED BY THE BOARD OF DIRECTORS AND HUMAN RESOURCES COMMITTEE. KEY EMPLOYEES ARE REVIEWED BY THE CPO (EXECUTIVE DIRECTOR) AND MAY BE REVIEWED BY THE HUMAN RESOURCES COMMITTEE AS WELL. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN SPLIT INTEREST AGREEMENT -89,278.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 35-0997525 BOYS AND GIRLS CLUB OF BLOOMINGTON, INC FORM 990, PART XII, LINE 2C THE PROCEDURES THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE DURING THE CURRENT YEAR.