

Form **990**

(Rev. January 2020)

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)

▶ 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.

OMB No. 1545-0047

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

BOYS & GIRLS CLUBS OF AMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1275 PEACHTREE STREET, N.E.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30309-3506

F Name and address of principal officer:

JAMES L. CLARK

1275 PEACHTREE STREET NE, ATLANTA, GA 30309-3506

D Employer identification number

13-5562976

E Telephone number

(404) 487-5700

G Gross receipts \$ 182,628,653.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.BGCA.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1956 **M** State of legal domicile: DC**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 44.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 43.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 541.
	6	Total number of volunteers (estimate if necessary)	6 249.
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 39	7b 1,003,111.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 151,687,657. Current Year 125,888,170.
	9	Program service revenue (Part VIII, line 2g)	0. 8,423,899.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,080,647. 3,777,305.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-463,586. -109,348.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	158,304,718. 137,980,026.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,962,291. 55,623,297.
	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)	59,804,965. 60,959,750.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,377,852. 3,489,663.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,498,532.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,304,992. 36,059,403.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,450,100. 156,132,113.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-10,145,382. -18,152,087.
	20	Total assets (Part X, line 16)	Beginning of Current Year 372,524,284. End of Year 384,624,833.
	21	Total liabilities (Part X, line 26)	43,357,598. 39,945,654.
	22	Net assets or fund balances. Subtract line 21 from line 20	329,166,686. 344,679,179.

Part II Signature Block

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

Sign Here

Signature of officer

JAMES L CLARK

Type or print name and title

PRESIDENT & CEO

Date

9/30/2020

Paid Preparer Use Only

Print/Type preparer's name

SANDRA L FEINSMITH

Preparer's signature

Sandra L FeinSmith

Date

09/29/2020

Check ☐ if self-employed

PTIN

P01064157

Firm's name ▶ BDO USA, LLP

Firm's EIN ▶ 13-5381590

Firm's address ▶ 1100 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30309-4516

Phone no. 404-688-6841

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

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

OMB No. 1545-0047

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JASON PENEGAR

- The books are in the care of ► 1275 PEACHTREE STREET NE ATLANTA GA 30309-3506

Telephone No. ► 404 487-5403

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2019 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Form **8868** (Rev. 1-2020)

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

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 21,989,394. including grants of \$ 19,731,113.) (Revenue \$ 995,501.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 7,544,245. including grants of \$ 1,970,512.) (Revenue \$ 250,000.)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 5,082,010. including grants of \$ 63,310.) (Revenue \$ 5,113,573.)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.) ATTACHMENT 2
(Expenses \$ 93,313,549. including grants of \$ 33,858,362.) (Revenue \$ 3,060,326.)**4e** Total program service expenses ► 127,929,198.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV.</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	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 541		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a 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 X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X	
b If "Yes," enter the name of the foreign country ► ATTACHMENT 3 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b 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 1041?	12a	
b 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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	44			
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		43		
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?				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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
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?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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.				X

Section B. Policies (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?	X	
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? . . .	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 4**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 JASON PENEGAR 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506 404-487-5403

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLARK, JAMES L. PRESIDENT AND CEO	40.00 0.	X		X				729,812.	0.	143,026.
(2) ORR, LORRAINE E CHIEF OPERATIONS OFFICER	40.00 0.				X			459,447.	0.	42,946.
(3) TEER, JULIE CHIEF DEVELOPMENT & PA OFFICER	40.00 0.				X			479,855.	0.	21,444.
(4) UNGLO, SAMUEL J. ASSISTANT TREASURER, CFO	40.00 0.			X				439,518.	0.	42,928.
(5) MADISON, SONDRAL FORMER SVP RESOURCE DEVELOPMEN	40.00 0.						X	386,381.	0.	40,904.
(6) MORAIN, KRISTINE B. AST SECRETARY, SVP GEN COUNSEL	40.00 0.			X				348,875.	0.	42,974.
(7) AUSTIN, PHYLLIS R. SVP HUMAN RESOURCES	40.00 0.				X			318,559.	0.	28,225.
(8) FOWLKES, ELIZABETH M. SR VICE PRESIDENT STRATEGY	40.00 0.					X		296,232.	0.	35,179.
(9) MILLER, JOHN R. SVP, AFFILIATE RELATIONS	40.00 0.					X		288,071.	0.	29,844.
(10) ROYAL PASCOE, CHAD I. NVP, CORPORATE PARTNERSHIPS	40.00 0.					X		279,573.	0.	35,270.
(11) KAISER, KARL C. SVP MARKETING & COMM.	40.00 0.					X		274,110.	0.	29,164.
(12) ABELE, CHRISTOPHER TREASURER	3.00 0.	X		X				0.	0.	0.
(13) BACH, ROBERT J GOVERNOR	4.00 0.	X						0.	0.	0.
(14) BALL, RUSSELL C GOVERNOR	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BISACCIA, LISA GOVERNOR	3.00 0.	X						0.	0.	0.
(16) BLASE, WILLIAM GOVERNOR	1.00 0.	X						0.	0.	0.
(17) BORGAN, DAN GOVERNOR	3.00 0.	X						0.	0.	0.
(18) CAPPELLI, GREGORY W GOVERNOR	2.00 0.	X						0.	0.	0.
(19) DINKINS, JAMES L. GOVERNOR	1.00 0.	X						0.	0.	0.
(20) ELLIS, TROY A. GOVERNOR	3.00 0.	X						0.	0.	0.
(21) ESSER, PATRICK J. GOVERNOR	2.00 0.	X						0.	0.	0.
(22) FALK, THOMAS J VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(23) GOODELL, WILLIAM R GOVERNOR	4.00 0.	X						0.	0.	0.
(24) GRAY, MYRON GOVERNOR	3.00 0.	X						0.	0.	0.
(25) HAYNES, PETER GOVERNOR	0. 0.	X						0.	0.	0.
1b Sub-total								4,300,433.	0.	491,904.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,300,433.	0.	491,904.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 196

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 72

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HESSE, DANIEL R GOVERNOR	1.00 0.	X						0.	0.	0.
(27) LAZARUS, MARK H GOVERNOR	1.00 0.	X						0.	0.	0.
(28) LICTINGER, PEDRO GOVERNOR	2.00 0.	X						0.	0.	0.
(29) LIOTINE, JOSEPH GOVERNOR	1.00 0.	X						0.	0.	0.
(30) REVEREND MALLOY, EDWARD A GOVERNOR	4.00 0.	X		X				0.	0.	0.
(31) MCDEW, DARREN W GOVERNOR	2.00 0.	X						0.	0.	0.
(32) MCNEELY, VALERIE C SECRETARY	4.00 0.	X		X				0.	0.	0.
(33) MCQUADE, EUGENE M GOVERNOR	2.00 0.	X						0.	0.	0.
(34) MORSE, PETER C VICE CHAIRMAN	3.00 0.	X		X				0.	0.	0.
(35) OTIS, CLARENCE GOVERNOR	2.00 0.	X						0.	0.	0.
(36) REAGINS, TONY GOVERNOR	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 196

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DR. RICE, CONDOLEEZZA VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(38) ROGERS, WILLIAM H. GOVERNOR	2.00 0.	X						0.	0.	0.
(39) RUSH, ANDRA GOVERNOR	1.00 0.	X						0.	0.	0.
(40) SARGENT, RONALD L VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(41) SCHMIDT, PAUL GOVERNOR	2.00 0.	X						0.	0.	0.
(42) SCHWAB-POMERANTZ, CARRIE GOVERNOR ELECT	4.00 0.	X						0.	0.	0.
(43) SEATON, DAVID T CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(44) SHANKS, ERIC GOVERNOR	1.00 0.	X						0.	0.	0.
(45) SMITH, LESLIE GOVERNOR	1.00 0.	X						0.	0.	0.
(46) STAHL, JACK L GOVERNOR	3.00 0.	X		X				0.	0.	0.
(47) SUNDARAN, VIYAS GOVERNOR	2.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 196

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) SYNGAL, SONIA GOVERNOR	1.00 0.	X						0.	0.	0.
(49) TENNENBAUM, ANDREW GOVERNOR	3.00 0.	X						0.	0.	0.
(50) WALTER, GLEN GOVERNOR	0. 0.	X						0.	0.	0.
(51) WASHINGTON, DENZEL GOVERNOR	1.00 0.	X						0.	0.	0.
(52) WATERS, MARTIN GOVERNOR	2.00 0.	X						0.	0.	0.
(53) YOUNG, LARRY GOVERNOR	3.00 0.	X						0.	0.	0.
(54) ZIRKIN, NANCY GOVERNOR	3.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 196

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	7,621,842.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	23,455,502.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	94,810,826.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 591,623.			
	h	Total. Add lines 1a-1f		125,888,170.			
	Program Service Revenue				Business Code		
2a		MEMBERSHIP DUES		900099	8,423,899.	8,423,899.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		8,423,899.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,004,089.		1,122,426.	881,663.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		23,616.			23,616.
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	1,483,620.			
	b	Less: rental expenses	6b	664,658.			
	c	Rental income or (loss)	6c	818,962.			
	d	Net rental income or (loss)		818,962.			818,962.
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	7a		42,322,533.				
	b	Less: cost or other basis and sales expenses . .	7b	40,549,317.			
	c	Gain or (loss)	7c	1,773,216.			
	d	Net gain or (loss)		1,773,216.			1,773,216.
	8a	Gross income from fundraising events (not including \$ 7,621,842. of contributions reported on line 1c). See Part IV, line 18	8a	1,487,225.			
	b	Less: direct expenses	8b	3,434,652.			
	c	Net income or (loss) from fundraising events.		-1,947,427.			-1,947,427.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue				Business Code			
	11a	MANAGEMENT & ADMINISTRATION FEES		900099	262,068.	262,068.	
	b	BANK INTEREST		900099	561,893.	561,893.	
	c	MISCELLANEOUS		900099	171,540.	171,540.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		995,501.			
12	Total revenue. See instructions			137,980,026.	9,419,400.	1,122,426.	1,550,030.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	53,399,173.	53,399,173.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,224,124.	2,224,124.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,792,336.	1,151,719.	2,397,189.	1,243,428.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	44,823,954.	35,111,200.	3,111,808.	6,600,946.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,280,566.	1,771,629.	36,754.	472,183.
9 Other employee benefits	5,583,603.	4,397,556.	710,515.	475,532.
10 Payroll taxes	3,479,291.	2,670,250.	263,585.	545,456.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	903,232.	193,630.	709,602.	
c Accounting	479,507.	64,998.	414,509.	
d Lobbying	285,345.	285,345.		
e Professional fundraising services. See Part IV, line 17.	3,489,663.			3,489,663.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,154,547.	6,511,495.	643,052.	
12 Advertising and promotion	2,620,195.	1,643,371.	307,998.	668,826.
13 Office expenses	6,414,491.	3,778,962.	389,506.	2,246,023.
14 Information technology	3,712,520.	2,453,210.	533,792.	725,518.
15 Royalties	0.			
16 Occupancy	2,043,004.	1,435,365.	212,579.	395,060.
17 Travel	5,883,977.	4,919,597.	218,426.	745,954.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,437,962.	4,901,879.	224,941.	311,142.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,132,705.	672,619.	258,178.	201,908.
23 Insurance	684,689.	449,149.	93,593.	141,947.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCOME TAXES	319,000.		319,000.	
b OTHER ADMINISTRATIVE EXPENSE	-1,011,771.	-106,073.	-1,140,644.	234,946.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	156,132,113.	127,929,198.	9,704,383.	18,498,532.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments.	2,401,638.	2	2,600,621.
	3 Pledges and grants receivable, net	60,009,690.	3	59,342,389.
	4 Accounts receivable, net.	5,327,669.	4	1,409,164.
	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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,564,357.	9	990,300.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,384,778.		
	b Less: accumulated depreciation.	10b 15,313,432.		
		26,008,459.	10c	27,071,346.
	11 Investments - publicly traded securities.	117,925,498.	11	123,741,872.
	12 Investments - other securities. See Part IV, line 11.	141,005,630.	12	150,240,306.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	18,281,343.	15	19,228,835.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	372,524,284.	16	384,624,833.	
Liabilities	17 Accounts payable and accrued expenses.	26,978,564.	17	22,667,556.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	11,773,896.	21	12,838,084.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,605,138.	25	4,440,014.
	26 Total liabilities. Add lines 17 through 25.	43,357,598.	26	39,945,654.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	138,181,694.	27	140,581,412.
	28 Net assets with donor restrictions.	190,984,992.	28	204,097,767.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	329,166,686.	32	344,679,179.
	33 Total liabilities and net assets/fund balances.	372,524,284.	33	384,624,833.

Form **990** (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	137,980,026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,132,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,152,087.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	329,166,686.
5	Net unrealized gains (losses) on investments	5	33,664,580.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	344,679,179.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,940,528.	108,541,987.	133,601,700.	151,687,657.	125,888,170.	652,660,042.
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	914,626.	968,023.	1,894,225.	1,370,902.	9,911,124.	15,058,900.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	133,855,154.	109,510,010.	135,495,925.	153,058,559.	135,799,294.	667,718,942.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						667,718,942.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	133,855,154.	109,510,010.	135,495,925.	153,058,559.	135,799,294.	667,718,942.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,655,786.	2,082,283.	3,746,094.	3,115,052.	2,388,899.	12,988,114.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,655,786.	2,082,283.	3,746,094.	3,115,052.	2,388,899.	12,988,114.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	761,078.	358,377.	764,613.	897,950.	1,003,111.	3,785,129.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	693,808.	174,112.	296,130.	190,701.	995,501.	2,350,252.
13 Total support. (Add lines 9, 10c, 11, and 12.)	136,965,826.	112,124,782.	140,302,762.	157,262,262.	140,186,805.	686,842,437.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	97.22 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1.89 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.73 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS REVENUE	693,808.	174,112.	296,130.	190,701.	995,501.	2,350,252.
TOTALS	<u>693,808.</u>	<u>174,112.</u>	<u>296,130.</u>	<u>190,701.</u>	<u>995,501.</u>	<u>2,350,252.</u>

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,309,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,055,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,535,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,208,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,066,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,284,447.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 3,201,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 3,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 2,750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,502,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 2,032,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 1,767,547.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 1,613,641.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 1,554,486.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 1,500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 1,350,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 1,292,860.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 1,250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 1,061,951.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 1,007,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 1,002,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 862,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 824,951.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 812,940.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 797,177.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 600,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 547,032.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 515,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 515,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 505,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 491,085.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 440,251.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 427,432.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 425,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 407,856.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 383,577.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 350,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 350,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 336,300.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 318,774.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 301,769.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 262,140.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 257,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 256,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 251,622.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 250,070.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 240,786.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 238,300.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 237,530.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 225,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 223,451.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 198,649.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 180,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 175,975.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 175,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 172,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 160,900.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 154,669.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 151,161.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 150,911.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 145,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 144,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 137,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 137,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 130,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 129,956.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 125,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 121,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 120,748.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 112,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 111,089.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 107,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 106,977.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 106,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 105,675.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 100,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 90,625.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 90,447.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 90,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 87,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 77,800.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 75,378.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 72,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 69,659.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 65,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 64,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 62,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 61,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 60,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 57,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 56,625.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 55,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 55,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 55,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 54,023.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 54,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 52,506.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 52,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 49,625.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 42,730.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 42,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 40,845.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 39,801.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 39,758.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 39,428.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 39,163.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 38,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 38,025.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 36,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 36,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 36,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 35,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 35,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 35,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 35,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 35,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 34,324.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 33,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 33,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 27,450.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 26,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 25,926.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 24,802.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 24,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 24,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 23,010.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 22,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 21,947.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 21,375.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 21,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 18,820.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 18,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 18,412.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 18,375.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 18,145.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292		\$ 17,546.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293		\$ 17,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294		\$ 17,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298		\$ 16,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299		\$ 15,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300		\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$ 15,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302		\$ 15,010.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352		\$ 14,965.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353		\$ 14,150.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354		\$ 14,040.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		\$ 14,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356		\$ 13,850.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357		\$ 13,630.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368		\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369		\$ 12,230.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370		\$ 12,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371		\$ 12,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372		\$ 11,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$ 11,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374		\$ 11,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375		\$ 11,275.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376		\$ 11,068.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377		\$ 10,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378		\$ 10,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		\$ 10,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380		\$ 10,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382		\$ 10,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383		\$ 10,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384		\$ 10,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		\$ 10,023.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386		\$ 10,004.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
412		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
423		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
424		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512		\$ 9,955.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513		\$ 9,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514		\$ 9,375.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
515		\$ 9,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516		\$ 9,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		\$ 9,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518		\$ 8,760.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519		\$ 8,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520		\$ 8,333.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521		\$ 8,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
522		\$ 8,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		\$ 7,700.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
524		\$ 7,550.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
525		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
526		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
527		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
528		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
530		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
531		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
532		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
533		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
534		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
542		\$ 7,433.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
543		\$ 7,268.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
544		\$ 7,093.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
545		\$ 7,043.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
546		\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553		\$ 6,892.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
554		\$ 6,750.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
555		\$ 6,671.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
556		\$ 6,597.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
557		\$ 6,520.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
558		\$ 6,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559		\$ 6,496.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
560		\$ 6,496.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
561		\$ 6,210.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
562		\$ 6,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
563		\$ 6,012.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
564		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
572		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
573		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
574		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
575		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
576		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
578		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
579		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
580		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
581		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
582		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
584		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
585		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
586		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
587		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
588		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
590		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
591		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
592		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
593		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
594		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
596		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
597		\$ 5,604.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
598		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
599		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
600		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
602		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
603		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
604		\$ 5,205.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
605		\$ 5,120.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
606		\$ 5,065.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**Employer identification number
13-5562976**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607		\$ 5,035.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
608		\$ 5,027.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

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

[illegible]

Name of organization **BOYS & GIRLS CLUBS OF AMERICA**

Employer identification number

13-5562976

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		1,230.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		82,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		651,484.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			735,214.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

DESCRIPTION OF LOBBYING ACTIVITIES

FEDERAL LOBBYING PAYMENTS - PAID TO LOBBYISTS	\$208,225
STATE LOBBYING PAYMENTS - PAID TO AFFILIATED ORGANIZATIONS	\$ 82,500
MEDIA POSTAGE AND SHIPPING EXPENSES	\$ 1,230
OTHER	\$443,259
TOTAL LOBBYING EXPENSES	\$735,214

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-5562976

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	216,229,566.	244,906,399.	233,175,821.	235,703,611.	255,661,483.
b Contributions	1,292,895.	572,988.	729,414.	48,467.	257,807.
c Net investment earnings, gains, and losses	36,119,797.	-8,939,673.	37,123,523.	14,278,187.	1,050,493.
d Grants or scholarships	597,297.	1,148,975.	921,474.	726,924.	587,087.
e Other expenditures for facilities and programs	19,589,205.	19,161,173.	25,200,885.	16,127,520.	20,679,085.
f Administrative expenses					
g End of year balance	233,455,756.	216,229,566.	244,906,399.	233,175,821.	235,703,611.

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

a Board designated or quasi-endowment ▶ 48.2500 %

b Permanent endowment ▶ 14.4700 %

c Term endowment ▶ 37.2800 %

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

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

(i) Unrelated organizations **3a(i)** Yes No

(ii) Related organizations **3a(ii)** Yes No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,848,690.		10,848,690.
b Buildings		20,618,365.	6,891,173.	13,727,192.
c Leasehold improvements		443,536.	406,633.	36,903.
d Equipment		7,677,445.	5,580,631.	2,096,814.
e Other		2,796,742.	2,434,995.	361,747.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,071,346.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	17,537,888.	FMV
(B) INVESTMENTS IN COMMUNITY FDN	43,681.	FMV
(C) ALTERNATIVE PRIVATE EQUITY	19,230,401.	FMV
(D) ALT. CREDIT/DISTRESSED HEDGE	4,661,396.	FMV
(E) ALT. MULTI-STRATEGY HEDGE	108,766,940.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	150,240,306.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE ANNUITIES PAYABLE	2,534,376.
(3) DEFERRED COMP AGREEMENTS 457(B)	1,905,638.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,440,014.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	171,325,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,664,580.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	33,664,580.
3	Subtract line 2e from line 1	3	137,661,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	319,000.
c	Add lines 4a and 4b	4c	319,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	137,980,026.

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

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

1	Total expenses and losses per audited financial statements	1	155,813,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	155,813,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	319,000.
c	Add lines 4a and 4b	4c	319,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	156,132,113.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 2B

CUSTODIAL FUNDS

BOYS & GIRLS CLUBS OF AMERICA HAS CUSTODY OF CERTAIN ASSETS WHICH ARE BEING HELD AND DISBURSED ONLY ON INSTRUCTIONS OF THE PERSON OR ORGANIZATION FROM WHICH THEY WERE RECEIVED. THESE CUSTODIAL FUNDS AND RELATED OBLIGATIONS ARE INCLUDED IN THE STATEMENT OF FINANCIAL POSITION; HOWEVER ADDITIONS TO/DISBURSEMENTS FROM THESE FUNDS ARE NOT CONSIDERED PART OF BGCA'S OPERATIONS.

SCHEDULE D, PART V, QUESTION 4

ENDOWMENT FUNDS

BOYS & GIRLS CLUBS OF AMERICA'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED AND UNRESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF GOVERNORS TO FUNCTION AS ENDOWMENTS. INCOME FROM THE ENDOWMENTS IS USED IN ACCORDANCE WITH THE DONOR STIPULATIONS FOR PROGRAMS; IN THE ABSENCE OF ANY DONOR STIPULATIONS, THE INCOME IS USED TO SUPPORT THE MISSION OF THE ORGANIZATION, ACCORDING TO THE SPENDING POLICY ESTABLISHED BY BGCA'S BOARD OF GOVERNORS.

SCHEDULE D, PART VII

INVESTMENT MANAGEMENT

BGCA HAS A SOPHISTICATED AND ACTIVE INVESTMENT COMMITTEE COMPRISED OF BOARD VOLUNTEERS (GOVERNORS AND TRUSTEES) WHO HAVE EXTENSIVE INVESTMENT MANAGEMENT EXPERIENCE. THE COMMITTEE MEMBERS RECEIVE NO COMPENSATION, PAY THEIR OWN EXPENSES AND ARE SUBJECT TO THE "ETHICS AND CONFLICT OF INTEREST POLICY" FOR BOARD MEMBERS AS ESTABLISHED BY BGCA'S BOARD OF

Part XIII Supplemental Information *(continued)*

GOVERNORS. THE COMMITTEE WORKS CLOSELY WITH A LEADING NATIONALLY REPUTABLE INDEPENDENT CONSULTING FIRM IN MAKING APPROPRIATE ASSET ALLOCATION DECISIONS AND HIRING INVESTMENT MANAGERS WITH CONSISTENT AND PROVEN TRACK RECORDS.

SCHEDULE D, PART X, QUESTION 2

FIN 48 FOOTNOTE

BGCA IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. DURING 2019 AND 2018, \$319,000 AND \$275,000, RESPECTIVELY, WAS PROVIDED FOR INCOME TAXES.

SCHEDULE D, PART XI AND XII, LINE 4B

RECLASSIFICATION OF UNRELATED BUSINESS INCOME TAX	\$319,000
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-5562976

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		19,476.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					19,476.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					19,476.

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

Schedule F (Form 990) 2019

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2019

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3

THE ACCRUAL METHOD IS USED FOR EXPENDITURES.

SCHEDULE G
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE INC.	DIRECT MARKETING	X		4,195,597.	3,489,663.	705,934.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,195,597.	3,489,663.	705,934.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1 SW DINNER (event type)	(b) Event #2 NE GOLF EVENT (event type)	(c) Other events 30. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,624,415.	1,432,500.	6,052,152.	9,109,067.
	2 Less: Contributions	1,515,140.	926,090.	5,180,612.	7,621,842.
	3 Gross income (line 1 minus line 2)	109,275.	506,410.	871,540.	1,487,225.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs	69,624.	327,471.	695,094.	1,092,189.
	7 Food and beverages			0.	
	8 Entertainment			0.	
	9 Other direct expenses	252,627.	348,005.	1,741,831.	2,342,463.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,434,652.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,947,427.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF GREATER DALLAS P O BOX 140189 DALLAS, TX 75214-0189	75-1152657	501(C)3	1,812,442.				SUPPORT BGCA PROGRAM
(2) B&GC OF METRO ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566123	501(C)3	1,466,985.				SUPPORT BGCA PROGRAM
(3) B&GC OF PUERTO RICO INC P O BOX 79526 CAROLINA, PR 00984-9526	66-0327584	501(C)3	796,077.				SUPPORT BGCA PROGRAM
(4) THE SALVATION ARMY BOYS & GIRLS CLUBS OF NC 501 ARCHDALE DRIVE CHARLOTTE, NC 28217	99-9999999	GOVT	789,230.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL FLORIDA INC. 101 E. COLONIAL DR ORLANDO, FL 32801-1201	59-0951887	501(C)3	611,856.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER HOUSTON 815 CROSBY ST HOUSTON, TX 77019	76-0270942	501(C)3	583,665.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL TEXAS, INC 304 WEST AVE B KILLEEN, TX 76541	20-3534536	501(C)3	546,874.				SUPPORT BGCA PROGRAM
(8) B&GC OF MID CENTRAL COAST 901 NORTH RAILROAD AVE	92-2468116	501(C)3	529,554.				SUPPORT BGCA PROGRAM
(9) B&GC OF SOUTHCENTRAL ALASKA 2300 WEST 36TH AVE ANCHORAGE, AK 99517	92-0036082	501(C)3	519,044.				SUPPORT BGCA PROGRAM
(10) B&GC OF METRO PHOENIX INC 4460 MCNARNEY STREET TINKER AFB, OK 73145	99-9999999	GOVT	473,313.				SUPPORT BGCA PROGRAM
(11) B&GC OF GREATER WASHINGTON 4103 BENNING RD NE	53-0236759	501(C)3	465,377.				SUPPORT BGCA PROGRAM
(12) BGC OF THE CRESENT REGIONS 500 GRACERN ROAD COLUMBIA, SC 29201-2100	57-0399808	501(C)3	436,782.				SUPPORT BGCA PROGRAM

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF GREATER MILWAUKEE 3000 N SHERMAN BLVD MILWAUKEE, WI 53210	39-0806292	501(C)3	424,903.				SUPPORT BGCA PROGRAM
(2) B&GC OF LORAIN COUNTY P O BOX 516 OBERLIN, OH 44074	34-1856214	501(C)3	419,163.				SUPPORT BGCA PROGRAM
(3) B&GC OF NORTH ALABAMA 203 EAST SIDE SQUARE HUNTSVILLE, AL 35801	63-0360026	501(C)3	418,113.				SUPPORT BGCA PROGRAM
(4) B&GC OF METROPOLITAN BALTIMORE 1201 S SHARP STREET	26-4371125	501(C)3	388,980.				SUPPORT BGCA PROGRAM
(5) B&GC OF SANTA CRUZ 543 CENTER STREET SANTA CRUZ, CA 95060	94-6129075	501(C)3	381,640.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE TENNESSEE VALLEY 220 CARRICK ST KNOXVILLE, TN 37921	62-0475743	501(C)3	372,748.				SUPPORT BGCA PROGRAM
(7) B&GC OF CHICAGO 2102 W. MONROE STREET CHICAGO, IL 60612	36-2166997	501(C)3	364,560.				SUPPORT BGCA PROGRAM
(8) B&GC OF SNOHOMISH COUNTY 9502 19TH AVE SE STE F	91-0549511	501(C)3	362,206.				SUPPORT BGCA PROGRAM
(9) BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET	23-1966756	501(C)3	360,395.				SUPPORT BGCA PROGRAM
(10) BGC OF GREATER TARRANT COUNTY 3218 E BELKNAP STREET FORT WORTH, TX 76111	75-0808785	501(C)3	355,053.				SUPPORT BGCA PROGRAM
(11) CHILDREN'S AID SOCIETY 711 3RD AVE NEW YORK, NY 10017-4014	13-5562191	501(C)3	344,426.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE CAPITAL AREA, INC. 21 DELAWARE ST. ALBANY, NY 12210	14-1338574	501(C)3	340,116.				SUPPORT BGCA PROGRAM

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

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF SOUTHERN NEVADA 2850 LINDELL ROAD LAS VEGAS, NV 89146	88-0093150	501(C)3	334,013.				SUPPORT BGCA PROGRAM
(2) UNION LEAGUE B&GC 65 W JACKSON BLVD CHICAGO, IL 60604	36-2167939	501(C)3	326,961.				SUPPORT BGCA PROGRAM
(3) B&GC OF AUSTIN AND TRAVIS COUNTY, INC. 5407 NORTH INTERSTATE 35 AUSTIN, TX 78723	74-6087356	501(C)3	323,016.				SUPPORT BGCA PROGRAM
(4) B&GC OF HAWAII 345 QUEEN STREET HONOLULU, HI 96813	99-6005407	501(C)3	317,937.				SUPPORT BGCA PROGRAM
(5) B&GC OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501(C)3	313,322.				SUPPORT BGCA PROGRAM
(6) B&GC OF METRO DENVER 2017 W 9TH AVE DENVER, CO 80204	84-0510404	501(C)3	307,992.				SUPPORT BGCA PROGRAM
(7) B&GC OF DELAWARE 669 S UNION ST WILMINGTON, DE 19805	51-0068712	501(C)3	298,093.				SUPPORT BGCA PROGRAM
(8) B&GC OF GREATER SAN DIEGO 4635 CLAIREMONT MESA BLVD.	95-1865988	501(C)3	292,484.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE EAST VALLEY 4309 E. BELLEVIEW ST PHOENIX, AZ 85008	86-0550646	501(C)3	282,347.				SUPPORT BGCA PROGRAM
(10) B&GC OF TAHLEQUAH, INC. 400 W. MORGAN TAHLEQUAH, OK 74465	73-1505432	501(C)3	264,284.				SUPPORT BGCA PROGRAM
(11) B&GC OF PORTLAND METRO AREA WM C FRY SERVICE CENTER PORTLAND, OR 97202	93-0474800	501(C)3	253,684.				SUPPORT BGCA PROGRAM
(12) B&GC OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	501(C)3	249,052.				SUPPORT BGCA PROGRAM

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

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE MISSISSIPPI DELTA P O BOX 1617 YAZOO CITY, MS 39194	45-0469376	501(C)3	244,623.				SUPPORT BGCA PROGRAM
(2) B&GC OF KING COUNTY INC 603 STEWART ST SEATTLE, WA 98101-1313	91-0532600	501(C)3	242,388.				SUPPORT BGCA PROGRAM
(3) MADISON SQUARE B&GC 733 THIRD AVE NEW YORK, NY 10017	13-5596792	501(C)3	241,720.				SUPPORT BGCA PROGRAM
(4) B&GC OF COLUMBUS, INC. 115 S GIFT ST COLUMBUS, OH 43215	31-4387575	501(C)3	236,057.				SUPPORT BGCA PROGRAM
(5) B&GC OF DURANT PO BOX 1516 DURANT, OK 74702-1516	99-9999999	GOVT	231,723.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE TWIN CITIES 690 JACKSON ST ST PAUL, MN 55130-4345	41-0842657	501(C)3	227,844.				SUPPORT BGCA PROGRAM
(7) B&GC OF ALBANY, INC. P O BOX 1130 ALBANY, GA 31702	58-6046393	501(C)3	226,233.				SUPPORT BGCA PROGRAM
(8) B&GC OF CENTRAL NEW MEXICO 3333 TRUMAN ST NE	85-0106943	501(C)3	224,320.				SUPPORT BGCA PROGRAM
(9) HARFORD COUNTY B&GC 100 E BEL AIR AVE ABERDEEN, MD 21001	52-1701612	501(C)3	223,493.				SUPPORT BGCA PROGRAM
(10) SALVATION ARMY B&GC OF GREATER ATLANTA P.O. BOX 930188 NORCROSS, GA 30003-0188	56-0660607	501(C)3	221,244.				SUPPORT BGCA PROGRAM
(11) B&GC OF SAN ANTONIO 600 SW 19TH ST SAN ANTONIO, TX 78207	74-1109637	501(C)3	218,750.				SUPPORT BGCA PROGRAM
(12) B&GC OF BUFFALO, INC. 282 BABCOCK ST BUFFALO, NY 14210	16-0849516	501(C)3	218,253.				SUPPORT BGCA PROGRAM

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

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF MIAMI-DADE 2805 SW 32 AVENUE MIAMI, FL 33133	59-0879227	501(C)3	218,121.				SUPPORT BGCA PROGRAM
(2) B&GC OF MIDDLE TENNESSEE 1704 CHARLOTTE AVE NASHVILLE, TN 37203-2972	62-0540402	501(C)3	213,897.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE VIRGINIA PENINSULA 11825 ROCK LANDING DR	54-0538202	501(C)3	212,308.				SUPPORT BGCA PROGRAM
(4) B&GC OF METRO RICHMOND 5511 STAPLES MILL RD STE 301	54-0564901	501(C)3	210,448.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE MIDLANDS INC 2610 HAMILTON ST OMAHA, NE 68131	47-0467350	501(C)3	208,583.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER SCOTTSDALE 10533 E. LAKEVIEW DRIVE	86-0133718	501(C)3	206,070.				SUPPORT BGCA PROGRAM
(7) B&GC OF GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO, CA 95824	68-0338324	501(C)3	203,279.				SUPPORT BGCA PROGRAM
(8) B&GC OF TRUCKEE MEADOWS 2680 E 9TH ST RENO, NV 89512-3231	88-0142068	501(C)3	202,242.				SUPPORT BGCA PROGRAM
(9) B&GC OF GREATER WATERVILLE 126 NORTH ST WATERVILLE, ME 04901	01-0344605	501(C)3	199,297.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREATER REDLANDS-RIVERSIDE 1251 CLAY ST REDLANDS, CA 92374	95-6187083	501(C)3	197,640.				SUPPORT BGCA PROGRAM
(11) B&GC OF GREATER ST LOUIS INC 2901 N GRAND BLVD ST LOUIS, MO 63107	43-6061693	501(C)3	193,609.				SUPPORT BGCA PROGRAM
(12) B&GC OF TUCSON, INC. 3155 EAST GRANT ROAD TUCSON, AZ 85717	86-0172257	501(C)3	192,060.				SUPPORT BGCA PROGRAM

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

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOODY YOUTH CENTER 23 FLYING TIGER WAY, STE 159	99-9999999	GOVT	191,183.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTHEASTERN MICHIGAN 26777 HALSTEAD ROAD	38-1387123	501(C)3	188,141.				SUPPORT BGCA PROGRAM
(3) B&GC OF DANE COUNTY 2001 TAFT ST MADISON, WI 53713	39-1925617	501(C)3	187,235.				SUPPORT BGCA PROGRAM
(4) B&GC OF BROWARD COUNTY 877 N W 61ST ST FORT LAUDERDALE, FL 33309	59-1108790	501(C)3	185,916.				SUPPORT BGCA PROGRAM
(5) B&GC OF DELAWARE COUNTY P O BOX 1260 JAY, OK 74346	73-1214669	501(C)3	185,260.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER KANSAS CITY 4001 BLUE PKWY KANSAS CITY, MO 64130	43-6072065	501(C)3	184,921.				SUPPORT BGCA PROGRAM
(7) BGC OF NORTHERN RHODE ISLAND 1 JAMES J. MCKEE WAY CUMBERLAND, RI 02864	05-0280121	501(C)3	182,189.				SUPPORT BGCA PROGRAM
(8) LUMBEE TRIBE OF NORTH CAROLINA P O BOX 2709 PEMBROKE, NC 28372	84-1704531	501(C)3	180,566.				SUPPORT BGCA PROGRAM
(9) THE SALVATION ARMY - TEXAS DIVISION 1221 RIVERBEND DRIVE DALLAS, TX 75247	75-0800678	501(C)3	178,787.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE OCOEE REGION 385 3RD ST SW CLEVELAND, TN 37311	62-0729406	501(C)3	178,057.				SUPPORT BGCA PROGRAM
(11) B&GC OF INDIANAPOLIS 3909 N MERIDAN STREET	35-0888754	501(C)3	178,030.				SUPPORT BGCA PROGRAM
(12) B&GC OF SOUTHEAST LOUISIANA 320 N CARROLLTON AVE	72-0648695	501(C)3	178,010.				SUPPORT BGCA PROGRAM

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

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE COASTAL PLAIN, INC 621 WEST FIRE TOWER ROAD	56-0927694	501(C)3	174,841.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE NORTH VALLEY 601 WALL ST CHICO, CA 95928	68-0294846	501(C)3	174,781.				SUPPORT BGCA PROGRAM
(3) B&GC OF SOUTH COUNTY 847 ENCINA AVENUE IMPERIAL BEACH, CA 91933	95-3667707	501(C)3	174,400.				SUPPORT BGCA PROGRAM
(4) B&GC OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	501(C)3	172,998.				SUPPORT BGCA PROGRAM
(5) B&GC OF METRO LOS ANGELES 800 S. FIGUEROA STREET	81-0851473	501(C)3	171,603.				SUPPORT BGCA PROGRAM
(6) B&GC OF CENTRAL WYOMING 1701 EAST K ST CASPER, WY 82601	23-7060727	501(C)3	167,647.				SUPPORT BGCA PROGRAM
(7) B&GC OF LOS ANGELES HARBOR 1200 S CABRILLO AVE	95-1661682	501(C)3	163,491.				SUPPORT BGCA PROGRAM
(8) B&GC OF OCEANSIDE 451 COUNTRY CLUB LANE OCEANSIDE, CA 92054	95-1744805	501(C)3	163,485.				SUPPORT BGCA PROGRAM
(9) B&GC OF SARASOTA COUNTY P O BOX 4068 SARASOTA, FL 34230	59-6211876	501(C)3	162,587.				SUPPORT BGCA PROGRAM
(10) B&GC OF CARSON 1950 E 220TH ST #102 CARSON, CA 90810-1649	33-0475452	501(C)3	161,023.				SUPPORT BGCA PROGRAM
(11) B&GC OF NORTHEAST FLORIDA 555 W 25TH STREET JACKSONVILLE, FL 32206	59-6167630	501(C)3	154,453.				SUPPORT BGCA PROGRAM
(12) B&GC OF CENTRAL VIRGINIA P O BOX 707 CHARLOTTESVILLE, VA 22902	54-1602004	501(C)3	153,206.				SUPPORT BGCA PROGRAM

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

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(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2019

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Inspection

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BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

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(1) B&GC OF GREATER MEMPHIS 44 S. REMBERT MEMPHIS, TN 38104	62-0646371	501(C)3	150,557.				SUPPORT BGCA PROGRAM
(2) B&GC OF TAMPA BAY 1307 NORTH MACDILL AVE TAMPA, FL 33607	59-0624368	501(C)3	148,572.				SUPPORT BGCA PROGRAM
(3) B&GC OF PALM BEACH COUNTY 800 NORTHPOINT PKWY	23-7060561	501(C)3	147,437.				SUPPORT BGCA PROGRAM
(4) B&GC OF WESTERN PENNSYLVANIA 5432 BUTLER ST PITTSBURGH, PA 15201	25-1206970	501(C)3	145,305.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL ARKANSAS 1616 WEST 3RD STREET LITTLE ROCK, AR 72201	20-8095568	501(C)3	144,439.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER CINCINNATI 600 DALTON AVE CINCINNATI, OH 45203	31-0536965	501(C)3	139,679.				SUPPORT BGCA PROGRAM
(7) B&GC OF BURLINGTON, INC. 62 OAK ST BURLINGTON, VT 05401	03-0179307	501(C)3	139,383.				SUPPORT BGCA PROGRAM
(8) BOYS CLUB OF WAKE COUNTY, INC 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)3	139,300.				SUPPORT BGCA PROGRAM
(9) OLIVET B&GC OF READING & BERKS COUNTY 1161 PERSHING BLVD READING, PA 19611	23-1365380	501(C)3	138,577.				SUPPORT BGCA PROGRAM
(10) B&GC OF KENTUCKIANA 3900 CRITTENDEN DRIVE	61-0568789	501(C)3	135,578.				SUPPORT BGCA PROGRAM
(11) BOYS & GIRLS CLUB OF WHITE EARTH P O BOX 418 WHITE EARTH, MN 56591	99-9999999	GOVT	134,303.				SUPPORT BGCA PROGRAM
(12) B&GC OF GREATER SALT LAKE P O BOX 57071 MURRAY, UT 84157	87-0304654	501(C)3	133,372.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

13-5562976

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(1) B&GC OF FRESNO COUNTY 540 N AUGUSTA FRESNO, CA 93701	94-1149171	501(C)3	131,177.				SUPPORT BGCA PROGRAM
(2) B&GC OF HARLINGEN 1209 WEST WASHINGTON HARLINGEN, TX 78551	74-1546529	501(C)3	130,898.				SUPPORT BGCA PROGRAM
(3) B&GC OF SANTA MONICA 1220 LINCOLN BLVD	95-1890706	501(C)3	130,806.				SUPPORT BGCA PROGRAM
(4) B&GC OF SILICON VALLEY 518 VALLEY WAY MILPATAS, CA 95035	94-1294898	501(C)3	129,677.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL SONOMA COUNTY 1400 N. DUTTON AVE SANTA ROSA, CA 95401	68-0309534	501(C)3	126,692.				SUPPORT BGCA PROGRAM
(6) B&GC OF BELLEVUE 209 - 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)3	126,443.				SUPPORT BGCA PROGRAM
(7) B&GC OF GREATER NASHUA 47 GRAND AVE NASHUA, NH 03060-3165	23-7058376	501(C)3	125,925.				SUPPORT BGCA PROGRAM
(8) B&GC OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)3	125,464.				SUPPORT BGCA PROGRAM
(9) B&GC OF COLLIN COUNTY 7770 MAIN ST FRISCO, TX 75033	75-1296869	501(C)3	125,357.				SUPPORT BGCA PROGRAM
(10) MENIFEE VALLEY B&GC 26301 GARBANI ROAD MENIFEE, CA 92584	46-2167670	501(C)3	123,190.				SUPPORT BGCA PROGRAM
(11) B&GC OF UNION COUNTY 1050 JEANETTE AVENUE UNION, NJ 07083	22-1641962	501(C)3	122,842.				SUPPORT BGCA PROGRAM
(12) WEST END HOUSE, INC. 105 ALLSTON ST BOSTON, MA 02134	04-2105825	501(C)3	122,139.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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(1) B&GC OF ADAIR COUNTY SCHOOLS P.O. BOX 46 STILWELL, OK 74960-9452	99-9999999	GOVT	121,337.				SUPPORT BGCA PROGRAM
(2) B&GC OF FONTANA P O BOX 3712 FONTANA, CA 92334	33-0443344	501(C)3	118,037.				SUPPORT BGCA PROGRAM
(3) B&GC OF MERCER COUNTY, INC 212 CENTRE ST TRENTON, NJ 08611-2217	21-0634556	501(C)3	117,366.				SUPPORT BGCA PROGRAM
(4) COMMUNITY B&GC OF WILMINGTON, NC, INC. 901 NIXON STREET WILMINGTON, NC 28401	56-0636247	501(C)3	116,094.				SUPPORT BGCA PROGRAM
(5) B&GC OF ROSEBUD P O BOX 112 MISSION, SD 57555-0112	46-0453641	501(C)3	113,264.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER GASTON P O BOX 23 GASTONIA, NC 28053-0023	56-1419498	501(C)3	112,554.				SUPPORT BGCA PROGRAM
(7) B&GC OF MISSISSIPPI BAND OF CHOCTAW IND P O BOX 6010 CHOCTAW, MS 39350	64-0345731	501(C)3	112,410.				SUPPORT BGCA PROGRAM
(8) B&GC OF MAUI 100 KANALOA AVE KAHULUI, HI 96732	99-0272347	501(C)3	110,745.				SUPPORT BGCA PROGRAM
(9) B&GC OF METRO SOUTH, INC 233 WARREN AVE BROCKTON, MA 02301	22-2963214	501(C)3	110,305.				SUPPORT BGCA PROGRAM
(10) B&GC OF EL PASO 801 S FLORENCE EL PASO, TX 79901	74-1145974	501(C)3	109,045.				SUPPORT BGCA PROGRAM
(11) B&GC OF STAMFORD 347 STILLWATER AVENUE STAMFORD, CT 06902	06-0646911	501(C)3	107,514.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE EMERALD COAST 923 DENTON BLVD NW	59-1267050	501(C)3	107,423.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

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(1) B&GC OF FARMINGTON 1925 POSITIVE WAY FARMINGTON, NM 87401	85-0161421	501(C)3	104,213.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTHEAST VIRGINIA 1300 DIAMOND SPRINGS RD	54-0515764	501(C)3	103,853.				SUPPORT BGCA PROGRAM
(3) B&GC OF OKLAHOMA COUNTY, INC. P O BOX 18701 OKLAHOMA CITY, OK 73154	73-1472202	501(C)3	103,693.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE PIKES PEAK REGION P O BOX 2078	84-0416503	501(C)3	103,275.				SUPPORT BGCA PROGRAM
(5) B&GC OF DUNDEE TOWNSHIP 20 S GROVE ST CARPENTERSVILLE, IL 60110	36-4184937	501(C)3	103,011.				SUPPORT BGCA PROGRAM
(6) BOYS CLUB OF PHARR, INC. 1026 S. FIR STREET PHARR, TX 78577	75-2258513	501(C)3	102,750.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE THREE AFFILIATED TRIBES P O BOX 189 NEW TOWN, ND 58763	91-2184912	501(C)3	102,596.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE CHATTAHOOCHEE VALLEY 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	58-1174393	501(C)3	102,493.				SUPPORT BGCA PROGRAM
(9) B&GC OF ELGIN INC. P O BOX 416 ELGIN, IL 60120-0416	36-3832212	501(C)3	101,802.				SUPPORT BGCA PROGRAM
(10) BOYS & GIRLS OF NEWBURGH, INC 285 LIBERTY ST NEWBURGH, NY 12550	14-1506144	501(C)3	101,707.				SUPPORT BGCA PROGRAM
(11) B&GC OF PROVIDENCE 550 WICKENDEN ST PROVIDENCE, RI 02903	05-0258929	501(C)3	100,551.				SUPPORT BGCA PROGRAM
(12) B&GC OF WHITTIER 7905 S GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501(C)3	100,170.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) B&GC OF HOLLYWOOD 850 N CAHUENGA BLVD LOS ANGELES, CA 90038	95-1775142	501(C)3	98,897.				SUPPORT BGCA PROGRAM
(2) BOYS AND GIRLS CLUB OF MANCHESTER 555 UNION STREET MANCHESTER, NH 03104	02-0226033	501(C)3	98,407.				SUPPORT BGCA PROGRAM
(3) WEST VALLEY B&GC 7245 REMMET AVE CANOGA PARK, CA 91303-1532	95-4419365	501(C)3	98,357.				SUPPORT BGCA PROGRAM
(4) B&GC OF KERN COUNTY 801 NILES STREET BAKERSFIELD, CA 93305	95-2462246	501(C)3	97,148.				SUPPORT BGCA PROGRAM
(5) B&GC OF HUDSON COUNTY 225 MORRIS BLVD JERSEY CITY, NJ 07302	22-1918943	501(C)3	96,901.				SUPPORT BGCA PROGRAM
(6) BGC OF GREATER ANAHEIM-CYPRESS 1260 NORTH RIVERIA STREET ANAHEIM, CA 92801	95-2920990	501(C)3	96,070.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL ILLINOIS P O BOX 2592 SPRINGFIELD, IL 62708	37-0752849	501(C)3	96,034.				SUPPORT BGCA PROGRAM
(8) B&GC OF BURBANK AND GREATER EAST VALLEY 2244 N BUENA VISTA ST BURBANK, CA 91504	95-4485745	501(C)3	95,808.				SUPPORT BGCA PROGRAM
(9) BRIGADE B&GC 2759 VANCE STREET WILMINGTON, NC 28412	56-0529939	501(C)3	95,747.				SUPPORT BGCA PROGRAM
(10) B&GC OF EAST MISSISSIPPI INC 1717 45TH AVENUE MERIDIAN, MS 39307	64-0728662	501(C)3	95,541.				SUPPORT BGCA PROGRAM
(11) B&GC OF MAURY COUNTY, INC. 210 WEST EIGHTH ST COLUMBIA, TN 38401	62-1611131	501(C)3	94,708.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE SUNCOAST INC 2300 TALL PINES DR LARGO, FL 33771	59-1566799	501(C)3	93,179.				SUPPORT BGCA PROGRAM

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

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(1) B&GC OF EDINBURG RIO GRANDE VALLEY P O BOX 1079 EDINBURG, TX 78540	74-2549652	501(C)3	91,891.				SUPPORT BGCA PROGRAM
(2) B&GC OF GREATER NORTHWEST INDIANA 3691 WILLOWCREEK RD PORTAGE, IN 46368	35-1262439	501(C)3	91,784.				SUPPORT BGCA PROGRAM
(3) B&GC OF GREATER OXNARD & PORT HUENEME 1900 WEST 5TH ST OXNARD, CA 93030	95-1785162	501(C)3	91,166.				SUPPORT BGCA PROGRAM
(4) B&GC OF HARLEM INC 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)3	91,085.				SUPPORT BGCA PROGRAM
(5) KIPS BAY B&GC 1930 RANDALL AVENUE BRONX, NY 10473	13-1623850	501(C)3	90,840.				SUPPORT BGCA PROGRAM
(6) B&GC OF WASHINGTON COUNTY, INC. 805 PENNSYLVANIA AVE HAGERSTOWN, MD 21742	23-7252343	501(C)3	89,495.				SUPPORT BGCA PROGRAM
(7) B&GC OF COLLIER COUNTY, INC 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)3	88,990.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE COASTAL BEND 3902 GREENWOOD DR CORPUS CHRISTI, TX 78416	74-1294586	501(C)3	88,201.				SUPPORT BGCA PROGRAM
(9) B&GC OF LARIMER COUNTY 103 SMOKEY ST FORT COLLINS, CO 80525	74-2425914	501(C)3	87,297.				SUPPORT BGCA PROGRAM
(10) B&GC OF ACADIANA P O BOX 62166 LAFAYETTE, LA 70596	72-0940072	501(C)3	86,310.				SUPPORT BGCA PROGRAM
(11) B&GC WASHINGTON STATE ASSOCIATION 7511 GREENWOOD AVENUE N. #107	35-2275325	501(C)3	86,000.				SUPPORT BGCA PROGRAM
(12) B&GC OF BRATTLEBORO INC 17 FLAT ST BRATTLEBORO, VT 05301	03-0309528	501(C)3	85,592.				SUPPORT BGCA PROGRAM

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF WEST SAN GABRIEL VALLEY 328 S RAMONA AVE MONTEREY PARK, CA 91754	95-2782501	501(C)3	84,519.				SUPPORT BGCA PROGRAM
(2) B&GC OF NORTH CENTRAL LOUISIANA 300 MEMORIAL DR RUSTON, LA 71270	72-1375839	501(C)3	84,373.				SUPPORT BGCA PROGRAM
(3) B&GC OF CAMDEN COUNTY 1709 PARK BLVD CAMDEN, NJ 08103	22-3670025	501(C)3	83,726.				SUPPORT BGCA PROGRAM
(4) B&GC OF SEQUOYAH COUNTY 208 S MAIN ST SALLISAW, OK 74955-5828	73-1128670	501(C)3	83,598.				SUPPORT BGCA PROGRAM
(5) B&GC OF SAINT LUCIE COUNTY 3104 AVENUE J FORT PIERCE, FL 34947-2412	65-0505369	501(C)3	83,280.				SUPPORT BGCA PROGRAM
(6) B&GC OF ROCHESTER 930 40TH STREET NW ROCHESTER, MN 55904	41-1945875	501(C)3	82,931.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL ORANGE COAST 950 W HIGHLAND SANTA ANA, CA 92703	95-1893417	501(C)3	82,784.				SUPPORT BGCA PROGRAM
(8) B&GC OF SOUTH PUGET SOUND 3875 SOUTH 66TH ST TACOMA, WA 98409	91-0759832	501(C)3	82,613.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE PEE DEE AREA INC 310 W. ROUGHFORK STREET FLORENCE, SC 29503	57-6026677	501(C)3	82,007.				SUPPORT BGCA PROGRAM
(10) B&GC OF WAYNE COUNTY P O BOX 774 GOLDSBORO, NC 27533-0744	56-0706013	501(C)3	81,649.				SUPPORT BGCA PROGRAM
(11) B&GC OF NORTHEAST TEXAS, INC. P O BOX 1876 GREENVILLE, TX 75403	75-2174005	501(C)3	80,656.				SUPPORT BGCA PROGRAM
(12) B&GC OF SOUTHWEST WASHINGTON 1111 MAINT STREET #605 VANCOUVER, WA 98660	91-1978646	501(C)3	80,574.				SUPPORT BGCA PROGRAM

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(1) B&GC OF THE MUSKEGON LAKESHORE P O BOX 1018 MUSKEGON, MI 49443	61-1736056	501(C)3	79,999.				SUPPORT BGCA PROGRAM
(2) GEORGE WERDEN BUCK BOYS CLUB P O BOX 683 JOLIET, IL 60434	36-2270044	501(C)3	79,703.				SUPPORT BGCA PROGRAM
(3) BGC OF THE NORTHERN PLAINS INC. 1126 SOUTHLAND LANE BROOKINGS, SD 57006	73-1630215	501(C)3	79,442.				SUPPORT BGCA PROGRAM
(4) B&GC OF AMERICAN SAMOA 2ND FLOOR, PAGO PAGO, AS 96799	66-0759053	501(C)3	79,367.				SUPPORT BGCA PROGRAM
(5) B&GC OF LANCASTER P O BOX 104 LANCASTER, PA 17608	23-1352044	501(C)3	79,066.				SUPPORT BGCA PROGRAM
(6) B&GC OF PLYMOUTH INC, THE 9 RESNIK RD PLYMOUTH, MA 02360	04-2103926	501(C)3	79,049.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE GULF COAST 201 HOLLY CIR GULFPORT, MS 39501-8624	64-0539145	501(C)3	79,006.				SUPPORT BGCA PROGRAM
(8) NORTH PENN VALLEY B&GC 16 SUSQUEHANNA AVENUE LANSDALE, PA 19446	23-7164617	501(C)3	78,753.				SUPPORT BGCA PROGRAM
(9) VARIETY B&GC OF QUEENS, INC. 2112 30TH ROAD LONG ISLAND CITY, NY 11102	11-6014770	501(C)3	78,732.				SUPPORT BGCA PROGRAM
(10) B&GC OF LONG BEACH 3635 LONG BEACH BLVD LONG BEACH, CA 90807	95-1643977	501(C)3	77,946.				SUPPORT BGCA PROGRAM
(11) ALAMEDA B&GC, INC. 1900 THIRD STREET ALAMEDA, CA 94501	94-1312299	501(C)3	77,860.				SUPPORT BGCA PROGRAM
(12) B&GC OF WASHINGTON COUNTY, INC 925 N SILVERBROOK DR WEST BEND, WI 53090	39-1773689	501(C)3	77,519.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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Employer identification number

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHEROKEE YOUTH CENTER P O BOX 455 CHEROKEE, NC 28719	56-2053463	501(C)3	77,233.				SUPPORT BGCA PROGRAM
(2) B&GC OF SPRINGFIELD 1410 N FREMONT SPRINGFIELD, MO 65802	44-0513659	501(C)3	76,465.				SUPPORT BGCA PROGRAM
(3) B&GC OF CAPISTRANO VALLEY ONE VIA POSITIVIA	33-0529575	501(C)3	76,182.				SUPPORT BGCA PROGRAM
(4) B&GC OF PATERSON AND PASSAIC INC 264 21ST AVE PATERSON, NJ 07501-3506	22-1726665	501(C)3	76,103.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL MISSISSIPPI 1450 WEST CAPITOL STREET JACKSON, MS 39203	64-0331635	501(C)3	75,036.				SUPPORT BGCA PROGRAM
(6) MALIBU FOUNDATION FOR YOUTH AND FAMILIES 30215 MORNING VIEW DR MALIBU, CA 90265	95-4774844	501(C)3	75,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL ALABAMA P O BOX 10391 BIRMINGHAM, AL 35202-0391	63-0302102	501(C)3	74,781.				SUPPORT BGCA PROGRAM
(8) B&GC OF SAN MARCOS 1 POSITIVE PLACE SAN MARCOS, CA 92069	95-3330218	501(C)3	73,790.				SUPPORT BGCA PROGRAM
(9) B&GC OF SALEM, MARION & POLK COUNTIES 1395 SUMMER ST NE SALEM, OR 97301	93-0581470	501(C)3	73,370.				SUPPORT BGCA PROGRAM
(10) B&GC OF BLOOMINGTON 311 SOUTH LINCOLN STREET	35-0997525	501(C)3	73,218.				SUPPORT BGCA PROGRAM
(11) B&GC OF OTTAWA COUNTY 114 1ST STREET SE MIAMI, OK 74354	73-1352753	501(C)3	72,570.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE BIG PINES 1500 POSITIVE PLACE MARSHALL, TX 75670	75-2318241	501(C)3	72,210.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Employer identification number

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Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF LANIER, INC 1 POSITIVE PLACE GAINESVILLE, GA 30501	58-0656890	501(C)3	72,172.				SUPPORT BGCA PROGRAM
(2) B&GC OF NAPA VALLEY 1515 PUEBLO AVE NAPA, CA 94558	94-6033413	501(C)3	71,489.				SUPPORT BGCA PROGRAM
(3) B&GC OF PENOBSCOT NATION 7 NORTHERN RD PRESQUE ISLE, ME 04769-2027	26-0250671	501(C)3	71,116.				SUPPORT BGCA PROGRAM
(4) B&GC OF CEDAR RAPIDS 420 6TH ST SE CEDAR RAPIDS, IA 52401	42-1434056	501(C)3	71,021.				SUPPORT BGCA PROGRAM
(5) B&GC OF BAY COUNTY INC. 3404 WEST 19TH ST PANAMA CITY, FL 32405	59-1114292	501(C)3	70,981.				SUPPORT BGCA PROGRAM
(6) SALVATION ARMY B&GC OF GREATER OKLAHOMA 6601 N BROADWAY EXTENSION	58-0660607	501(C)3	70,771.				SUPPORT BGCA PROGRAM
(7) B&GC OF ALLENTOWN 720 N SIXTH ST ALLENTOWN, PA 18102	23-1352042	501(C)3	70,561.				SUPPORT BGCA PROGRAM
(8) B&GC OF LA HABRA 1211 FAHRINGER WAY LA HABRA, CA 90631	95-1922180	501(C)3	70,000.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE PERMIAN BASIN, INC. 800 E 13TH STREET ODESSA, TX 79761	46-1749237	501(C)3	69,934.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE LEWIS CLARK VALLEY, INC. 1021 BURRELL AVE LEWISTON, ID 83501	82-6001432	501(C)3	69,894.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE DANVILLE AREA 123 FOSTER ST DANVILLE, VA 24541	54-1880308	501(C)3	69,777.				SUPPORT BGCA PROGRAM
(12) B&GC OF BOONE COUNTY 1575 MULBERRY ST ZIONSVILLE, IN 46077	35-1750659	501(C)3	69,611.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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

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(1) B&GC OF MONMOUTH COUNTY 1201 MONROE AVE ASBURY PARK, NJ 07712	21-0694373	501(C)3	69,554.				SUPPORT BGCA PROGRAM
(2) FRANK CALLEN B&GC 510 E CHARLTON ST SAVANNAH, GA 31401	58-0622969	501(C)3	68,811.				SUPPORT BGCA PROGRAM
(3) B&GC OF KENOSHA 1330 52ND STREET KENOSHA, WI 53140	39-1732935	501(C)3	68,427.				SUPPORT BGCA PROGRAM
(4) B&GC OF METRO QUEENS, INC 110-04 ATLANTIC AVENUE	11-1966067	501(C)3	68,213.				SUPPORT BGCA PROGRAM
(5) B&GC OF ROCKFORD 1040 N. 2ND STREET ROCKFORD, IL 61107	36-2167840	501(C)3	68,085.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREEN BAY 1451 UNIVERSITY AVE	39-6102943	501(C)3	68,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF FOX VALLEY 160 S BADGER AVE APPLETON, WI 54914-5280	39-1225709	501(C)3	66,990.				SUPPORT BGCA PROGRAM
(8) THE SALVATION ARMY B&GC OF METRO TULSA 924 S HUDSON AVE TULSA, OK 74112-2945	58-0660607	501(C)3	66,880.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE PENINSULA 401 PIERCE ROAD MENLO PARK, CA 94025	95-1552134	501(C)3	66,879.				SUPPORT BGCA PROGRAM
(10) B&GC OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	23-7153987	501(C)3	66,276.				SUPPORT BGCA PROGRAM
(11) B&GC OF METRO WEST 169 PLEASANT ST MARLBORO, MA 01752-1101	04-2387225	501(C)3	66,267.				SUPPORT BGCA PROGRAM
(12) B&GC OF ELK RIVER, INC. 905 6TH ST NW ELK RIVER, MN 55330	41-1888447	501(C)3	66,097.				SUPPORT BGCA PROGRAM

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(1) B&GC OF THE EASTERN PANHANDLE P O BOX 1184 MARTINSBURG, WV 25402	20-2257657	501(C)3	65,622.				SUPPORT BGCA PROGRAM
(2) B&GC OF EAST COUNTY 8820 TAMBERLY WAY SANTEE, CA 92071	95-2088013	501(C)3	65,533.				SUPPORT BGCA PROGRAM
(3) B&GC OF FORT WAYNE 2609 FAIRFIELD AVE	35-1778767	501(C)3	65,208.				SUPPORT BGCA PROGRAM
(4) B&GC OF CHEYENNE WYOMING, INC 515 WEST JEFFERSON ROAD CHEYENNE, WY 82007	83-0306118	501(C)3	65,156.				SUPPORT BGCA PROGRAM
(5) B&GC OF WEST ALABAMA, INC. 2201 POSITIVE PLACE TUSCALOOSA, AL 35404	63-0452285	501(C)3	65,055.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREEN COUNTRY 1111 SE 9TH PRYOR, OK 74361	73-1527045	501(C)3	64,873.				SUPPORT BGCA PROGRAM
(7) B&GC OF GREATER BATON ROUGE 8281 GOODWOOD BLVD BATON ROUGE, LA 70806	72-0928014	501(C)3	64,699.				SUPPORT BGCA PROGRAM
(8) B&GC OF VOLUSIA/FLAGLER COUNTIES 101 N WOODLAND BLVD DELAND, FL 32720	59-3158162	501(C)3	64,681.				SUPPORT BGCA PROGRAM
(9) B&GC OF RUTLAND COUNTY 75-77 MERCHANTS ROW RUTLAND, VT 05701	31-1653365	501(C)3	64,543.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE BIG BEND 306 LAURA LEE AVE TALLAHASSEE, FL 32301	59-3076558	501(C)3	64,335.				SUPPORT BGCA PROGRAM
(11) B&GC OF ADA COUNTY 610 E 42ND ST GARDEN CITY, ID 83714-6388	82-0481687	501(C)3	64,228.				SUPPORT BGCA PROGRAM
(12) SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ STREET PITTSBURGH, PA 15212	25-0965390	501(C)3	63,959.				SUPPORT BGCA PROGRAM

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(1) B&GC OF PUEBLO COUNTY 2601 SPRAGUE AVE PUEBLO, CO 81004	23-7307508	501(C)3	63,359.				SUPPORT BGCA PROGRAM
(2) B&GC OF CENTRAL GEORGIA 277 MARTIN LUTHER KING JR BLVD WEST	58-0621444	501(C)3	62,890.				SUPPORT BGCA PROGRAM
(3) B&GC OF CENTRAL NEW HAMPSHIRE 55 BRADLEY STREET CONCORD, NH 03301	02-0259874	501(C)3	62,613.				SUPPORT BGCA PROGRAM
(4) B&GC OF MANHATTAN P O BOX 1294 MANHATTAN, KS 66505-1294	23-7358134	501(C)3	62,582.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE NORTHERN NECK 517 N. MAIN STREET KILMARNOCK, VA 22482	20-4887254	501(C)3	62,138.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER CONEJO VALLEY 5137 CLARETON DR AGOURA HILL, CA 91301	91-2151731	501(C)3	61,732.				SUPPORT BGCA PROGRAM
(7) B&GC OF ANNAPOLIS & ANNE ARUNDEL COUNTY 121 S. VILLA AVENUE ANNAPOLIS, MD 21401	52-1736346	501(C)3	61,516.				SUPPORT BGCA PROGRAM
(8) B&GC OF TABULA RASA P O BOX 251 GREENVILLE, FL 32331-0251	20-5421558	501(C)3	61,346.				SUPPORT BGCA PROGRAM
(9) BGC OF GREATER DURHAM AND ORANGE COUNTIES 808 E. PETTIGREW STREET DURHAM, NC 27701	56-6001906	501(C)3	61,025.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE CENTRAL SAVANNAH RIVER AREA 206 MILLEDGE RD AUGUSTA, GA 30904-3568	58-0610382	501(C)3	60,856.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE MISSOURI RIVER AREA 104 SHERIDAN AVENUE SE WAGNER, SD 57380	46-0445099	501(C)3	59,850.				SUPPORT BGCA PROGRAM
(12) B&GC OF HOPKINSVILLE-CHRISTIAN P O BOX 1071 HOPKINSVILLE, KY 42241-1071	20-2103260	501(C)3	59,593.				SUPPORT BGCA PROGRAM

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

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)3	59,466.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE NORTHERN CHEYENNE NATION P O BOX 309 LAME DEER, MT 59043	36-3945776	501(C)3	59,433.				SUPPORT BGCA PROGRAM
(3) LYN TREECE B&GC OF TIPPECANOE COUNTY 1529 N 10TH ST LAFAYETTE, IN 47904	35-1262269	501(C)3	58,997.				SUPPORT BGCA PROGRAM
(4) B&GC OF NEWARK, INC. 1 AVON AVENUE NEWARK, NJ 07108	22-1515405	501(C)3	58,540.				SUPPORT BGCA PROGRAM
(5) B&GC OF HUNTINGTON VALLEY 16582 BROOKHURST ST	95-6192466	501(C)3	57,997.				SUPPORT BGCA PROGRAM
(6) B&GC OF GREATER WESTFIELD, INC. 28 WEST SILVER STREET	04-2464259	501(C)3	57,792.				SUPPORT BGCA PROGRAM
(7) B&GC OF WESTMINSTER 25 UNION ST WESTMINSTER, MD 21157-4507	99-9999999	GOVT	57,637.				SUPPORT BGCA PROGRAM
(8) BRISTOL B&GC ASSOCIATION INC. 255 WEST ST BRISTOL, CT 06010-5735	06-0646556	501(C)3	57,363.				SUPPORT BGCA PROGRAM
(9) B&GC OF FULLERTON 340 W COMMONWEALTH AVE FULLERTON, CA 92832	95-1855645	501(C)3	57,325.				SUPPORT BGCA PROGRAM
(10) B&GC OF RUTHERFORD COUNTY P O BOX 3343 MURFREESBORO, TN 37133	62-1583332	501(C)3	57,153.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE BLUE RIDGE 6 E MAIN ST SUITE A	26-3166453	501(C)3	57,051.				SUPPORT BGCA PROGRAM
(12) MID-PENINSULA B&GC 200 N QUEBEC ST SAN MATEO, CA 94401	94-1431583	501(C)3	56,858.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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Inspection**

Name of the organization

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Employer identification number

13-5562976

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF WAYNE COUNTY, INDIANA INC. 1717 S L ST RICHMOND, IN 47374	35-1065715	501(C)3	56,378.				SUPPORT BGCA PROGRAM
(2) B&GC OF POLK COUNTY, INC. P O BOX 763 LAKE LAND, FL 33802	59-0171815	501(C)3	56,339.				SUPPORT BGCA PROGRAM
(3) B&GC OF CHARLOTTE COUNTY 17831 MURDOCK CIRCLE	65-0725247	501(C)3	56,207.				SUPPORT BGCA PROGRAM
(4) B&GC OF EL DORADO COUNTY WESTERN SLOPE P O BOX 2535 PLACERVILLE, CA 95667	91-1774039	501(C)3	55,596.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE FOOTHILLS P O BOX 2386 MONROVIA, CA 91016-6386	95-4453545	501(C)3	55,262.				SUPPORT BGCA PROGRAM
(6) B&GC OF CLIFTON 822 CLIFTON AVE CLIFTON, NJ 07013	22-1589377	501(C)3	55,180.				SUPPORT BGCA PROGRAM
(7) AKWESASNE B&GC, ST. REGIS MOHAWK TRIBE 37 ROOSEVEHOWN ROAD AKWESASNE,, NY 13655	16-1607731	501(C)3	55,111.				SUPPORT BGCA PROGRAM
(8) B&GC OF CAMARILLO P O BOX 231 CAMARILLO, CA 93011-0231	95-6194547	501(C)3	55,075.				SUPPORT BGCA PROGRAM
(9) BGC OF CENTRAL CAROLINA, INC 1410 ELM STREET SANFORD, NC 27330	56-1923703	501(C)3	54,960.				SUPPORT BGCA PROGRAM
(10) B&GC OF SOUTHERN MAINE 277 CUMBERLAND AVENUE PORTLAND, ME 04101	01-0211543	501(C)3	54,485.				SUPPORT BGCA PROGRAM
(11) B&GC OF ROCHESTER 500 GENESEE ST ROCHESTER, NY 14611	16-1001619	501(C)3	54,279.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE SIOUX EMPIRE 824 EAST 14TH ST SIOUX FALLS, SD 57104	46-0399482	501(C)3	54,064.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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Employer identification number

13-5562976

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(1) B&GC OF BOSTON 200 HIGH ST BOSTON, MA 02109	04-2103922	501(C)3	54,060.				SUPPORT BGCA PROGRAM
(2) B&GC OF BENTON HARBOR 600 NATE WELLS SENIOR DRIVE	38-3461586	501(C)3	53,919.				SUPPORT BGCA PROGRAM
(3) HARLAN COUNTY B&GC INC 1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501(C)3	53,864.				SUPPORT BGCA PROGRAM
(4) B&GC OF ANAHEIM 1260 N RIVIERA ST ANAHEIM, CA 92801-2306	33-0356284	501(C)3	53,721.				SUPPORT BGCA PROGRAM
(5) B&GC OF MONTEREY COUNTY P O BOX 97 SEASIDE, CA 93955	94-1702753	501(C)3	53,708.				SUPPORT BGCA PROGRAM
(6) GRAND RAPIDS YOUTH COMMONWEALTH 235 STRAIGHT AVE NW GRAND RAPIDS, MI 49504	38-0593958	501(C)3	53,323.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL IOWA 1031 OFFICE PARK RD #1	42-6075138	501(C)3	53,274.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE GRAND RIVER AREA 210 MAIN STREET MCLAUGHLIN, SD 57642	46-0376995	501(C)3	53,067.				SUPPORT BGCA PROGRAM
(9) BAY MILLS INDIAN COMMUNITY 12140 W. LAKESHORE DRIVE BRIMLEY, MI 49715	38-1970365	501(C)3	52,618.				SUPPORT BGCA PROGRAM
(10) WOODLAND B&GC, INC. P O BOX 261 NEOPIT, WI 54150	39-1423945	501(C)3	52,512.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	20-3237215	501(C)3	51,505.				SUPPORT BGCA PROGRAM
(12) B&GC OF ELIZABETHTON/CARTER COUNTY 104 HUDSON DR ELIZABETHTON, TN 37643	62-0502737	501(C)3	51,449.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF SOUTHEAST GEORGIA P O BOX 1193 BRUNSWICK, GA 31521	58-0973039	501(C)3	51,291.				SUPPORT BGCA PROGRAM
(2) B&GC OF SONOMA VALLEY 100 W VERANO AVE SONOMA, CA 95476-5362	94-1579901	501(C)3	51,182.				SUPPORT BGCA PROGRAM
(3) B&GC OF NORTHWEST GEORGIA INC P O BOX 2939 ROME, GA 30164	58-0632795	501(C)3	51,112.				SUPPORT BGCA PROGRAM
(4) B&GC OF VISTA, INC. 410 W CALIFORNIA AVE VISTA, CA 92083	95-2266749	501(C)3	50,779.				SUPPORT BGCA PROGRAM
(5) B&GC OF CENTRAL MINNESOTA 345 30TH AVE NORTH ST CLOUD, MN 56303	41-1245177	501(C)3	50,501.				SUPPORT BGCA PROGRAM
(6) B&GC OF MARSHFIELD INC 37 PROPRIETORS DRIVE MARSHFIELD, MA 02050	04-3525938	501(C)3	50,250.				SUPPORT BGCA PROGRAM
(7) B&GC OF SOUTHWEST MISSOURI 317 COMINGO AVENUE JOPLIN, MO 64802	44-0627566	501(C)3	50,202.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE COLUMBIA AREA 1002 FAY ST COLUMBIA, MO 65201	43-7662116	501(C)3	50,177.				SUPPORT BGCA PROGRAM
(9) B&GC OF DARLINGTON 4408 N HWY 81 EL RENO, OK 73036-8916	73-1535032	501(C)3	50,009.				SUPPORT BGCA PROGRAM
(10) B&GC OF WEST GEORGIA, INC. P O BOX 1328 LAGRANGE, GA 30241	58-1998988	501(C)3	49,889.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE GRAND STRAND 304 N OAK ST MYRTLE BEACH, SC 29577-3962	57-1051611	501(C)3	49,656.				SUPPORT BGCA PROGRAM
(12) B&GC OF UTAH COUNTY 1837 SOUTH EAST BAY BLVD	87-0293260	501(C)3	49,518.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A G GASTON B&GC 2900 S PARK DRIVE SW BIRMINGHAM, AL 35211	63-0514348	501(C)3	49,157.				SUPPORT BGCA PROGRAM
(2) B&GC OF SPOKANE COUNTY 544 EAST PROVIDENCE SPOKANE, WA 99207	91-1983357	501(C)3	48,816.				SUPPORT BGCA PROGRAM
(3) B&GC OF SOUTH ALABAMA P O BOX 6724 MOBILE, AL 36660	63-0414826	501(C)3	48,694.				SUPPORT BGCA PROGRAM
(4) B&GC OF COACHELLA VALLEY 42600 COOK STREET PALM DESERT, CA 92211	95-6122699	501(C)3	47,812.				SUPPORT BGCA PROGRAM
(5) B&GC OF JACKSON, INC. 832 LEXINGTON ST JACKSON, TN 38301	62-0784907	501(C)3	47,806.				SUPPORT BGCA PROGRAM
(6) B&GC OF SOUTHEAST ALABAMA P O BOX 219 OZARK, AL 36361	58-2010059	501(C)3	47,758.				SUPPORT BGCA PROGRAM
(7) B&GC OF WORCESTER 65 TANTER ST WORCESTER, MA 01610-2520	04-2105851	501(C)3	46,567.				SUPPORT BGCA PROGRAM
(8) B&GC OF LAREDO P O BOX 1419 LAREDO, TX 78042-1419	74-1152598	501(C)3	46,143.				SUPPORT BGCA PROGRAM
(9) B&GC OF GREATER VENTURA 6020 NICOLLE ST VENTURA, CA 93003-7676	95-2248919	501(C)3	45,811.				SUPPORT BGCA PROGRAM
(10) B&GC OF NORTH CENTRAL NORTH CAROLINA 105 WEST STREET OXFORD, NC 27565-2942	56-2525793	501(C)3	45,452.				SUPPORT BGCA PROGRAM
(11) B&GC OF NORTH CENTRAL FLORIDA 918 N WASHINGTON STREET PERRY, FL 32347	59-2973927	501(C)3	45,349.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE NORTHLAND P.O. BOX 16435 DULUTH, MN 55810	41-0969947	501(C)3	45,116.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

SCHEDULE I
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Department of the Treasury
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY B&GC/& SNR CTZEN CLUB NEW, T ELEVEN PROVIDENCE STREET NEWARK, NJ 07105	13-5562351	501(C)3	45,000.				SUPPORT BGCA PROGRAM
(2) B&GC OF LYNN 25 NORTH COMMON LYNN, MA 01902	04-2103924	501(C)3	44,916.				SUPPORT BGCA PROGRAM
(3) B&GC OF LAGUNA BEACH 1085 LAGUNA CANYON ROAD	95-1878822	501(C)3	44,804.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE LEECH LAKE AREA, INC. 208 CENTRAL AVENUE CASS LAKE, MN 56633	41-1929446	501(C)3	44,773.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE SMOKY MOUNTAINS P.O. BOX 5743 SEVIERVILLE, TN 37864	62-1507789	501(C)3	44,646.				SUPPORT BGCA PROGRAM
(6) B&GC OF WELD COUNTY P.O. BOX 812 GREELEY, CO 80632	84-0529902	501(C)3	44,470.				SUPPORT BGCA PROGRAM
(7) B&GC OF MCALLEN, INC P O BOX 577 MCALLEN, TX 78505-0577	74-1553646	501(C)3	44,443.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE RED RIVER VALLEY 2500 18TH ST S FARGO, ND 58103	45-0316132	501(C)3	44,099.				SUPPORT BGCA PROGRAM
(9) B&GC OF GREATER LEE COUNTY, INC. 1365 GATEWOOD DR AUBURN, AL 36830	58-1875904	501(C)3	43,932.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE LOWER NAUGATUCK VALLEY P O BOX 209 SHELTON, CT 06484	06-0653185	501(C)3	43,793.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE COYOTE VALLEY P.O. BOX 39 REDWOOD VALLEY, CA 95470	99-9999999	GOVT	43,750.				SUPPORT BGCA PROGRAM
(12) NIAGARA FALLS B&GC, INC. 725 17TH STREET NIAGARA FALLS, NY 14301	16-0743093	501(C)3	43,558.				SUPPORT BGCA PROGRAM

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(Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations,
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(1) SOUTHSIDE B&GC P O BOX 4562 NORFOLK, VA 23523	54-0839152	501(C)3	43,446.				SUPPORT BGCA PROGRAM
(2) B&GC OF DEEP EAST TEXAS P O BOX 631345 NACOGDOCHES, TX 75963-1345	75-2254579	501(C)3	43,264.				SUPPORT BGCA PROGRAM
(3) BGC OF THE TAR RIVER REGION P O BOX 1622 ROCKY MOUNT, NC 27802	56-0934910	501(C)3	43,214.				SUPPORT BGCA PROGRAM
(4) B&GC OF SOUTHWEST MISSISSIPPI P O BOX 7304 MCCOMB, MS 39649	64-0806571	501(C)3	43,156.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE SEQUOIAS 215 W TULARE AVE VISALIA, CA 93277	77-0469369	501(C)3	42,941.				SUPPORT BGCA PROGRAM
(6) B&GC OF TOPEKA 550 SE 27TH ST. TOPEKA, KS 66605	48-0636732	501(C)3	42,875.				SUPPORT BGCA PROGRAM
(7) FAYETTEVILLE YOUTH CENTER, INC. 560 N RUPPLE ROAD FAYETTEVILLE, AR 72704	71-0254287	501(C)3	42,815.				SUPPORT BGCA PROGRAM
(8) B&GC OF BENTON AND FRANKLIN COUNTIES 801 N 18TH AVE PASCO, WA 99301	91-1673327	501(C)3	42,794.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE DIAMOND HILLS 410 EAST MAIN ALMA, AR 72921	74-3072145	501(C)3	42,757.				SUPPORT BGCA PROGRAM
(10) ANTELOPE VALLEY B&GC, THE P O BOX 10047 LANCASTER, CA 93584	95-7290055	501(C)3	42,610.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE WAUSAU AREA 1710 N. 2ND STREET WAUSAU, WI 54403	39-1850386	501(C)3	42,517.				SUPPORT BGCA PROGRAM
(12) B&GC OF CASCADE COUNTY 600 1ST AVENUE SW GREAT FALLS, MT 59404	81-0475269	501(C)3	42,142.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE ROGUE VALLEY 203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501(C)3	42,094.				SUPPORT BGCA PROGRAM
(2) BYRON DORGAN YOUTH WELLNESS CENTER 1500 BIA ROAD 7 BELCOURT, ND 58316	32-0444966	501(C)3	41,470.				SUPPORT BGCA PROGRAM
(3) SAN LEANDRO B&GC, INC. 401 MARINA BLVD SAN LEANDRO, CA 94577	94-6003779	501(C)3	41,388.				SUPPORT BGCA PROGRAM
(4) CARING PEOPLE ALLIANCE 1628 JOHN F KENNEDY BLVD	23-1352104	501(C)3	41,307.				SUPPORT BGCA PROGRAM
(5) B&GC FAMILY CENTER INC 100 ACORN ST SPRINGFIELD, MA 01109	04-2105940	501(C)3	41,039.				SUPPORT BGCA PROGRAM
(6) B&GC OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE, CA 92840	95-6112702	501(C)3	40,973.				SUPPORT BGCA PROGRAM
(7) B&GC OF NEW HAVEN 253-259 COLUMBUS AVE NEW HAVEN, CT 06519	06-0646935	501(C)3	40,861.				SUPPORT BGCA PROGRAM
(8) B&GC OF VENICE 2232 LINCOLN BLVD VENICE, CA 90291	95-6209203	501(C)3	40,825.				SUPPORT BGCA PROGRAM
(9) B&GC OF SAN GORGONIO PASS P O BOX 655 BEAUMONT, CA 92223	20-3812932	501(C)3	40,685.				SUPPORT BGCA PROGRAM
(10) B&GC OF LAKE COUNTY 1801 SHERIDAN ROAD NORTH CHICAGO, IL 60064	36-4266009	501(C)3	40,194.				SUPPORT BGCA PROGRAM
(11) B&GC OF EMERALD VALLEY 1545 WEST 22ND AVENUE EUGENE, OR 97405	93-1264722	501(C)3	40,135.				SUPPORT BGCA PROGRAM
(12) B&GC OF THURSTON COUNTY 905 24TH WAY SW OLYMPIA, WA 98502	91-2124629	501(C)3	40,020.				SUPPORT BGCA PROGRAM

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

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

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(Form 990)

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(1) B&GC OF ASSABET VALLEY 212 GREAT ROAD MAYNARD, MA 01754	23-7105393	501(C)3	40,000.				SUPPORT BGCA PROGRAM
(2) B&GC OF HOCAC NISCO HACI 105 BLUFF STREET WINNEBAGO, NE 68071-0724	77-0648527	501(C)3	40,000.				SUPPORT BGCA PROGRAM
(3) LOS ANGELES COUNTY ALLIANCE FOR B&GC, THE 578 WASHINGTON BLVD	46-5058473	501(C)3	40,000.				SUPPORT BGCA PROGRAM
(4) USAG FORT MEADE CYS SERVICES 4550 PARADE FIELD LANE	99-9999999	GOVT	39,976.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE UMPQUA VALLEY 1144 NE CEDAR ROSEBURG, OR 97470	91-1788798	501(C)3	39,947.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE SOUTH COAST AREA 1304 CALLE VALLE SAN CLEMENTE, CA 92672	95-6111998	501(C)3	39,926.				SUPPORT BGCA PROGRAM
(7) B&GC OF HARRISBURG, THE 1227 BERRYHILL ST HARRISBURG, PA 17104	23-1352043	501(C)3	39,883.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE LOWCOUNTRY 151 GUMTREE RD HILTON HEAD, SC 29926-1606	57-0811876	501(C)3	39,593.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE GREAT LAKES BAY REGION 300 LAFAYETTE AVE BAY CITY, MI 48706	38-1648580	501(C)3	39,553.				SUPPORT BGCA PROGRAM
(10) B&GC OF SCHENECTADY P O BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)3	39,505.				SUPPORT BGCA PROGRAM
(11) B&GC OF NOWATA 300 S PINE ST NOWATA, OK 74048	73-1569974	501(C)3	39,467.				SUPPORT BGCA PROGRAM
(12) B&GC OF WEST-CENTRAL WISCONSIN 105 W. MILWAUKEE STREET TOMAH, WI 54660	39-1962065	501(C)3	39,099.				SUPPORT BGCA PROGRAM

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

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(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Employer identification number

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(1) B&GC OF HERNANDO COUNTY, INC. 5404 APPLGATE DR SPRING HILL, FL 34606	59-3550575	501(C)3	38,982.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE MISSISSIPPI VALLEY 338 6TH ST MOLINE, IL 61265	36-3838421	501(C)3	38,896.				SUPPORT BGCA PROGRAM
(3) B&GC OF ALPENA 601 RIVER ST ALPENA, MI 49707	38-1405280	501(C)3	38,858.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE KENAI PENINSULA 705 FRONTAGE ROAD KENAI, AK 99611	94-3067142	501(C)3	38,765.				SUPPORT BGCA PROGRAM
(5) BGC OF CATAWBA NATION 996 AVENUE OF THE NATIONS	99-9999999	GOVT	38,599.				SUPPORT BGCA PROGRAM
(6) BGC OF THE ALBEMARLE, INC. 131 MORRISTOWN RD EDENTON, NC 27932-9531	61-1546080	501(C)3	38,485.				SUPPORT BGCA PROGRAM
(7) B&GC OF ABILENE P O BOX 2013 ABILENE, TX 79603	75-1001991	501(C)3	38,466.				SUPPORT BGCA PROGRAM
(8) B&GC OF BEND 500 NW WALL ST BEND, OR 97701-2608	93-1127536	501(C)3	38,208.				SUPPORT BGCA PROGRAM
(9) B&GC OF ST HELENA & CALISTOGA 1420 TANTER ST ST HELENA, CA 94574	68-0226714	501(C)3	38,198.				SUPPORT BGCA PROGRAM
(10) B&GC OF SALINE COUNTY 105 COX ST BENTON, AR 72015	23-0411510	501(C)3	38,017.				SUPPORT BGCA PROGRAM
(11) BOYS CLUBS & GIRLS CLUBS OF NEWPORT CO 95 CHURCH STREET NEWPORT, RI 02840	05-0281572	501(C)3	37,962.				SUPPORT BGCA PROGRAM
(12) B&GC OF TROY 3670 JOHN R ROAD TROY, MI 48083	23-7390931	501(C)3	37,781.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

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(Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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(1) B&GC OF ALBANY 1215 HILL STREET SE ALBANY, OR 97322	93-0549842	501(C)3	37,768.				SUPPORT BGCA PROGRAM
(2) B&GC OF ENNIS, INC. P O BOX 722 ENNIS, TX 75120	75-2746070	501(C)3	37,752.				SUPPORT BGCA PROGRAM
(3) B&GC OF MILFORD 14 BENHAM AVENUE MILFORD, CT 06460	27-0786009	501(C)3	37,509.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE RIVER REGION, INC 412 N. HULL STREET MONTGOMERY, AL 36104	63-0302108	501(C)3	37,340.				SUPPORT BGCA PROGRAM
(5) KICKAPOO TRIBE B&GC 884 112TH DRIVE HORTON, KS 66439-0271	48-0864828	501(C)3	37,020.				SUPPORT BGCA PROGRAM
(6) B&GC OF CONTRA COSTA 4674 APPIAN WAY EL SOBRANTE, CA 94803-1859	94-1525614	501(C)3	36,959.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE HATCHIE RIVER REGION 412ALSTON CIRCLE COVINGTON, TN 38019	27-3459151	501(C)3	36,910.				SUPPORT BGCA PROGRAM
(8) BOYS & GIRLS CLUB OF YUOK TRIBE 190 KLAMATH BLVD KLAMATH, CA 95548	99-9999999	GOVT	36,900.				SUPPORT BGCA PROGRAM
(9) B&GC OF MARTIN COUNTY P O BOX 910 HOBE SOUND, FL 33475	65-0253002	501(C)3	36,900.				SUPPORT BGCA PROGRAM
(10) B&GC OF ERIE 1515 EAST LAKE ROAD ERIE, PA 16511	25-1265501	501(C)3	36,697.				SUPPORT BGCA PROGRAM
(11) THE EDUCATIONAL ALLIANCE B&GC 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)3	36,512.				SUPPORT BGCA PROGRAM
(12) B&GC OF PHILLIPS COUNTY P O BOX 511 HELENA, AR 72342	06-1757016	501(C)3	36,505.				SUPPORT BGCA PROGRAM

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

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Grants and Other Assistance to Organizations,
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(1) B&GC OF EVANSVILLE, INC. 700 BELLEMEADE AVENUE EVANSVILLE, IN 47713	35-1007558	501(C)3	36,435.				SUPPORT BGCA PROGRAM
(2) B&GC OF LIVINGSTON COUNTY P O BOX 311 PONTIAC, IL 61764	37-0975574	501(C)3	36,353.				SUPPORT BGCA PROGRAM
(3) B&GC OF ELKHART COUNTY, INC 102 W LINCOLN AVE GOSHEN, IN 46526	35-1033735	501(C)3	36,117.				SUPPORT BGCA PROGRAM
(4) B&GC OF CABARRUS COUNTY, INC 247 SPRING STREET, NW	56-0577630	501(C)3	35,889.				SUPPORT BGCA PROGRAM
(5) B&GC OF PORTAGE COUNTY, INC. 1007 ELLIS STREET STEVENS POINT, WI 54481	73-1630506	501(C)3	35,783.				SUPPORT BGCA PROGRAM
(6) VARIETY B&GC 2530 CINCINNATI ST LOS ANGELES, CA 90033	95-1919219	501(C)3	35,748.				SUPPORT BGCA PROGRAM
(7) B&GC OF CHELSEA P O BOX 81 CHELSEA, OK 74016	73-1533089	501(C)3	35,700.				SUPPORT BGCA PROGRAM
(8) B&GC OF OSHKOSH P O BOX 411 OSHKOSH, WI 54903	39-6120658	501(C)3	35,678.				SUPPORT BGCA PROGRAM
(9) B&GC OF EAST PROVIDENCE 115 WILLIAMS AVE EAST PROVIDENCE, RI 02914	05-0278988	501(C)3	35,467.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE FLATHEAD RESERVATION AND LAK P O BOX 334 RONAN, MT 59864	81-0515029	501(C)3	35,350.				SUPPORT BGCA PROGRAM
(11) B&GC OF CHESTER 201 E 7TH STREET CHESTER, PA 19013	23-1490049	501(C)3	35,291.				SUPPORT BGCA PROGRAM
(12) B&GC OF MASON VALLEY P O BOX 534 YERINGTON, NV 89447	88-0407331	501(C)3	35,281.				SUPPORT BGCA PROGRAM

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(1) B&GC OF SAINT CHARLES COUNTY 1211 LINDENWOOD AVENUE ST CHARLES, MO 63301	43-0714369	501(C)3	34,981.				SUPPORT BGCA PROGRAM
(2) B&GC OF EAST CENTRAL ALABAMA P O BOX 2347 ANNISTON, AL 36202	63-0516163	501(C)3	34,964.				SUPPORT BGCA PROGRAM
(3) FORT SMITH B&GC 4905 NORTH O ST FORT SMITH, AR 72904	71-0270690	501(C)3	34,893.				SUPPORT BGCA PROGRAM
(4) BUCKLEY AIR FORCE BASE YOUTH CENTER 17851 E BRECKENRIDGE AVE AURORA, CO 80011	99-9999999	GOVT	34,703.				SUPPORT BGCA PROGRAM
(5) B&GC OF NORTH MISSISSIPPI 213 W. MAIN STREET TUPELO, MS 38804	64-0880602	501(C)3	34,607.				SUPPORT BGCA PROGRAM
(6) B&GC OF WESTERN NEVADA 1870 RUSSELL WAY CARSON CITY, NV 89706-2785	88-0269139	501(C)3	34,376.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE BLACK HILLS 297 WALNUT STREET HILL CITY, SD 57745	46-0332124	501(C)3	34,300.				SUPPORT BGCA PROGRAM
(8) B&GC OF SOUTHERN ILLINOIS 250 N. SPRINGER STREET CARBONDALE, IL 62902	37-1391223	501(C)3	34,211.				SUPPORT BGCA PROGRAM
(9) B&GC OF WICHITA FALLS 1318 6TH ST WICHITA FALLS, TX 76301	75-0883102	501(C)3	33,959.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREATER FLINT 3701 N AVERILL AVE FLINT, MI 48506	38-3381808	501(C)3	33,518.				SUPPORT BGCA PROGRAM
(11) B&GC OF WHITE MOUNTAIN APACHE P O BOX 1270 WHITE RIVER, AZ 85941	86-0194403	501(C)3	33,469.				SUPPORT BGCA PROGRAM
(12) SALVATION ARMY B&GC OF SHREVEPORT P O BOX 1158 SHREVEPORT, LA 71163	58-0660607	501(C)3	33,376.				SUPPORT BGCA PROGRAM

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

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(1) B&GC OF FREDERICK COUNTY 413 BURCK ST FREDERICK, MD 21701	26-3424855	501(C)3	33,319.				SUPPORT BGCA PROGRAM
(2) B&GC OF LAWRENCE 1520 HASKELL AVENUE LAWRENCE, KS 66044	23-7296824	501(C)3	33,167.				SUPPORT BGCA PROGRAM
(3) B&GC OF LA PLATA COUNTY 2750 MAIN AVE DURANGO, CO 81301	20-5112759	501(C)3	33,062.				SUPPORT BGCA PROGRAM
(4) B&GC OF ALTON P O BOX 532 ALTON, IL 62002	36-4142577	501(C)3	33,002.				SUPPORT BGCA PROGRAM
(5) B&GC OF GREATER KALAMAZOO 915 LAKE ST KALAMAZOO, MI 49001	38-1627080	501(C)3	32,974.				SUPPORT BGCA PROGRAM
(6) B&GC OF FITCHBURG & LEOMINSTER 365 LINDELL AVE LEOMINSTER, MA 01453-5414	04-3576700	501(C)3	32,873.				SUPPORT BGCA PROGRAM
(7) B&GC OF NORTH SAN MATEO COUNTY 201 W ORANGE AVE	94-1497000	501(C)3	32,666.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE OZARKS 1460 BEE CREEK ROAD BRANSON, MO 65616	43-1664669	501(C)3	32,627.				SUPPORT BGCA PROGRAM
(9) B&GC OF LOWER BRULE 187 OYATE CIR LOWER BRULE, SD 57548-8500	46-0463372	501(C)3	32,609.				SUPPORT BGCA PROGRAM
(10) B&GC OF SOUTHWEST VIRGINIA 1714 9TH ST SE ROANOKE, VA 24013	54-1867366	501(C)3	32,594.				SUPPORT BGCA PROGRAM
(11) B&GC OF SKAGIT COUNTY 1605 WILLIAM WAY	91-1670669	501(C)3	32,592.				SUPPORT BGCA PROGRAM
(12) B&GC OF DUMPLIN VALLEY 3107 CIRCLE DRIVE WHITE PINE, TN 37890	26-1475216	501(C)3	32,552.				SUPPORT BGCA PROGRAM

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF CLEVELAND COUNTY, INC. P O BOX 2001 SHELBY, NC 28151	56-0858863	501(C)3	32,500.				SUPPORT BGCA PROGRAM
(2) B&GC OF GREATER PEORIA INC 806 EAST KANSAS ST PEORIA, IL 61603	37-0800010	501(C)3	32,457.				SUPPORT BGCA PROGRAM
(3) B&GC OF GREATER HIGH POINT P O BOX 2834 HIGH POINT, NC 27261	56-2094591	501(C)3	32,372.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE REDWOODS 3117 PROSPECT AVE EUREKA, CA 95503	94-2184464	501(C)3	32,325.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE GREATER COOK COUNTY AREA 1200 N HUTCHINSON AVE ADEL, GA 31620	75-3214885	501(C)3	32,251.				SUPPORT BGCA PROGRAM
(6) B&GC OF BARTLESVILLE 401 S SEMINOLE AVE	73-0618201	501(C)3	32,199.				SUPPORT BGCA PROGRAM
(7) OHKAY OWINGEH P O BOX 1119 OHKAY OWINGEH, NM 87566	85-0228951	501(C)3	32,155.				SUPPORT BGCA PROGRAM
(8) B&GC OF GREATER LOWELL 657 MIDDLESEX ST LOWELL, MA 01851	04-2104396	501(C)3	31,978.				SUPPORT BGCA PROGRAM
(9) BGC OF THE HOOPA VALLEY TRIBE P.O. BOX 1348 HOOPA, CA 95546	94-1477040	501(C)3	31,900.				SUPPORT BGCA PROGRAM
(10) B&GC OF THE BERKSHIRE'S, INC 16 MELVILLE ST PITTSFELD, MA 01202	04-2103925	501(C)3	31,880.				SUPPORT BGCA PROGRAM
(11) USAG FORT GORDON CYS SERVICES ATTN: SHARELLE BOOHER FORT GORDON, GA 30905	99-9999999	GOVT	31,793.				SUPPORT BGCA PROGRAM
(12) B&GC OF YELLOWSTONE COUNTY INC. 505 ORCHARD LANE BILLINGS, MT 59101	81-0308003	501(C)3	31,759.				SUPPORT BGCA PROGRAM

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

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WAKEMAN MEMORIAL ASSOCIATION, INC. 385 CENTER STREET SOUTHPORT, CT 06890	06-0662198	501(C)3	31,603.				SUPPORT BGCA PROGRAM
(2) JOINT BASE HARBOR-HICKAM 15 SVS/SVYY 900 HANGAR AVE	99-9999999	GOVT	31,477.				SUPPORT BGCA PROGRAM
(3) B&GC OF NORTHERN UTAH 271 N 100 WEST BRIGHAM CITY, UT 84302	87-0529606	501(C)3	31,296.				SUPPORT BGCA PROGRAM
(4) TEXAS ALLIANCE OF B&GC 100 COMMONS RD. DRIPPING SPRINGS, TX 78620	75-2939705	501(C)3	31,000.				SUPPORT BGCA PROGRAM
(5) LODI BOYS & GIRLS CLUB 275 POPLAR STREET LODI, CA 95240	94-1570121	501(C)3	30,864.				SUPPORT BGCA PROGRAM
(6) SANTA CLARITA VALLEY B&GC 24909 NEW HALL AVE. NEWHALL, CA 91321	95-2572622	501(C)3	30,607.				SUPPORT BGCA PROGRAM
(7) US ARMY GARRISON-DETROIT ARSENAL 6501 E 11 MILE RD WARREN, MI 48397	56-2340331	501(C)3	30,492.				SUPPORT BGCA PROGRAM
(8) B&GC OF ST JOSEPH COUNTY, INC. 502 E. SAMPLE STREET SOUTH BEND, IN 46601	35-1329625	501(C)3	30,425.				SUPPORT BGCA PROGRAM
(9) HELP COMMITTEE AND B&GC OF THE HI-LINE P O BOX 68 HAVRE, MT 59501	81-0408011	501(C)3	30,300.				SUPPORT BGCA PROGRAM
(10) BOYS CLUB OF CICERO 5500 W 25TH STREET CICERO, IL 60804	36-2154018	501(C)3	30,289.				SUPPORT BGCA PROGRAM
(11) B&GC OF LANSING 4315 PLEASANT GROVE ROAD LANSING, MI 48910	38-1788281	501(C)3	30,281.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE BIG ISLAND 100 KAMAKAHONU ST HILO, HI 96720	81-0575345	501(C)3	30,201.				SUPPORT BGCA PROGRAM

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(1) JBLE-LANGLEY AFB YOUTH PROGRAM 52 WILLOW STREET LANGLEY AFB, VA 23665-2082	99-9999999	GOVT	30,000.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTHWEST COUNTY P O BOX 892349 TEMECULA, CA 92589-2349	33-0475756	501(C)3	29,899.				SUPPORT BGCA PROGRAM
(3) B&GC OF NORTH COUNTY 445 E. IVY STREET FALLBROOK, CA 92028	95-2241614	501(C)3	29,763.				SUPPORT BGCA PROGRAM
(4) B&GC OF MAGIC VALLEY 999 FRONTIER RD TWIN FALLS, ID 83301	94-3176622	501(C)3	29,722.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE OLYMPIC PENINSULA P O BOX 4167 SEQUIM, WA 98382	91-1376766	501(C)3	29,647.				SUPPORT BGCA PROGRAM
(6) B&GC OF NORTHEASTERN PENNSYLVANIA 609 ASH ST SCRANTON, PA 18510	24-0796420	501(C)3	29,187.				SUPPORT BGCA PROGRAM
(7) SANTA FE BOYS AND GIRLS CLUB, INC 730 ALTO STREET SANTA FE, NM 87501	85-0102948	501(C)3	29,101.				SUPPORT BGCA PROGRAM
(8) B&GC OF ABERDEEN AREA 1111 SE FIRST AVE ABERDEEN, SD 57401	23-7062273	501(C)3	29,049.				SUPPORT BGCA PROGRAM
(9) B&GC OF JACKSON COUNTY MS P O BOX 8522 MOSS POINT, MS 39562	58-2016844	501(C)3	28,985.				SUPPORT BGCA PROGRAM
(10) B&GC OF TRANSYLVANIA COUNTY P O BOX 1360 BREVARD, NC 28712	56-2142829	501(C)3	28,906.				SUPPORT BGCA PROGRAM
(11) RED LAKE NATION B&GC 23810 HWY 1 E RED LAKE, MN 56671	41-1935631	501(C)3	28,658.				SUPPORT BGCA PROGRAM
(12) B&GC OF NORTHWEST COLORADO P O BOX 1251 CRAIG, CO 81626	75-3124416	501(C)3	28,552.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) B&GC OF LAS CRUCES 330 W LAS CRUCES AVE LAS CRUCES, NM 88005	85-0167102	501(C)3	28,374.				SUPPORT BGCA PROGRAM
(2) B&GC OF MERIDEN, INC. 15 LINCOLN ST MERIDEN, CT 06451	06-1013015	501(C)3	28,367.				SUPPORT BGCA PROGRAM
(3) B&GC OF BRAZOS VALLEY P O BOX 524 BRYAN, TX 77806	74-6079584	501(C)3	28,289.				SUPPORT BGCA PROGRAM
(4) B&GC OF BARTOW COUNTY P O BOX 455 CARTERSVILLE, GA 30120	58-1892111	501(C)3	28,082.				SUPPORT BGCA PROGRAM
(5) B&GC OF NEW ROCHELLE 79 7TH ST NEW ROCHELLE, NY 10804	13-1943644	501(C)3	27,898.				SUPPORT BGCA PROGRAM
(6) UNITED B&GC OF SANTA BARBARA COUNTY 1124 CASTILLO STREET	23-7087814	501(C)3	27,892.				SUPPORT BGCA PROGRAM
(7) B&GC OF MISSOULA COUNTY 1515 FAIRVIEW AVENUE MISSOULA, MT 59801	84-1414110	501(C)3	27,873.				SUPPORT BGCA PROGRAM
(8) B&GC OF MICHIGAN CITY 321 DETROIT ST MICHIGAN CITY, IN 46360	35-1992851	501(C)3	27,838.				SUPPORT BGCA PROGRAM
(9) B&GC OF GREATER LA CROSSE 1331 CLINTON STREET LA CROSSE, WI 54603	39-6084791	501(C)3	27,710.				SUPPORT BGCA PROGRAM
(10) B&GC OF CITRUS COUNTY P O BOX 907 LECANTO, FL 34460-0907	59-3124840	501(C)3	27,662.				SUPPORT BGCA PROGRAM
(11) B&GC OF SANTA CLARA VALLEY P.O. BOX 152 SANTA PAULA, CA 93061-0152	95-2497853	501(C)3	27,490.				SUPPORT BGCA PROGRAM
(12) B&GC OF CHATTANOOGA, INC. 610 LINDSAY ST CHATTANOOGA, TN 37403-3431	62-0557179	501(C)3	27,402.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF ATHENS P O BOX 546 ATHENS, GA 30601	58-0830085	501(C)3	27,388.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE LAC COURTE OREILLES 13394 W TREPANIA ROAD HAYWARD, WI 54843	39-1832703	501(C)3	27,368.				SUPPORT BGCA PROGRAM
(3) MUNCIE B&GC 1710 S MADISON ST MUNCIE, IN 47302	35-0869060	501(C)3	27,224.				SUPPORT BGCA PROGRAM
(4) B&GC OF MCGEHEE ARKANSAS, INC. P O BOX 495 MCGEHEE, AR 71654	71-0813343	501(C)3	27,183.				SUPPORT BGCA PROGRAM
(5) USAG FORT SILL CYS SERVICES 4700 MOW WAY RD FORT SILL, OK 73503-4493	99-9999999	GOVT	27,000.				SUPPORT BGCA PROGRAM
(6) B&GC OF LAKE EUFAULA P O BOX 1058 EUFAULA, AL 36072-1058	26-4093561	501(C)3	26,910.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE BEMIDJI AREA 1600 MINNESOTA AVE N BEMIDJI, MN 56619	81-0599601	501(C)3	26,736.				SUPPORT BGCA PROGRAM
(8) B&GC OF SAN ANGELO P O BOX 107 SAN ANGELO, TX 76902	75-1216481	501(C)3	26,730.				SUPPORT BGCA PROGRAM
(9) B&GC OF MOORPARK INC P O BOX 514 MOORPARK, CA 93020-0514	77-0112701	501(C)3	26,679.				SUPPORT BGCA PROGRAM
(10) JOHN M BARRY B&GC OF NEWTON, INC. 675 WATERTOWN ST NEWTON, MA 02460	04-2144095	501(C)3	26,500.				SUPPORT BGCA PROGRAM
(11) B&GC OF MITCHELL COUNTY, INC. 120 S. HARNEY STREET CAMILLA, GA 31730	58-1976071	501(C)3	26,413.				SUPPORT BGCA PROGRAM
(12) B&GC OF LODI INC 460 PASSAIC AVE LODI, NJ 07644	22-1632037	501(C)3	26,343.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

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Department of the Treasury
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(1) B&GC OF DORCHESTER INC 1135 DORCHESTER AVE DORCHESTER, MA 02125	23-7076465	501(C)3	26,113.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTHWESTERN OREGON 3333 WALNUT AVENUE COOS BAY, OR 97420	93-0816161	501(C)3	26,058.				SUPPORT BGCA PROGRAM
(3) B&GC OF RUSK COUNTY 710 ROBERTSON BLVD HENDERSON, TX 75652	75-2730664	501(C)3	26,015.				SUPPORT BGCA PROGRAM
(4) B&GC OF CUMBERLAND COUNTY, INC. 3475 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	56-0896317	501(C)3	25,966.				SUPPORT BGCA PROGRAM
(5) BOYS & GIRLS CLUB OF WATERTOWN, INC. 1000 3RD AVENUE NE WATERTOWN, SD 57201	46-0311845	501(C)3	25,877.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE SANDHILLS P O BOX 1761 SOUTHERN PINES, NC 28388	91-1877405	501(C)3	25,834.				SUPPORT BGCA PROGRAM
(7) B&GC OF CENTRAL APPALACHIA, INC. P O BOX 1505 GRUNDY, VA 24614	20-5517073	501(C)3	25,804.				SUPPORT BGCA PROGRAM
(8) B&GC OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457	80-0114397	501(C)3	25,684.				SUPPORT BGCA PROGRAM
(9) B&GC OF BUENA PARK 7758 KNOTT AVE BUENA PARK, CA 90620	95-1808525	501(C)3	25,491.				SUPPORT BGCA PROGRAM
(10) LUBBOCK B&GC P O BOX 94163 LUBBOCK, TX 79493	75-1037228	501(C)3	25,487.				SUPPORT BGCA PROGRAM
(11) B&GC OF GREATER SANTA ROSA INC 1011 HAHMAN DR SANTA ROSA, CA 95405	94-1498233	501(C)3	25,472.				SUPPORT BGCA PROGRAM
(12) B&GC OF GREATER LYNCHBURG 1101 MADISON ST LYNCHBURG, VA 24504	20-0199894	501(C)3	25,433.				SUPPORT BGCA PROGRAM

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(1) B&GC OF STONEHAM INC 15 DALE COURT STONEHAM, MA 02180	23-7025777	501(C)3	25,362.				SUPPORT BGCA PROGRAM
(2) B&GC OF OTERO COUNTY P O BOX 1731 ALAMOGORDO, NM 88311	85-0201122	501(C)3	25,316.				SUPPORT BGCA PROGRAM
(3) B&GC OF SAN FERNANDO VALLEY 11251 GLEN OAKS BLVD PACOIMA, CA 91331	95-2468448	501(C)3	25,165.				SUPPORT BGCA PROGRAM
(4) B&GC OF GREATER HAVERHILL, INC P O BOX 483 HAVERHILL, MA 01831	04-2111215	501(C)3	25,034.				SUPPORT BGCA PROGRAM
(5) B&GC OF TRACY 753 W LOWELL AVE. TRACY, CA 95376	68-0028682	501(C)3	24,836.				SUPPORT BGCA PROGRAM
(6) B&GC OF SILOAM SPRINGS AR, INC. 655 HERITAGE COURT	62-1666732	501(C)3	24,680.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE COLUMBIA BASIN P O BOX 591 MOSES LAKE, WA 98837	91-1634789	501(C)3	24,334.				SUPPORT BGCA PROGRAM
(8) B&GC OF NEW BRITAIN INC 150 WASHINGTON ST NEW BRITAIN, CT 06051	06-0660406	501(C)3	24,284.				SUPPORT BGCA PROGRAM
(9) B&GC OF VALDOSTA, INC. 215 W NORTH ST VALDOSTA, GA 31601-4522	23-7067775	501(C)3	24,177.				SUPPORT BGCA PROGRAM
(10) B&GC OF WALKER COUNTY, TEXAS INC. P O BOX 8600 HUNTSVILLE, TX 77340	03-0476151	501(C)3	24,158.				SUPPORT BGCA PROGRAM
(11) B&GC OF GALLUP P O BOX 2134 GALLUP, NM 87305	31-1650341	501(C)3	24,146.				SUPPORT BGCA PROGRAM
(12) B&GC OF EL CAMPO P O BOX 449 EL CAMPO, TX 77437	76-0364956	501(C)3	24,144.				SUPPORT BGCA PROGRAM

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(1) B&GC OF THE NORTH COUNTRY P O BOX 111 LITTLETON, NH 03561-0111	99-9999999	GOVT	24,053.				SUPPORT BGCA PROGRAM
(2) WASHINGTON COUNTY YTH SVC BUR AND B&GC 38 ELM ST MONTPELIER, VT 05601	03-0262162	501(C)3	24,035.				SUPPORT BGCA PROGRAM
(3) B&GC OF GREATER VERGENNES P O BOX 356 VERGENNES, VT 05491	03-0359691	501(C)3	23,647.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE NORTHTOWNS OF WNY 54 RIVERDALE AVE BUFFALO, NY 14207	16-0755733	501(C)3	23,534.				SUPPORT BGCA PROGRAM
(5) B&GC OF NORTHEAST MISSISSIPPI 1500 NORTH HARPER ROAD CORINTH, MS 38834	64-0389412	501(C)3	23,502.				SUPPORT BGCA PROGRAM
(6) B&GC OF FLAGSTAFF P O BOX 220 FLAGSTAFF, AZ 86002-0220	99-9999999	GOVT	23,436.				SUPPORT BGCA PROGRAM
(7) RIDGEFIELD B&GC 41 GOVERNOR ST RIDGEFIELD, CT 06877	06-0653182	501(C)3	23,423.				SUPPORT BGCA PROGRAM
(8) MNW B&GC OF THOMAS COUNTY P O BOX 3026 THOMASVILLE, GA 31799	58-2426833	501(C)3	23,391.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE HIGHLAND LAKES P O BOX 190 MARBLE FALLS, TX 78654	74-2907284	501(C)3	23,262.				SUPPORT BGCA PROGRAM
(10) B&GC OF HARRISONBURG & ROCKINGHAM P O BOX 1223 HARRISONBURG, VA 22803	54-1652418	501(C)3	23,232.				SUPPORT BGCA PROGRAM
(11) B&GC OF ATLANTIC CITY 317 N PENNSYLVANIA AVE	23-7253748	501(C)3	23,165.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE WESTERN RESERVE 889 JONATHAN AVE AKRON, OH 44306	34-1351557	501(C)3	23,078.				SUPPORT BGCA PROGRAM

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF MASSILLON 730 DUNCAN ST SW MASSILLON, OH 44647	34-0726102	501(C)3	23,028.				SUPPORT BGCA PROGRAM
(2) B&GC OF STANISLAUS COUNTY, INC PO BOX 3349 MODESTO, CA 95353-3349	99-9999999	GOVT	22,970.				SUPPORT BGCA PROGRAM
(3) B&GC OF NORTHWEST TENNESSEE 1015 E. COLLEGE STREET	52-2441482	501(C)3	22,698.				SUPPORT BGCA PROGRAM
(4) B&GC OF LENAWEЕ 340 E. CHURCH STREET ADRIAN, MI 49221	38-3558470	501(C)3	22,301.				SUPPORT BGCA PROGRAM
(5) B&GC OF CHAFFEE COUNTY P O BOX 1430 SALIDA, CO 81201	55-0907901	501(C)3	22,027.				SUPPORT BGCA PROGRAM
(6) B&GC OF SOUTHWEST ALABAMA P O BOX 158 THOMASVILLE, AL 36784	72-1363534	501(C)3	22,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE UPSTATE P O BOX 2794 SPARTANBURG, SC 29304	57-0862226	501(C)3	21,985.				SUPPORT BGCA PROGRAM
(8) B&GC OF EDEN INC 1026 HARRIS STREET EDEN, NC 27289	56-0711026	501(C)3	21,761.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE CASA GRANDE VALLEY 798 NORTH PICACHO AVENUE	86-0864429	501(C)3	21,752.				SUPPORT BGCA PROGRAM
(10) JB ANDREWS YOUTH PROGRAM 4700 YUMA CIR ANDREWS AFB, MD 20762-5584	99-9999999	GOVT	21,584.				SUPPORT BGCA PROGRAM
(11) B&GC OF IMPERIAL VALLEY P O BOX 1277 BRAWLEY, CA 92227	95-2470230	501(C)3	21,566.				SUPPORT BGCA PROGRAM
(12) B&GC OF OAKLAND 3300 HIGH ST OAKLAND, CA 94619	94-1279794	501(C)3	21,537.				SUPPORT BGCA PROGRAM

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(1) USAG HAWAII CYS SERVICES 350 EASTMAN ROAD	99-9999999	GOVT	21,511.				SUPPORT BGCA PROGRAM
(2) MASHKISIBI B&GC 72830 ELM STREET ODANAH, WI 54861	30-0028025	501(C)3	21,479.				SUPPORT BGCA PROGRAM
(3) B&GC OF LEE COUNTY INC 7275 CONCOURSE DR FORT MYERS, FL 33908	59-2013870	501(C)3	21,469.				SUPPORT BGCA PROGRAM
(4) B&GC OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 02860	05-0258924	501(C)3	21,364.				SUPPORT BGCA PROGRAM
(5) BOYS & GIRLS CLUB OF COVINGTON COUNTY 300 MAIN STREET COLLINS, MS 39428	72-1376423	501(C)3	21,349.				SUPPORT BGCA PROGRAM
(6) BOIS FORTE TRIBAL GOVERNMENT 5344 LAKESHORE DRIVE NETT LAKE, MN 55772	41-0954784	501(C)3	21,150.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE WIREGRASS P O BOX 1231 DOTHAN, AL 36302	63-0422560	501(C)3	21,136.				SUPPORT BGCA PROGRAM
(8) BURKBURNETT B&GC P O BOX 2 BURKBURNETT, TX 76354	75-1478734	501(C)3	21,100.				SUPPORT BGCA PROGRAM
(9) B&GC OF SOUTH SAN LUIS OBISPO COUNTY 365 S 10TH ST GROVER BEACH, CA 93433	77-0390117	501(C)3	21,049.				SUPPORT BGCA PROGRAM
(10) B&GC OF WAYNESBORO, STAUNTON AND AUGUST P O BOX 382 WAYNESBORO, VA 22980	54-1848714	501(C)3	21,037.				SUPPORT BGCA PROGRAM
(11) WEST MEMPHIS BOYS CLUB, INC. 990 N. MISSOURI STREET	71-0352307	501(C)3	20,504.				SUPPORT BGCA PROGRAM
(12) B&GC OF TUSTIN 580 WEST 6TH ST TUSTIN, CA 92780	95-2482220	501(C)3	20,444.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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(1) B&GC OF LINCOLN/LANCASTER COUNTY P O BOX 22344 LINCOLN, NE 68542-2344	20-8677226	501(C)3	20,426.				SUPPORT BGCA PROGRAM
(2) B&GC OF NORTH GEORGIA P O BOX 649 JASPER, GA 30143	20-2957153	501(C)3	20,386.				SUPPORT BGCA PROGRAM
(3) ORANGEBURG AREA BOYS CLUB P O BOX 2783 ORANGEBURG, SC 29116	57-0834510	501(C)3	20,364.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE GREATER CHIPPEWA VALLEY 201 E LAKE ST EAU CLAIRE, WI 54701	39-2032491	501(C)3	20,293.				SUPPORT BGCA PROGRAM
(5) B&GC OF CHAVES & LINCOLN COUNTIES 134 REESE DR RUIDOSO, NM 88345-6016	99-9999999	GOVT	20,165.				SUPPORT BGCA PROGRAM
(6) RENSSELAER BOYS CLUBS, INC. 544 BROADWAY RENSSELAER, NY 12144	14-1471475	501(C)3	20,000.				SUPPORT BGCA PROGRAM
(7) PUEBLO OF POJOAQUE BOYS & GIRLS CLUB 101 A LIGHTNING LOOP SANTA FE, NM 87506	85-0219423	501(C)3	20,000.				SUPPORT BGCA PROGRAM
(8) B&GC OF DREW COUNTY P O BOX 156 MONTICELLO, AR 71657	71-0724294	501(C)3	19,979.				SUPPORT BGCA PROGRAM
(9) THE B&GC OF WESLACO, INC 500 S KANSAS AVE WESLACO, TX 78596-6216	90-0961342	501(C)3	19,872.				SUPPORT BGCA PROGRAM
(10) B&GC OF SANTA BARBARA 632 E CANON PERDIDO ST	95-1641425	501(C)3	19,858.				SUPPORT BGCA PROGRAM
(11) SALVATION ARMY B&GC OF CHARLESTON P O BOX 6130 CHARLESTON, WV 25302	58-0660607	501(C)3	19,850.				SUPPORT BGCA PROGRAM
(12) 61 FSS/FSR 483 N AVIATION BLVD EL SEGUNDO, CA 90245	95-2558367	501(C)3	19,714.				SUPPORT BGCA PROGRAM

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(1) B&GC OF SIERRA VISTA 1746 PASEO SAN LUIS	86-0801728	501(C)3	19,646.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE MOUNTAIN EMPIRE P O BOX 1074 BRISTOL, VA 24203	54-0653489	501(C)3	19,622.				SUPPORT BGCA PROGRAM
(3) B&GC OF EAST TEXAS P O BOX 130153 TYLER, TX 75713	75-2541408	501(C)3	19,574.				SUPPORT BGCA PROGRAM
(4) SALVATION ARMY B&GC OF BALTIMORE 814 LIGHT ST BALTIMORE, MD 21230	52-0591457	501(C)3	19,417.				SUPPORT BGCA PROGRAM
(5) NORTH SLO COUNTY B&GC P O BOX 3037 PASO ROBLES, CA 93447	77-0272094	501(C)3	19,411.				SUPPORT BGCA PROGRAM
(6) B&GC OF PASADENA 3230 EAST DEL MAR BLVD PASADENA, CA 91107	95-1643305	501(C)3	19,348.				SUPPORT BGCA PROGRAM
(7) B&GC OF WEST CENTRAL MISSOURI 3100 AARON AVENUE SEDALIA, MO 65301	43-6051103	501(C)3	19,277.				SUPPORT BGCA PROGRAM
(8) HICKSVILLE TEENAGE COUNCIL, INC. 79 WEST OLD COUNTRY ROAD	11-2287963	501(C)3	19,266.				SUPPORT BGCA PROGRAM
(9) BRYANT YOUTH ASSOCIATION 6401 BOONE ROAD BRYANT, AR 72022	94-3417100	501(C)3	19,245.				SUPPORT BGCA PROGRAM
(10) B&GC OF WEST CHESTER/LIBERTY, THE 4845 SMITH RD WEST CHESTER, OH 45069	46-3631593	501(C)3	18,960.				SUPPORT BGCA PROGRAM
(11) B&GC OF WEBER-DAVIS COUNTY 2302 WASHINGTON BLVD OGDEN, UT 84401	87-0660689	501(C)3	18,936.				SUPPORT BGCA PROGRAM
(12) B&GC OF GREATER HOLLAND 435 VAN RAALTE AVE HOLLAND, MI 49423	38-2756671	501(C)3	18,797.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
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BOYS & GIRLS CLUBS OF AMERICA

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(1) B&GC OF THE CUMBERLAND PLATEAU 17025 ALBERTA ST ONEIDA, TN 37841	20-5767918	501(C)3	18,659.				SUPPORT BGCA PROGRAM
(2) B&GC OF SAN DIEGUITO 533 LOMAS SANTA FE DR	95-2470435	501(C)3	18,634.				SUPPORT BGCA PROGRAM
(3) B&GC OF ALACHUA COUNTY P O BOX 358452 GAINESVILLE, FL 32635-8452	59-6002181	501(C)3	18,621.				SUPPORT BGCA PROGRAM
(4) B&GC OF MANTECA 545 W. ALAMEDA STREET MANTECA, CA 95336	94-2751177	501(C)3	18,576.				SUPPORT BGCA PROGRAM
(5) B&GC OF BOWLING GREEN, KENTUCKY - 260 SCOTT WAY BOWLING GREEN, KY 42102	61-0482974	501(C)3	18,094.				SUPPORT BGCA PROGRAM
(6) SPRINGFIELD B&GC, INC. 481 CAREW ST SPRINGFIELD, MA 01104	10-8259946	501(C)3	18,065.				SUPPORT BGCA PROGRAM
(7) B&GC OF MOULTRIE-COLQUITT COUNTY 420 W. CENTRAL AVENUE MOULTRIE, GA 31768	26-3586811	501(C)3	18,039.				SUPPORT BGCA PROGRAM
(8) B&GC OF WHATCOM COUNTY 1715 KENTUCKY ST BELLINGHAM, WA 98229	91-0836427	501(C)3	17,933.				SUPPORT BGCA PROGRAM
(9) B&GC OF HUTCHINSON/ KIDS AFTER SCHOOL, INC. P O BOX 1967 HUTCHINSON, KS 67504-1967	48-1088026	501(C)3	17,907.				SUPPORT BGCA PROGRAM
(10) B&GC OF SYRACUSE 2100 EAST FAYETTE ST SYRACUSE, NY 13224	15-0532240	501(C)3	17,895.				SUPPORT BGCA PROGRAM
(11) B&GC OF SOUTHERN MARYLAND 9021 DAYTON AVENUE NORTH BEACH, MD 20714	52-2145392	501(C)3	17,811.				SUPPORT BGCA PROGRAM
(12) B&GC OF THE HI-DESERT INC 56525 LITTLE LEAGUE DRIVE	95-3766860	501(C)3	17,808.				SUPPORT BGCA PROGRAM

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(1) B&GC OF LAURENS & JOHNSON COUNTIES 1381 2ND STREET DUDLEY, GA 31022	58-2585742	501(C)3	17,709.				SUPPORT BGCA PROGRAM
(2) B&GC OF VINELAND 560 CRYSTAL AVE VINELAND, NJ 08360-2843	22-3604451	501(C)3	17,624.				SUPPORT BGCA PROGRAM
(3) MESCALERO APACHE B&GC 101 CENTRAL AVENUE MESCALERO, NM 88340	85-0098966	501(C)3	17,614.				SUPPORT BGCA PROGRAM
(4) HILL AFB YOUTH CENTER 7285 4TH ST HILL AFB, UT 84056	99-9999999	GOVT	17,539.				SUPPORT BGCA PROGRAM
(5) B&GC OF HARRISON CTY FURTHERING YOUTH, INC. P O BOX 215 CORYDON, IN 47112	35-1983078	501(C)3	17,500.				SUPPORT BGCA PROGRAM
(6) B&GC OF CHICOPEE INC 580 MEADOW ST CHICOPEE, MA 01013	04-2166805	501(C)3	17,256.				SUPPORT BGCA PROGRAM
(7) B&GC OF LANGLADE COUNTY 801 FIFTH AVE ANTIGO, WI 54409	39-1980025	501(C)3	17,169.				SUPPORT BGCA PROGRAM
(8) B&GC OF JACKSONVILLE 1 BOYS CLUB DR JACKSONVILLE, AR 72076	27-2480374	501(C)3	17,118.				SUPPORT BGCA PROGRAM
(9) B&GC OF VERNON, INC. P O BOX 1785 VERNON, TX 76385	75-1052556	501(C)3	17,098.				SUPPORT BGCA PROGRAM
(10) B&GC OF SOUTH LOGAN COUNTY 751 N. KENNEDY AVENUE BOONEVILLE, AR 72927	71-0848678	501(C)3	17,038.				SUPPORT BGCA PROGRAM
(11) B&GC OF THE ARKANSAS RIVER VALLEY P O BOX 1477 RUSSELLVILLE, AR 72811	71-0681999	501(C)3	16,964.				SUPPORT BGCA PROGRAM
(12) B&GC OF HAMILTON 958 EAST AVE HAMILTON, OH 45011	31-0616383	501(C)3	16,851.				SUPPORT BGCA PROGRAM

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(1) ULBRICH B&GC 72 GRAND STREET WALLINGFORD, CT 06492-3545	06-0801966	501(C)3	16,675.				SUPPORT BGCA PROGRAM
(2) MOUNTAIN COMMUNITIES B&GC P O BOX 2228 CRESTLINE, CA 92325	33-0653707	501(C)3	16,671.				SUPPORT BGCA PROGRAM
(3) B&GC OF BEEVILLE 801 W. CORPUS CHRISTI BEEVILLE, TX 78102	51-0211273	501(C)3	16,604.				SUPPORT BGCA PROGRAM
(4) ORRVILLE AREA B&GC 820 NELLA STREET ORRVILLE, OH 44667	34-1003436	501(C)3	16,488.				SUPPORT BGCA PROGRAM
(5) B&GC OF NORTHWEST INDIANA INC 839 BROADWAY GARY, IN 46402	35-0941137	501(C)3	16,396.				SUPPORT BGCA PROGRAM
(6) B&GC OF YOUNGSTOWN, THE 2105 OAK HILL AVE YOUNGSTOWN, OH 44507	34-1039928	501(C)3	16,382.				SUPPORT BGCA PROGRAM
(7) B&GC OF MT. VERNON INC 350 S 6TH STREET MT. VERNON, NY 10550	13-1739925	501(C)3	16,279.				SUPPORT BGCA PROGRAM
(8) JOHN W HEREFORD B&GC OF HUNTINGTON 520 EVERETT STREET HUNTINGTON, WV 25702	56-6679545	501(C)3	16,202.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE COLORADO RIVER 2250 HIGHLAND ROAD	86-0573993	501(C)3	16,197.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREENEVILLE & GREENE COUNTY P O BOX 1977 GREENEVILLE, TN 37744	62-1706248	501(C)3	16,134.				SUPPORT BGCA PROGRAM
(11) B&GC OF LOS FRESNOS 100 WEST 3RD ST LOS FRESNOS, TX 78566	74-2799966	501(C)3	16,062.				SUPPORT BGCA PROGRAM
(12) DEPEW LANCASTER B&GC, INC. 5440 BROADWAY STREET LANCASTER, NY 14086	16-1313581	501(C)3	16,062.				SUPPORT BGCA PROGRAM

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

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF THE PRAIRIE BAND POTAWATOMI NAT 15424 K ROAD MAYETTA, KS 66509	90-0036315	501(C)3	16,054.				SUPPORT BGCA PROGRAM
(2) B&GC OF SPARTA 1000 E MONTGOMERY SPARTA, WI 54656	39-1798177	501(C)3	15,997.				SUPPORT BGCA PROGRAM
(3) GRENVILLE BAKER B&GC, INC 135 FOREST AVENUE LOCUST VALLEY, NY 11560	11-1660855	501(C)3	15,761.				SUPPORT BGCA PROGRAM
(4) MOSHOLU MONTEFIORE COMMUNITY CT, INC 3450 DEKALB AVE BRONX, NY 10467	13-3622107	501(C)3	15,717.				SUPPORT BGCA PROGRAM
(5) B&GC OF DOOR COUNTY, INC P O BOX 579 STURGEON BAY, WI 54235	39-2038359	501(C)3	15,656.				SUPPORT BGCA PROGRAM
(6) B&GC OF DETROIT LAKES, INC. P O BOX 83 DETROIT LAKES, MN 56502	41-0871442	501(C)3	15,634.				SUPPORT BGCA PROGRAM
(7) B&GC OF HENDERSON COUNTY/HENDERSONVILLE P O BOX 1460 HENDERSONVILLE, NC 28793	56-1803125	501(C)3	15,555.				SUPPORT BGCA PROGRAM
(8) B&GC OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	35-1054426	501(C)3	15,501.				SUPPORT BGCA PROGRAM
(9) B&GC OF MANATEE COUNTY, INC. 1215 MANATEE AVENUE WEST	59-0675141	501(C)3	15,501.				SUPPORT BGCA PROGRAM
(10) B&GC OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	06-0646655	501(C)3	15,377.				SUPPORT BGCA PROGRAM
(11) B&GC OF TOCCOA-STEPHENS COUNTY P O BOX 921 TOCCOA, GA 30577	58-2009029	501(C)3	15,299.				SUPPORT BGCA PROGRAM
(12) B&GC OF BLOOMINGTON-NORMAL 1615 WEST ILLINOIS ST	37-1308723	501(C)3	15,261.				SUPPORT BGCA PROGRAM

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(1) B&GC OF EASTON, INC 210 JONES HOUSTON WAY EASTON, PA 18042	23-1941228	501(C)3	15,206.				SUPPORT BGCA PROGRAM
(2) STATELINE B&GC 1851 MOORE STREET BELOIT, WI 53511	39-0974673	501(C)3	15,188.				SUPPORT BGCA PROGRAM
(3) B&GC OF COOKE COUNTY 315 W HIRD ST GAINESVILLE, TX 76240	75-2255185	501(C)3	15,183.				SUPPORT BGCA PROGRAM
(4) B&GC OF TOOMBS COUNTY P O BOX 326 VIDALIA, GA 30475	58-2141084	501(C)3	15,070.				SUPPORT BGCA PROGRAM
(5) CLINTON COUNTY B&GC 1100 W GREEN STREET FRANKFORT, IN 46041	35-1172553	501(C)3	15,000.				SUPPORT BGCA PROGRAM
(6) MINOT AIR FORCE BASE YOUTH ACTIVITIES C 475 SUMMIT AVE MINOT AFB, ND 58705	99-9999999	GOVT	15,000.				SUPPORT BGCA PROGRAM
(7) B&GC OF NORTH LAKE TAHOE P O BOX 1617 KINGS BEACH, CA 96143	31-1549603	501(C)3	15,000.				SUPPORT BGCA PROGRAM
(8) INFOPRO LEARNING, INC. 103 MORGAN LANE PLAINSBORO, NJ 08536	20-5439697	501(C)3	15,000.				SUPPORT BGCA PROGRAM
(9) SERENITY'S GRACE, INC 11310 S. ORANGE BLOSSOM TRAIL	81-5054845	501(C)3	15,000.				SUPPORT BGCA PROGRAM
(10) B&GC OF ALBANY 21 DELAWARE AVE ALBANY, NY 12210	14-1338303	501(C)3	14,912.				SUPPORT BGCA PROGRAM
(11) B&GC OF BANDERA COUNTY 715 MAPLE STREE BANDERA, TX 78003	74-2728659	501(C)3	14,605.				SUPPORT BGCA PROGRAM
(12) B&GC OF MORGAN COUNTY P O BOX 778 MOORESVILLE, IN 46158-0778	36-4541410	501(C)3	14,579.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

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(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1) B&GC OF ULSTER COUNTY, INC 139 GREENKILL AVENUE KINGSTON, NY 12401	14-1374487	501(C)3	14,563.				SUPPORT BGCA PROGRAM
(2) B&GC OF SANTA CRUZ COUNTY 590 N TYLER AVE NOGALES, AZ 85621	86-0671818	501(C)3	14,478.				SUPPORT BGCA PROGRAM
(3) SOUTHERN UTE INDIAN TRIBE P O BOX 737 INGNACIO, CO 81137	84-0404384	501(C)3	14,400.				SUPPORT BGCA PROGRAM
(4) TOM BROWNING B&GC P O BOX 206 MAYSVILLE, KY 41056-0206	60-0474747	501(C)3	14,365.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE LAKE MARTIN AREA P O BOX 1016 ALEXANDER CITY, AL 35011	63-1044271	501(C)3	14,343.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE BELLPORT AREA 471 ATLANTIC AVE BELLPORT, NY 11713-1707	23-7376060	501(C)3	14,291.				SUPPORT BGCA PROGRAM
(7) B&GC OF GREATER KINGSPORT P O BOX 784 KINGSPORT, TN 37662	62-0481370	501(C)3	14,287.				SUPPORT BGCA PROGRAM
(8) B&GC OF SOUTH CENTRAL TEXAS, INC. P.O. BOX 1643 SAN MARCOS, TX 78667	74-2729963	501(C)3	14,045.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE CAPITAL AREA P O BOX 148 PIERRE, SD 57501-0148	99-9999999	GOVT	13,900.				SUPPORT BGCA PROGRAM
(10) B&GC OF CHAMPION VALLEY P O BOX 897 WEIMAR, TX 78962	06-1674854	501(C)3	13,692.				SUPPORT BGCA PROGRAM
(11) KIRTLAND AFB B&GC 8001 G STREET KIRTLAND AFB, NM 87117	43-5253801	501(C)3	13,655.				SUPPORT BGCA PROGRAM
(12) B&GC OF KENNEBEC VALLEY 14 PRAY STREET GARDINER, ME 04345	60-0001275	501(C)3	13,655.				SUPPORT BGCA PROGRAM

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SCHEDULE I
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Department of the Treasury
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(1) B&GC OF THE POARCH BAND OF CREEK INDIANS 5811 JACK SPRINGS RD ATMORE, AL 36502-5025	99-9999999	GOVT	13,643.				SUPPORT BGCA PROGRAM
(2) B&GC OF THE CLINCH VALLEY P O BOX 4021 OAK RIDGE, TN 37831	62-0589052	501(C)3	13,280.				SUPPORT BGCA PROGRAM
(3) B&GC OF FAULKNER COUNTY P O BOX 488 CONWAY, AR 72033-0488	71-0678783	501(C)3	13,261.				SUPPORT BGCA PROGRAM
(4) B&GC OF MOUNT KISCO 351 E MAIN ST MOUNT KISCO, NY 10549-3003	13-1739924	501(C)3	13,230.				SUPPORT BGCA PROGRAM
(5) B&GC OF BARRON COUNTY, INC P O BOX 734 RICE LAKE, WI 54868	39-2025211	501(C)3	13,124.				SUPPORT BGCA PROGRAM
(6) B&GC OF THE GOLDEN TRIANGLE 1815 14TH AVE N COLUMBUS, MS 39701	64-0788835	501(C)3	13,005.				SUPPORT BGCA PROGRAM
(7) B&GC OF GREATER NEW BEDFORD INC 166 JENNEY ST NEW BEDFORD, MA 02740	04-2104752	501(C)3	12,930.				SUPPORT BGCA PROGRAM
(8) B&GC OF BRAZORIA COUNTY 202 W FIRST FREEPORT, TX 77541	74-1688545	501(C)3	12,892.				SUPPORT BGCA PROGRAM
(9) TOWN OF WALLKILL B&GC, INC. P O BOX 14 CIRCLEVILLE, NY 10919	13-3741014	501(C)3	12,793.				SUPPORT BGCA PROGRAM
(10) B&GC OF JANESVILLE, INC. 200 WEST COURT ST JANESVILLE, WI 53548	39-1645796	501(C)3	12,678.				SUPPORT BGCA PROGRAM
(11) OSCAR CROSS B&GC OF PADUCAH INC P O BOX 203 PADUCAH, KY 42002	61-1001392	501(C)3	12,665.				SUPPORT BGCA PROGRAM
(12) BOYS & GIRLS CLUB OF JEFFERSON CITY 1105 LAFAYETTE STREET	43-1733063	501(C)3	12,416.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

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(1) B&GC OF CHAMBERSBURG & SHIPPENSBURG 440 WEST WASHINGTON ST	27-1658752	501(C)3	12,341.				SUPPORT BGCA PROGRAM
(2) B&GC OF PEKIN 1001 VEERMAN ST PEKIN, IL 61554	37-0800532	501(C)3	12,328.				SUPPORT BGCA PROGRAM
(3) NEW LONDON NAVAL SUBMARINE BASE PO BOX 14 GROTON, CT 06349-5014	99-9999999	GOVT	12,281.				SUPPORT BGCA PROGRAM
(4) B&GC OF VICTORIA INC. 202 HOPKINS VICTORIA, TX 77901	74-6104461	501(C)3	12,249.				SUPPORT BGCA PROGRAM
(5) B&GC OF NORTH CENTRAL GEORGIA 405 COMMUNITY COURT MONROE, GA 30655-2755	27-1029072	501(C)3	12,226.				SUPPORT BGCA PROGRAM
(6) B&GC OF STANTON 11050 CEDAR ST STANTON, CA 90680	95-2913402	501(C)3	12,136.				SUPPORT BGCA PROGRAM
(7) JB MDL-FT DIX YOUTH PROGRAM 1279 LOCUST STREET FORT DIX, NJ 08640-9001	99-9999999	GOVT	12,084.				SUPPORT BGCA PROGRAM
(8) B&GC OF ALICE P O BOX 689 ALICE, TX 78333	74-1463071	501(C)3	12,000.				SUPPORT BGCA PROGRAM
(9) JBG LEWIS - MCCHORD CYS SERVICES CYSS COORDINATOR FORT LEWIS, WA 98433-9500	99-9999999	GOVT	12,000.				SUPPORT BGCA PROGRAM
(10) B&GC OF BETHALTO 324 E CENTRAL AVE BETHALTO, IL 62010	37-0911129	501(C)3	11,957.				SUPPORT BGCA PROGRAM
(11) B&GC OF SHEBOYGAN COUNTY 319 CEDAR ST SHEBOYGAN FALLS, WI 53085-1561	39-1246782	501(C)3	11,905.				SUPPORT BGCA PROGRAM
(12) BOYS & GIRLS CLUBS OF THE NEZ PERCE TRIBE 27958 OVER THE HILL DR LAPWAI, ID 83540	82-0255928	501(C)3	11,900.				SUPPORT BGCA PROGRAM

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(1) B&GC OF BINGHAMTON 90 CLINTON ST BINGHAMTON, NY 13905-2322	15-0539040	501(C)3	11,878.				SUPPORT BGCA PROGRAM
(2) B&GC OF KINGSVILLE P O BOX 1181 KINGSVILLE, TX 78364	74-1499178	501(C)3	11,859.				SUPPORT BGCA PROGRAM
(3) B&GC OF GLASGOW/BARREN COUNTY P O BOX 1935 GLASGOW, KY 42142-1935	99-9999999	GOVT	11,846.				SUPPORT BGCA PROGRAM
(4) SALVATION ARMY B&GC OF THE BLUEGRASS 736 WEST MAIN ST LEXINGTON, KY 40508	13-5562351	501(C)3	11,810.				SUPPORT BGCA PROGRAM
(5) IOWA TRIBE OF KANSAS & NE 3345 B THRASHER ROAD WHITE CLOUD, KS 66094	48-0799251	501(C)3	11,727.				SUPPORT BGCA PROGRAM
(6) B&GC OF GARFIELD, INC. 490 MIDLAND AVE GARFIELD, NJ 07026	22-1660518	501(C)3	11,690.				SUPPORT BGCA PROGRAM
(7) B&GC OF THE TIMBER RIDGE P O BOX 777 HOMER, LA 71040	72-1401675	501(C)3	11,501.				SUPPORT BGCA PROGRAM
(8) B&GC OF GREATER HOLYOKE 70 NICK COSMOS WAY HOLYOKE, MA 01040	04-2103792	501(C)3	11,419.				SUPPORT BGCA PROGRAM
(9) SALVATION ARMY B&GC PO BOX 1750 HATTIESBURG, MS 39403	99-9999999	GOVT	11,388.				SUPPORT BGCA PROGRAM
(10) MAVERICK B&GC OF AMARILLO INC 1923 S LINCOLN STREET	75-0808760	501(C)3	11,379.				SUPPORT BGCA PROGRAM
(11) B&GC OF WESTMINSTER 14400 CHESTNUT AVE WESTMINSTER, CA 92683	95-2919799	501(C)3	11,137.				SUPPORT BGCA PROGRAM
(12) B&GC OF SOUHEGAN VALLEY P O BOX 916 MILFORD, NH 03055	02-0450773	501(C)3	11,001.				SUPPORT BGCA PROGRAM

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(1) LIDE WHITE MEMORIAL B&GC 1551 MSH NORTHGATE ROAD	35-1143819	501(C)3	11,000.				SUPPORT BGCA PROGRAM
(2) DON MOYER B&GC 201 E. PARK STREET CHAMPAIGN, IL 61820	37-0906638	501(C)3	10,977.				SUPPORT BGCA PROGRAM
(3) B&GC OF HAWTHORNE 150 MAITLAND AVE HAWTHORNE, NJ 07506	23-7112349	501(C)3	10,945.				SUPPORT BGCA PROGRAM
(4) B&GC OF PIKE AND SURROUNDING COUNTIES P.O. BOX 665 TROY, AL 36081	27-3228308	501(C)3	10,944.				SUPPORT BGCA PROGRAM
(5) B&GC OF THE SEMINOLE TRIBE OF FLORIDA 6353 N 30TH ST HOLLYWOOD, FL 33024-2123	99-9999999	GOVT	10,861.				SUPPORT BGCA PROGRAM
(6) B&GC OF TRINITY, TEXAS INC. 100 WEST SAN JACINTO TRINITY, TX 75862	75-2913351	501(C)3	10,722.				SUPPORT BGCA PROGRAM
(7) BOYS & GIRLS CLUB OF AGAI DICUTTA TUAMUHVI P.O. BOX 220 SCHURZ, NV 89427	88-0139307	501(C)3	10,650.				SUPPORT BGCA PROGRAM
(8) JAMES L. MCKEOWN B&GC OF WOBURN INC. 1 CHARLES GARDNER LANE	04-2301953	501(C)3	10,527.				SUPPORT BGCA PROGRAM
(9) WATERTOWN B&GC INC 25 WHITES AVE WATERTOWN, MA 02472-4345	04-6134699	501(C)3	10,513.				SUPPORT BGCA PROGRAM
(10) B&GC OF DENISON 2100 S MIRICK DENISON, TX 75020	75-6056229	501(C)3	10,494.				SUPPORT BGCA PROGRAM
(11) VACAVILLE NEIGHBORHOOD B&GC 100 HOLY LN VACAVILLE, CA 95688-2202	13-4223488	501(C)3	10,449.				SUPPORT BGCA PROGRAM
(12) GODOMORE, INC/CLUBS DE NINOS Y NINAS CA PO BOX 77156 ATLANTA, GA 30357	47-5522940	501(C)3	10,412.				SUPPORT BGCA PROGRAM

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B&GC OF BUTLER COUNTY 338 S. TYLER STREET MORGANTOWN, KY 42261	61-1271292	501(C)3	10,400.				SUPPORT BGCA PROGRAM
(2) B&GC OF BALDWIN AND JONES COUNTIES, INC. P O BOX 701 MILLEDGEVILLE, GA 31059-0701	58-1671393	501(C)3	10,349.				SUPPORT BGCA PROGRAM
(3) B&GC OF THE CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703-3804	42-6083723	501(C)3	10,282.				SUPPORT BGCA PROGRAM
(4) EGLIN YOUTH PROGRAMS 404 N SEVENTH ST EGLIN AFB, FL 32542	59-1325898	501(C)3	10,000.				SUPPORT BGCA PROGRAM
(5) SOUTH SEBASTIAN COUNTY B&GC P O BOX 219 GREENWOOD, AR 72936	71-0430937	501(C)3	10,000.				SUPPORT BGCA PROGRAM
(6) B&GC OF IWAKUNI PSC 561 BOX 1863 FPO, AP 96310-0019	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(7) CHINA LAKE NAVAL AIR WEAPONS STATION KING STREET RIDGECREST, CA 93555-6104	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(8) BOYS & GIRLS CLUB OF DINE' YOUTH P O BOX 1599 WINDOW ROCK, AZ 86515	99-9999999	GOVT	10,000.				SUPPORT BGCA PROGRAM
(9) BGC OF MARIMN HEALTH 1100 A STREET PLUMMER, ID 83851	82-0441207	501(C)3	10,000.				SUPPORT BGCA PROGRAM
(10) MOUNTAINEER B&GC 918 FORTNEY ST MORGANTOWN, WV 26505-5708	31-1567027	501(C)3	9,854.				SUPPORT BGCA PROGRAM
(11) PATRICK AFB YOUTH CENTER 45 SVS/SVYY SATELLITE, FL 32937	99-9999999	GOVT	9,851.				SUPPORT BGCA PROGRAM
(12) B&GC OF TAUNTON 31 COURT ST TAUNTON, MA 02780	04-2133246	501(C)3	9,821.				SUPPORT BGCA PROGRAM

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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(1) B&GC OF SOMERSET COUNTY P O BOX 752 SOMERSET, PA 15501	20-0685300	501(C)3	9,785.				SUPPORT BGCA PROGRAM
(2) WEST CONTRA COSTA SALESIAN B&GC 2801 MORAN AVE RICHMOND, CA 94804-1015	94-1492635	501(C)3	9,689.				SUPPORT BGCA PROGRAM
(3) B&GC OF EL DORADO, INC. 1201 NORTHWEST AVE EL DORADO, AR 71730	71-0264300	501(C)3	9,656.				SUPPORT BGCA PROGRAM
(4) B&GC OF KOOTENAI COUNTY P O BOX 3598 POST FALLS, ID 83877	84-1635505	501(C)3	9,576.				SUPPORT BGCA PROGRAM
(5) B&GC OF PARIS 717 NORTH 5TH STREET PARIS, AR 72855	58-1934839	501(C)3	9,520.				SUPPORT BGCA PROGRAM
(6) B&GC OF CATHEDRAL CITY 32141 WHISPERING PALMS TRAIL	95-3507225	501(C)3	9,489.				SUPPORT BGCA PROGRAM
(7) B&GC OF NAMPA 316 STAMPEDE DR NAMPA, ID 83687	82-0504332	501(C)3	9,457.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE LONG BEACH PENINSULA P O BOX 1172 LONG BEACH, WA 98631-1172	20-3585444	501(C)3	9,429.				SUPPORT BGCA PROGRAM
(9) GLEN COVE B&GC AT LINCOLN HOUSE 113 GLEN COVE AVE GLEN COVE, NY 11542	11-1673938	501(C)3	9,404.				SUPPORT BGCA PROGRAM
(10) B&GC OF GORDON, MURRAY & WHITFIELD CO P O BOX 309 DALTON, GA 30722	26-0725291	501(C)3	9,393.				SUPPORT BGCA PROGRAM
(11) B&GC OF SIMI VALLEY, INC. 2850 LEMON DR SIMI VALLEY, CA 93063	95-2811018	501(C)3	9,265.				SUPPORT BGCA PROGRAM
(12) B&GC OF ROUND VALLEY P O BOX 1606 EAGAR, AZ 85925	27-5238993	501(C)3	9,238.				SUPPORT BGCA PROGRAM

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SCHEDULE I
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Department of the Treasury
Internal Revenue Service

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

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(1) BOYS & GIRLS CLUB OF BIG VALLEY RANCHERIA 2726 MISSION RANCHERIA RD	99-9999999	GOVT	9,200.				SUPPORT BGCA PROGRAM
(2) B&GC OF SOUTH CENTRAL KANSAS 2400 N OPPORTUNITY DR WICHITA, KS 67219	48-1071303	501(C)3	9,095.				SUPPORT BGCA PROGRAM
(3) GUAM NAVAL BASE PSC 455 FPO, AP 96450-1099	99-9999999	GOVT	9,091.				SUPPORT BGCA PROGRAM
(4) B&GC OF THE WISCONSIN RAPIDS AREA, INC. 1921 BAKER DRIVE WISCONSIN RAPIDS, WI 54494	39-1745942	501(C)3	9,008.				SUPPORT BGCA PROGRAM
(5) SCOTT COUNTY B&GC 595 WEST 6TH STREET WALDRON, AR 72958	71-0830848	501(C)3	9,000.				SUPPORT BGCA PROGRAM
(6) THE B&GC OF WASHINGTON COUNTY 307 LANCASTER ST MARIETTA, OH 45750-2781	99-9999999	GOVT	8,929.				SUPPORT BGCA PROGRAM
(7) B&GC OF VAN BUREN 1403 CITY PARK ROAD VAN BUREN, AR 72956	71-0327975	501(C)3	8,852.				SUPPORT BGCA PROGRAM
(8) B&GC OF MONTGOMERY COUNTY P O BOX 292 CRAWFORDSVILLE, IN 47933	35-6007302	501(C)3	8,826.				SUPPORT BGCA PROGRAM
(9) B&GC OF UKIAH P O BOX 67 UKIAH, CA 95482	68-0340783	501(C)3	8,816.				SUPPORT BGCA PROGRAM
(10) B&GC OF RICHLAND COUNTY 200 3RD AVENUE, SE SIDNEY, MT 59270	11-3694698	501(C)3	8,500.				SUPPORT BGCA PROGRAM
(11) LEJEUNE-NEW RIVER CHILD & YOUTH PROGRAM 1401 WEST RD. CAMP LEJEUNE, NC 28547-2539	99-9999999	GOVT	8,500.				SUPPORT BGCA PROGRAM
(12) B&GC OF LUMBERTON/ROBESON COUNTY P O BOX 2067 LUMBERTON, NC 28359	56-1943784	501(C)3	8,340.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) B&GC OF AUSTIN COUNTY, INC. 1815 S. TESCH ROAD BELLVILLE, TX 77418	76-0640686	501(C)3	8,319.				SUPPORT BGCA PROGRAM
(2) B&GC OF FRANKLIN-SIMPSON COUNTY, KENTUC P O BOX 888 FRANKLIN, KY 42135	61-1423661	501(C)3	8,309.				SUPPORT BGCA PROGRAM
(3) THOMAS CHEW MEMORIAL BOYS CLUB PO BOX 5155 FALL RIVER, MA 02723-0405	04-2103923	501(C)3	8,258.				SUPPORT BGCA PROGRAM
(4) LANSINGBURGH B&GC 501 4TH AVE TROY, NY 12182-2703	14-1338445	501(C)3	8,042.				SUPPORT BGCA PROGRAM
(5) B&GC OF SIOUXLAND 823 PEARL STREET SIOUX CITY, IA 51101	42-0940032	501(C)3	8,033.				SUPPORT BGCA PROGRAM
(6) B&GC OF EAST AURORA, INC. 24 PAINE STREET EAST AURORA, NY 14052	16-0755732	501(C)3	8,030.				SUPPORT BGCA PROGRAM
(7) B&GC OF ASHLEY COUNTY P O BOX 1274 CROSSETT, AR 71635	71-0776135	501(C)3	8,000.				SUPPORT BGCA PROGRAM
(8) B&GC OF THE COASTSIDE 600 CHURCH STREET HALF MOON BAY, CA 94019	94-3193725	501(C)3	7,937.				SUPPORT BGCA PROGRAM
(9) B&GC OF HUNTINGTON COUNTY 608 E. STATE STREET HUNTINGTON, IN 46750	35-2094506	501(C)3	7,879.				SUPPORT BGCA PROGRAM
(10) D.A.R. B&GC P O BOX 211 MENOMINEE, MI 49858	38-1392687	501(C)3	7,788.				SUPPORT BGCA PROGRAM
(11) B&GC OF WOOSTER INC 3540 BURBANK ROAD WOOSTER, OH 44691-8539	46-3469624	501(C)3	7,671.				SUPPORT BGCA PROGRAM
(12) B&GC OF BISBEE P O BOX 5205 BISBEE, AZ 85603	86-0986317	501(C)3	7,645.				SUPPORT BGCA PROGRAM

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SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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(1) B&GC OF BULLOCH COUNTY 515 DENMARK ST STATESBORO, GA 30458	58-2606951	501(C)3	7,601.				SUPPORT BGCA PROGRAM
(2) B&GC OF ERIE COUNTY P O BOX 626 SANDUSKY, OH 44871	20-3534536	501(C)3	7,590.				SUPPORT BGCA PROGRAM
(3) BGC OF THE TRI-COUNTY AREA, INC 344 BROADWAY BERLIN, WI 54923-1708	99-9999999	GOVT	7,557.				SUPPORT BGCA PROGRAM
(4) B&GC OF NORTHERN CHAUTAUQUA COUNTY P O BOX 246 DUNKIRK, NY 14048	16-1532389	501(C)3	7,500.				SUPPORT BGCA PROGRAM
(5) B&GC OF NORTH CENTRAL ALABAMA P O BOX 1431 DECATUR, AL 35602	63-0389942	501(C)3	7,500.				SUPPORT BGCA PROGRAM
(6) AZTEC B&GC 311 S. ASH ST. AZTEC, NM 87410	23-7321843	501(C)3	7,500.				SUPPORT BGCA PROGRAM
(7) LOS ANGELES B&GC 2635 PASADENA AVENUE LOS ANGELES, CA 90031	23-7304197	501(C)3	7,489.				SUPPORT BGCA PROGRAM
(8) MID-SOUTH TN NAVY YOUTH CENTER 5722 INTEGRITY DRIVE MILLINGTON, TN 38054	99-9999999	GOVT	7,395.				SUPPORT BGCA PROGRAM
(9) B&GC OF MORRISTOWN, INC. 311 SULPHUR SPRINGS ROAD	62-0630667	501(C)3	7,351.				SUPPORT BGCA PROGRAM
(10) B&GC OF CARLSBAD P O BOX 536 CARLSBAD, NM 88221	85-0159171	501(C)3	7,346.				SUPPORT BGCA PROGRAM
(11) GRAND FORKS MWR FUND 784 EIELSON STREET	45-0273860	501(C)3	7,269.				SUPPORT BGCA PROGRAM
(12) B&GC OF FAUQUIER 169 KEITH STREET WARRENTON, VA 20186-3231	54-1815587	501(C)3	7,175.				SUPPORT BGCA PROGRAM

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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(1) B&GC OF BREA-PLACENTIA-YORBA LINDA 502 SIEVERS AVENUE BREA, CA 92821	95-2428410	501(C)3	7,149.				SUPPORT BGCA PROGRAM
(2) GREAT LAKES, IL NAVY YOUTH PROGRAMS 2601 PAUL JONES ST	99-9999999	GOVT	7,140.				SUPPORT BGCA PROGRAM
(3) WIESBADEN YOUTH SERVICES UNIT 29063 BOX 0051 APO, AE 09096	99-9999999	GOVT	7,000.				SUPPORT BGCA PROGRAM
(4) B&GC OF MALVERN & HOT SPRING COUNTY INC. 1840 W MOLINE STREET MALVERN, AR 72104	71-0785912	501(C)3	6,989.				SUPPORT BGCA PROGRAM
(5) WINIFRED CRAWFORD DIBERT 62 ALLEN STREET JAMESTOWN, NY 14701	16-0743055	501(C)3	6,954.				SUPPORT BGCA PROGRAM
(6) B&GC OF TIPTON COUNTY INC 341 W JEFFERSON ST TIPTON, IN 46072	35-1871264	501(C)3	6,888.				SUPPORT BGCA PROGRAM
(7) B&GC OF GILA VALLEY 805 7TH AVE SAFFORD, AZ 85546	36-4708413	501(C)3	6,879.				SUPPORT BGCA PROGRAM
(8) B&GC OF PLACER COUNTY 679 LINCOLN WAY AUBURN, CA 95603	68-0321820	501(C)3	6,866.				SUPPORT BGCA PROGRAM
(9) B&GC OF FRANKLIN 101 N. HURRICANE ST FRANKLIN, IN 46131	31-0896365	501(C)3	6,806.				SUPPORT BGCA PROGRAM
(10) DAVIS-MONTHAN YOUTH CENTER 5915 E QUIJOTA BLVD	99-9999999	GOVT	6,776.				SUPPORT BGCA PROGRAM
(11) B&GC OF WEST COOK COUNTY 4000 ST PAUL AVE BELLWOOD, IL 60104	36-2374421	501(C)3	6,773.				SUPPORT BGCA PROGRAM
(12) B&GC OF BENTON COUNTY P O BOX 448 BENTONVILLE, AR 72712	71-0713904	501(C)3	6,764.				SUPPORT BGCA PROGRAM

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(1) NAS LEMOORE CA NAVY YOUTH PROGRAM NAS LEMOORE YOUTH ACTIVITIES	99-9999999	GOVT	6,621.				SUPPORT BGCA PROGRAM
(2) B&GC OF MARION COUNTY 800 SW 12TH AVENUE OCALA, FL 34471	59-1172127	501(C)3	6,611.				SUPPORT BGCA PROGRAM
(3) B&GC OF GREATER SALT LAKE 669 SOUTH 200 EAST SALT LAKE CITY, UT 84111	87-0278627	501(C)3	6,566.				SUPPORT BGCA PROGRAM
(4) FOUNDATION FOR YOUTH OF BARTHOLOMEW COU 405 HOPE AVE COLUMBUS, IN 47201	35-0873340	501(C)3	6,544.				SUPPORT BGCA PROGRAM
(5) KEESLER YOUTH CENTER 603 J ST BLDG. 6801 KEESLER AFB, MS 39534	99-9999999	GOVT	6,500.				SUPPORT BGCA PROGRAM
(6) USAG BAUMHOLDER CYS SERVICE DMWR YP APO, AE 09034	99-9999999	GOVT	6,500.				SUPPORT BGCA PROGRAM
(7) CENTER FOR CHILDREN AND FAMILIES, INC. 210 SOUTH COCKREL AVENUE NORMAN, OK 73071	73-0933253	501(C)3	6,490.				SUPPORT BGCA PROGRAM
(8) B&GC OF MAGNOLIA P O BOX 811 MAGNOLIA, AR 71754-0811	71-0305932	501(C)3	6,456.				SUPPORT BGCA PROGRAM
(9) B&GC OF THE RAPPAHANNOCK REGION 200 GUNNERY ROAD FREDERICKSBURG, VA 22401	46-3043887	501(C)3	6,453.				SUPPORT BGCA PROGRAM
(10) PETERSON AFB YOUTH PROGRAM 125 STEWART AVE. PETERSON AFB, CO 80914	84-0617273	501(C)3	6,229.				SUPPORT BGCA PROGRAM
(11) JB SAN ANTONIO - FT SAM YOUTH PROGRAM 5557 WATKINS PATH	99-9999999	GOVT	6,208.				SUPPORT BGCA PROGRAM
(12) SIGONELLA NAVAL AIR STATION PSC 824 BOX 19 FPO, AE 09623-0001	99-9999999	GOVT	6,000.				SUPPORT BGCA PROGRAM

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(1) B&GC OF MERCED COUNTY P O BOX 470 MERCED, CA 95341	77-0357487	501(C)3	5,920.				SUPPORT BGCA PROGRAM
(2) B&GC OF JEFFERSON COUNTY P O BOX 6027 PINE BLUFF, AR 71611	71-0264612	501(C)3	5,919.				SUPPORT BGCA PROGRAM
(3) NELLIS AFB YOUTH PROGRAM 110 STAFFORD DRIVE	53-0228403	501(C)3	5,794.				SUPPORT BGCA PROGRAM
(4) B&GC OF LEFLORE COUNTY 205 DEWEY AVE POTEAU, OK 74953-4224	26-1570670	501(C)3	5,681.				SUPPORT BGCA PROGRAM
(5) B&GC OF LAKE TAHOE 1100 LYONS AVENUE	68-0241891	501(C)3	5,620.				SUPPORT BGCA PROGRAM
(6) B&GC OF SAN LUIS VALLEY P O BOX 1032 ALAMOSA, CO 81101	84-1215393	501(C)3	5,514.				SUPPORT BGCA PROGRAM
(7) JBG MYER - HENDERSON HALL CYS SERVICES 102 CARPENTER RD FORT MYER, VA 22211-1228	99-9999999	GOVT	5,500.				SUPPORT BGCA PROGRAM
(8) WEST SPRINGFIELD B&GC 615 MAIN ST WEST SPRINGFIELD, MA 01089	04-2105827	501(C)3	5,491.				SUPPORT BGCA PROGRAM
(9) BLACK CANYON B&GC 2900 SUNNYSIDE ROAD MONTROSE, CO 81401	84-1508048	501(C)3	5,419.				SUPPORT BGCA PROGRAM
(10) USAG FORT BLISS CYS SERVICES 5037 SHERATON FORT BLISS, TX 79916	99-9999999	GOVT	5,386.				SUPPORT BGCA PROGRAM
(11) ANDERSEN YOUTH CENTER 36 SVS/SVYY APO, AP 96543-4004	99-9999999	GOVT	5,369.				SUPPORT BGCA PROGRAM
(12) B&GC OF FREMONT COUNTY 129 N. 4TH STREET CANON CITY, CO 81212	27-1610981	501(C)3	5,282.				SUPPORT BGCA PROGRAM

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

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

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EL CENTRO NAVAL AIR FACILITY BLDG 3400 B ST EL CENTRO, CA 92243	99-9999999	GOVT	5,245.				SUPPORT BGCA PROGRAM
(2) MCCURTAIN COUNTY B&GC OF THE CHOCTAW NA P O BOX 490 BROKEN BOW, OK 74728	73-1506395	501(C)3	5,213.				SUPPORT BGCA PROGRAM
(3) DIRECTORATE FAMILY, MORALE, WELFARE & RECRE BLDING 4-1469 REILLY ROAD	56-1607987	501(C)3	5,200.				SUPPORT BGCA PROGRAM
(4) B&GC OF GENEVA 160 CARTER RD GENEVA, NY 14456-1020	16-1481026	501(C)3	5,155.				SUPPORT BGCA PROGRAM
(5) TINKER YOUTH CENTER 4460 MCNARNEY STREET TINKER AFB, OK 73145	99-9999999	GOVT	5,076.				SUPPORT BGCA PROGRAM
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 718.

3 Enter total number of other organizations listed in the line 1 table 55.

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	457.	2,224,124.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, QUESTION 2

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

US

BOYS & GIRLS CLUBS OF AMERICA ("BGCA") STRIVES TO PROVIDE ONGOING AND

EFFECTIVE TECHNICAL ASSISTANCE, INFORMATION, SYSTEMS AND MONITORING SO AS

TO HELP ENSURE THAT BGCA AND LOCAL CLUBS RECEIVING PASS-THROUGH GRANTS

FROM BGCA MAKE FULL AND COMPLIANT USE OF ALL FUNDS ENTRUSTED TO BGCA -

FEDERAL AND NON-FEDERAL.

FOR THE LIFE OF THE GRANT, CONTRACT, ETC., THE FINANCIAL/LEGAL SERVICES,

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

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

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

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

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

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

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

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

BGCA STAFF CONTINUALLY MONITOR THE FINANCIAL AND PROGRAMMATIC PERFORMANCE
OF SUB-RECIPIENTS THROUGH CLUB FINANCIAL REPORTS, CLUB PROGRAM REPORTS,
DIRECT COMMUNICATIONS WITH CLUBS, SITE VISITS, ETC.

WHEN GRANTS ARE AWARDED TO CLUBS ON A REIMBURSEMENT BASIS (I.E. FEDERAL
GRANTS), REQUESTS FOR EXPENDITURES ARE THOROUGHLY REVIEWED FOR ACCURACY,
ALLOWABILITY AND APPROPRIATENESS PER AGREED UPON BUDGETS AND PROGRAM
DELIVERABLES THAT ARE IN ALIGNMENT WITH THE DONOR OR GRANTOR'S INTENT AND
REQUIREMENTS.

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

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

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

PERIODICALLY BGCA RECEIVES DETAILED FINANCIAL AND PROGRAMMATIC REPORTS FROM THE SUB-RECIPIENTS (I.E. CLUBS RECEIVING PASS-THROUGH FUNDS FROM BGCA, TO DOCUMENT THEIR USE OF THE FUNDS FOR THE SPECIFIC PURPOSE FOR WHICH THEY ARE GRANTED). THESE REPORTS ALSO INCLUDE SUB-RECIPIENT CLUB FINANCIAL STATEMENT AUDIT REPORTS AND IF APPLICABLE, AUDIT REPORTS IN ACCORDANCE WITH OMB CIRCULAR A-133 FOR THE USE OF FEDERAL FUNDS. LIKEWISE, FINANCIAL AND PROGRAMMATIC REPORTS ARE ALSO ISSUED BY BGCA TO THE APPROPRIATE FUNDING SOURCES - FEDERAL AGENCIES OR PRIVATE SECTOR DONORS - DETAILING THE USE OF GRANT/DONATED FUNDS AND PROGRAMMATIC

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

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

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

ACHIEVEMENTS/OUTCOMES.

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

BGCA HAS CONTRACTED WITH SCHOLARSHIP AMERICA, A SCHOLARSHIP MANAGEMENT

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

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

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

SERVICE, TO ADMINISTER SCHOLARSHIPS TO ELIGIBLE CLUBS KIDS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

13-5562976

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AUSTIN, PHYLLIS R. SVP HUMAN RESOURCES	(i)	239,790.	29,419.	49,350.	18,476.	9,749.	346,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CLARK, JAMES L. PRESIDENT AND CEO	(i)	539,534.	92,553.	97,725.	119,600.	23,426.	872,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FOWLKES, ELIZABETH M. SR VICE PRESIDENT STRATEGY	(i)	236,839.	39,101.	20,292.	19,305.	15,874.	331,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KAISER, KARL C. SVP MARKETING & COMM.	(i)	223,592.	35,188.	15,330.	19,363.	9,801.	303,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MADISON, SONDRAL FORMER SVP RESOURCE DEVELOPMEN	(i)	352,673.	12,384.	21,324.	23,993.	16,911.	427,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MILLER, JOHN R. SVP, AFFILIATE RELATIONS	(i)	234,049.	15,726.	38,296.	20,031.	9,813.	317,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MORAIN, KRISTINE B. AST SECRETARY, SVP GEN COUNSEL	(i)	287,443.	31,819.	29,613.	19,600.	23,374.	391,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ORR, LORRAINE E CHIEF OPERATIONS OFFICER	(i)	357,831.	57,678.	43,938.	19,600.	23,346.	502,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ROYAL PASCOE, CHAD I. NVP, CORPORATE PARTNERSHIPS	(i)	234,112.	17,366.	28,095.	18,413.	16,857.	314,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TEER, JULIE CHIEF DEVELOPMENT & PA OFFICER	(i)	366,616.	61,454.	51,785.	19,600.	1,844.	501,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 UNGLO, SAMUEL J. ASSISTANT TREASURER, CFO	(i)	329,892.	62,021.	47,605.	19,600.	23,328.	482,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

SCHEDULE J, PART I, QUESTION 5A

INCENTIVE COMPENSATION

BGCA HAS A PAY AT-RISK PROGRAM THAT HOLDS BACK A PORTION OF THE PERSON'S PAY OPPORTUNITY UNTIL MULTIPLE, STRETCH PERFORMANCE CRITERIA ARE MET. NONE OF THE PAY AT RISK WILL BE EARNED BY ANY ONE PERSON UNTIL A PRE-ESTABLISHED LEVEL OF FINANCIAL PERFORMANCE IS ATTAINED, ENSURING THAT WE HAVE THE FINANCIAL RESOURCES TO MEET THE OBJECTIVES OF OUR MISSION, FIRST AND FOREMOST. BGCA MET THE FINANCIAL PERFORMANCE CRITERIA FOR THE

Part III Supplemental Information

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

2019 CALENDAR YEAR AND PERSONS LISTED IN SECTION VII, PART A, RECEIVED A
PORTION OF THIS PAY AT RISK IN 2020. THE PAYMENT WAS BASED ON MULTIPLE
FACTORS IN ADDITION TO REVENUE, INCLUDING ORGANIZATIONAL AND INDIVIDUAL
PERFORMANCE GOALS THAT WERE PRE-ESTABLISHED AND BOARD-APPROVED AT THE
BEGINNING OF THE YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19 .	591,623 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

0173PT 571L

V 19-6.5F

430966

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

USE OF THIRD PARTIES

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

PART I, COLUMN B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-5562976

FORM 990, PART III, LINE 4

PROGRAM SERVICES ACCOMPLISHMENTS

LINE 4A: PROGRAM #1 OFFICE OF JUSTICE PROGRAMS

THROUGH THE PROVISION OF \$26.25 MILLION NATIONAL MENTORING PROGRAMS

FUNDING, OJP/OJJDP PARTNERED WITH BGCA TO STRENGTHEN, EXPAND AND ENHANCE

MENTORING PROGRAMS AND EXPERIENCES FOR MORE THAN APPROXIMATELY 32,000

CLUB MEMBERS AT SOME 1,550 CLUB SITES IN FIVE SPECIFIC GOAL AREAS:

GOAL 1: PROVIDE AND ENHANCE MENTORING SERVICES TO AT-RISK YOUTH AND

HIGH-RISK YOUTH WHO EITHER ATTEND OR ARE REFERRED TO A CLUB.

GOAL 2: PROVIDE AND ENHANCE MENTORING SERVICES TO AL/AN YOUTH LIVING ON

RESERVATIONS WHO ATTEND OR ARE REFERRED TO A CLUB.

GOAL 3: PROVIDE AND ENHANCE SITE-BASED MENTORING SERVICES TO YOUTH WITH A

PARENT IN THE MILITARY WHO EITHER ATTEND OR ARE REFERRED TO A CLUB.

GOAL 4: PROVIDE AND ENHANCE INTENSIVE MENTORING SERVICES USING TARGETED

OUTREACH DELINQUENCY AND GANG PREVENTION STRATEGIES FOR YOUTH IDENTIFIED

AS AT HIGH RISK FOR INVOLVEMENT IN DELINQUENCY OR GANGS.

GOAL 5: PROMOTE POSITIVE OUTCOMES AND REDUCE RISK FACTORS FOR DETAINED

YOUTH.

Name of the organization BOYS & GIRLS CLUBS OF AMERICA	Employer identification number 13-5562976
---	--

BGCA CONTINUES TO DEVELOP AND IMPLEMENT EFFECTIVE SYSTEMS, PROCESSES, TOOLS AND RESOURCES TO SUPPORT THE MENTORING IMPACT OF BOYS & GIRLS CLUBS. TO THAT END, BGCA HAS MADE SIGNIFICANT COMMITMENTS TO OUR SUPPORTERS, CLUBS, NATIONAL YOUTH SERVING ORGANIZATIONS AND OTHER INVESTED PARTIES, TO DEVELOP AND UPDATE THE FOLLOWING NEW PROGRAM ELEMENTS DESIGNED TO ENHANCE MENTORING SERVICES TO HIGH-RISK YOUTH, INCLUDING YOUTH RESIDING IN HIGH-RISK ENVIRONMENTS AND OPIOID IMPACTED YOUTH:

- (1) IMPLEMENT SOCIAL CAPITAL MAPPING FOR USE BY MENTORS OF DETAINED YOUTH; AND
- (2) BGCA WILL PROVIDE GUIDANCE AND EDUCATION MATERIALS ENABLING CLUBS TO CREATE OR UPDATE A PARENT RESOURCE CENTER, SUPPLYING PARENTS WITH EDUCATIONAL MATERIALS RELATED TO MENTEE RISK FACTORS INCLUDING SUBSTANCE USE/MISUSE AND GANG PARTICIPATION, AS WELL AS LINKS TO LOCAL COMMUNITY RESOURCES AND EDUCATIONAL EVENTS.

LINE 4B: PROGRAM #2 NATIONAL YOUTH OF THE YEAR PROGRAM

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

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AND RECOGNITION PROGRAM FOR TEENS.

YOUTH OF THE YEAR PROGRAM HAS CONTINUED TO GROW SINCE THE BEGINNING.
NEARLY 100,000 YOUTH PARTICIPATE IN THE YOUTH OF THE YEAR PROGRAM
THROUGHOUT THE MOVEMENT. THROUGH THE YOUTH OF THE YEAR SPEAKER'S BUREAU,
A GROUP OF YOUTH OF THE YEAR REPRESENTATIVES MAKES MORE THAN 100
APPEARANCES ANNUALLY TO SPEAK ON BEHALF OF THE 4.7 MILLION YOUNG PEOPLE
SERVED BY BOYS & GIRLS CLUBS. AND, WE'VE MADE COLLEGIATE DREAMS A REALITY
BY DISTRIBUTING MORE THAN \$1 MILLION IN SCHOLARSHIPS ANNUALLY.

THE ACHIEVEMENTS OF OUR YOUTH OF THE YEAR CANDIDATES CONTINUE TO BE
IMPRESSIVE. LAST YEAR ALONE, YOUTH OF THE YEAR CANDIDATES CONTRIBUTED
MORE THAN 133,000 SERVICE HOURS, RESULTING IN AN ECONOMIC IMPACT OF
3,134,964. ON AVERAGE, THEY HAVE A 3.23 GRADE POINT AVERAGE AND VOLUNTEER
187 HOURS ANNUALLY.

LINE 4C: PROGRAM #3 CLUB EXPERIENCE

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

WHEN CLUB STAFF INTENTIONALLY FOCUS ON THESE YOUTH DEVELOPMENT
FUNDAMENTALS AND YOUNG PEOPLE ATTEND THE CLUB MORE FREQUENTLY, THIS

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COMBINATION DRIVES STRONGER OUTCOMES FOR YOUTH IN BGCA'S THREE PRIORITY AREAS - ACADEMIC SUCCESS, GOOD CHARACTER AND CITIZENSHIP, AND HEALTHY LIFESTYLES.

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

WE KNOW FROM OUR LOCAL CLUB LEADERS THAT TRAINING FOR YOUTH DEVELOPMENT PROFESSIONALS IS ONE OF THE MOST IMPORTANT SERVICES BGCA PROVIDES, AND WE ALSO KNOW THROUGH OUR DATA THAT REGULAR TRAINING FOR STAFF CREATES BETTER OUTCOMES FOR YOUTH. BGCA'S ABILITY TO DRIVE YOUTH OUTCOMES RELIES ON THE POWER OF OUR PEOPLE AND THE IMPACT OF LEADERSHIP. BY DEVELOPING LEADERS WHO ARE CAPABLE OF FOSTERING SAFE LEARNING ENVIRONMENTS, CLUB YOUTH WILL GAIN THE ESSENTIAL SKILLS NECESSARY TO BE PRODUCTIVE, CARING AND RESPONSIBLE CITIZENS.

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

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LINE 4D: OTHER PROGRAM SERVICES

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

FORM 990, PART VI, SECTION A, QUESTION 6 & 7A

MEMBERS

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

NATIONAL COUNCIL

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

VOTING RIGHTS:

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

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

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL:

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

FORM 990, PART VI, SECTION A, QUESTION 11

GOVERNING BODY'S REVIEW OF FORM 990

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

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

MONITORING CONFLICTS OF INTEREST

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

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REVIEW AND EXECUTE ON AN ANNUAL BASIS. THE HUMAN RESOURCE DEPARTMENT OF BOYS & GIRLS CLUBS OF AMERICA IS RESPONSIBLE FOR MONITORING THE EXECUTION OF THE EMPLOYEES' CODE OF ETHICS AND THE RESOURCE DEVELOPMENT DEPARTMENT IS RESPONSIBLE FOR MONITORING THE EXECUTION CODE OF ETHICS FOR GOVERNORS & TRUSTEES.

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

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

FORM 990, PART VI, SECTION B, QUESTION 15
PROCESS OF DETERMINING COMPENSATION

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

FORM 990, PART VI, SECTION C, QUESTION 18

APPLICATION FOR RECOGNITION OF EXEMPTION

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

FORM 990, PART VI, SECTION C, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS

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

FORM 990, PART VII
COMPENSATION

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

ATTACHMENT 1

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

TO BOYS & GIRLS CLUBS OF AMERICA'S MISSION IS TO ENABLE ALL YOUNG
PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL
POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.
BOYS & GIRLS CLUBS OF AMERICA (BGCA) PROMOTES THE HEALTH, SOCIAL,
EDUCATION, VOCATIONAL AND CHARACTER DEVELOPMENT OF YOUNG PEOPLE
THROUGHOUT THE UNITED STATES. THE NATIONAL ORGANIZATION WAS FOUNDED
IN 1906, AND CHARTERED BY CONGRESS IN 1956. BGCA DEVELOPS INNOVATIVE
PROGRAMS AND SERVICES FOR YOUNG PEOPLE; PROVIDES TRAINING, TECHNICAL
ASSISTANCE AND RESOURCE MATERIALS TO LOCAL CLUBS; PROMOTES PUBLIC
AWARENESS AND SUPPORT FOR THE MISSION AND IMPACT OF THE BOYS & GIRLS
CLUB MOVEMENT; AND ADDRESSES SOCIAL, EDUCATIONAL, VOCATIONAL AND
ECONOMIC ISSUES AFFECTING YOUNG PEOPLE. AFFILIATED LOCAL BOYS & GIRLS
CLUBS PROVIDE A SAFE PLACE TO LEARN AND GROW; ONGOING RELATIONSHIPS
WITH CARING, ADULT PROFESSIONAL STAFF; LIFE-ENHANCING PROGRAMS;

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CHARACTER DEVELOPMENT EXPERIENCES; AND HOPE AND OPPORTUNITY.

THE BOYS & GIRLS CLUB MOVEMENT COMPRISES MORE THAN 1,100 INDEPENDENT ORGANIZATIONS AND THE NATIONAL ORGANIZATION, BOYS & GIRLS CLUBS OF AMERICA. LOCAL ORGANIZATIONS SERVE YOUNG PEOPLE AND COMMUNITIES THROUGH SOME 4,000 CLUB LOCATIONS, 50,000 TRAINED ADULT PROFESSIONAL STAFF, 199,000 PROGRAM VOLUNTEERS AND 27,000 BOARD MEMBERS. WHILE BOYS & GIRLS CLUBS OF AMERICA SERVES ITS LOCAL ORGANIZATIONS, THE NATIONAL ORGANIZATION DOES NOT CONTROL THE AFFAIRS OF INDIVIDUAL CLUBS, WHICH ARE GOVERNED LOCALLY.

HOW THE NATIONAL ORGANIZATION SERVES LOCAL CLUBS

THE BOYS & GIRLS CLUB MOVEMENT BEGAN IN 1906 WHEN 53 LOCAL CLUBS BANDED TOGETHER TO ESTABLISH A NATIONAL FEDERATION. SINCE THEN, THE NATIONAL ORGANIZATION AND LOCAL CLUBS HAVE WORKED CLOSELY TOGETHER TO HELP AMERICA'S YOUTH REACH THEIR FULL POTENTIAL.

THROUGH ITS HEADQUARTERS IN ATLANTA, SIX REGIONAL SERVICE CENTERS AND A GOVERNMENT RELATIONS OFFICE IN WASHINGTON, D.C., BGCA PROVIDES ASSISTANCE AND SUPPORT TO CLUBS IN PROGRAM DEVELOPMENT, BOARD AND STAFF DEVELOPMENT, ORGANIZATIONAL PLANNING, RESOURCE DEVELOPMENT, SECURING STATE AND FEDERAL FUNDING, MARKETING AND COMMUNICATIONS, AND ADMINISTRATION AND MANAGEMENT. KEY FUNCTIONS INCLUDE:

- " DEVELOPING AND TESTING NEW PROGRAMS FOR YOUTH;
- " ASSISTING CLUBS WITH QUALITY PROGRAM PLANNING AND EVALUATION;
- " PROVIDING TRAINING EXPERIENCES, MANAGEMENT CONSULTATIONS AND RESOURCE MATERIALS FOR STAFF DEVELOPMENT, VOLUNTEER RECRUITMENT, MARKETING, FUNDRAISING, COMPENSATION AND BENEFITS ADMINISTRATION, AS WELL AS FACILITY DESIGN, CONSTRUCTION, SAFETY AND MAINTENANCE;

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

" PROMOTING GREATER PUBLIC AND MEDIA AWARENESS ABOUT THE
MOVEMENT'S MISSION AND IMPACT;

" ASSISTING CLUBS IN ACQUIRING STATE AND FEDERAL FUNDING;

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

" PASSING THROUGH FUNDS TO MEMBER CLUBS.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER	33,858,362.	93,313,549.	3,060,326.
TOTALS	<u>33,858,362.</u>	<u>93,313,549.</u>	<u>3,060,326.</u>

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

BERMUDA

NETHERLANDS

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI,

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BOYS & GIRLS CLUBS OF AMERICA	13-5562976
ATTACHMENT 5	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC 29432 NETWORK PLACE CHICAGO, IL 60673-1432	IDM SERVICER	3,017,187.
REVOLUTION FOODS, INC 8393 CAPWELL DRIVE OAKLAND, CA 94621	FOOD PROVIDER	1,894,282.
ADVANCED SOLUTIONS INTERNATIONAL, INC. 4030 WEST BRAKER LANE STE 175 AUSTIN, TX 78759	MYCLUBHUB DESIGN	1,284,835.
PMX AGENCY, INC ONE WORLD TRADE CENTER 63RD FLR NEW YORK, NY 10007	WEB DESIGN	791,605.
MINDSHIFT TECHNOLOGIES, INC 45610 WOODLAND ROAD STE 200 STERLING, VA 20166	TECHNICAL SUPPORT	697,189.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALABAMA ALLIANCE OF BGC INC. 63-1232492 P O BOX 1016 ALEXANDER CITY, AL 35011	YOUTH DEVELOP	AL	501(C)4		BGCA	X	
(2) ARIZONA ALLIANCE OF BGC INC. 86-1039968 10515 E LAKEVIEW DR SCOTTSDALE, AZ 85258	YOUTH DEVELOP	AZ	501(C)4		BGCA	X	
(3) ARKANSAS ALLIANCE OF BGC INC. 71-0822051 611 MAIN STREET N LITTLE ROCK, AR 72114	YOUTH DEVELOP	AR	501(C)4		BGCA	X	
(4) CALIFORNIA ALLIANCE OF BGC INC. 91-2084469 P O BOX 360 ROUGH READY, CA 95975	YOUTH DEVELOP	CA	501(C)4		BGCA	X	
(5) COLORADO ALLIANCE OF BGC INC. 06-1653186 103 SMOKEY STREET FORT COLLINS, CO 80525	YOUTH DEVELOP	CO	501(C)4		BGCA	X	
(6) CONNECTICUT ALLIANCE OF BGC INC. 33-1064638 ONE POSITIVE PLACE, PO BOX 209 SHELTON, CT 06484	YOUTH DEVELOP	CT	501(C)4		BGCA	X	
(7) FLORIDA ALLIANCE OF BGC INC. 65-0839955 4384 NICOKE CIRLCE TEQUESTA, FL 33469	YOUTH DEVELOP	FL	501(C)4		BGCA	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GEORGIA ALLIANCE OF BGC INC. 01-0557882 PO BOX 1130 ALBANY, GA 31702	YOUTH DEVELOP	GA	501(C)4		BGCA	X	
(2) HAWAII ALLIANCE OF BGC INC. 30-0457526 P O BOX 427 KAHULUI, HI 96733	YOUTH DEVELOP	HI	501(C)4		BGCA	X	
(3) IDAHO ALLIANCE OF BGC INC. 84-1674661 10424 BARNSALE DR BOISE, ID 83704	YOUTH DEVELOP	ID	501(C)4		BGCA	X	
(4) ILLINOIS ALLIANCE OF BGC INC. 36-4327562 440 W. MONROE STE 206 SPRINGFIELD, IL 62704	YOUTH DEVELOP	IL	501(C)4		BGCA	X	
(5) INDIANA ALLIANCE OF BGC INC. 35-2129067 2236 E 10TH ST, STE 2000 INDIANAPOLIS, IN 04620	YOUTH DEVELOP	IN	501(C)4		BGCA	X	
(6) IOWA ALLIANCE OF BGC INC. 42-1516490 1350E WASHINGTON AVENUE DES MOINES, IA 50312	YOUTH DEVELOP	IA	501(C)4		BGCA	X	
(7) KANSAS ALLIANCE OF BGC INC. 01-0650318 2150 SW WESTPORT DR, SUITE 204 TOPEKA, KS 66614	YOUTH DEVELOP	KS	501(C)4		BGCA	X	

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Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

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OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KENTUCKY ALLIANCE OF BGC INC. 61-1364080 P O BOX 4989 LOUISVILLE, KY 40204	YOUTH DEVELOP	KY	501(C)4		BGCA	X	
(2) LOUISIANA ALLIANCE OF BGC INC. 72-1491228 500 EVERGREEN ST WEST MONROE, LA 71292	YOUTH DEVELOP	LA	501(C)4		BGCA	X	
(3) MAINE ALLIANCE OF BGC INC. 20-2953315 PO BOX 7830 PORTLAND, ME 04112	YOUTH DEVELOP	ME	501(C)4		BGCA	X	
(4) MARYLAND ALLIANCE OF BGC INC. 52-2312888 404 AGGIES CIRCLE, UNIT L BEL AIR, MD 21014	YOUTH DEVELOP	MD	501(C)4		BGCA	X	
(5) MASSACHUSETTS ALLIANCE OF BGC INC. 06-1684675 CHARLES GARDNER LANE WOBURN, MA 01801	YOUTH DEVELOP	MA	501(C)4		BGCA	X	
(6) MICHIGAN ALLIANCE OF BGC INC. 38-3636955 1545 EAST LINCOLN AVE ROYAL OAK, MI 78067	YOUTH DEVELOP	MI	501(C)4		BGCA	X	
(7) MINNESOTA ALLIANCE OF BGC INC. 80-0037988 6500 NICOLLET AVE, STE 201 MINNEAPOLIS, MN 55423	YOUTH DEVELOP	MN	501(C)4		BGCA	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MISSISSIPPI ALLIANCE OF BGC INC. 64-0932322 1500 NORTH HARPER RD. STE 3B CORINTH, MS 38834	YOUTH DEVELOP	MS	501(C)4		BGCA	X	
(2) MISSOURI ALLIANCE OF BGC INC. 43-1870548 1460 BEE CREEK ROAD BRANSON, MO 65616	YOUTH DEVELOP	MO	501(C)4		BGCA	X	
(3) MONTANA ALLIANCE OF BGC INC. 81-0536980 505 ORCHARD LANE BILLINGS, MT 59101	YOUTH DEVELOP	MT	501(C)4		BGCA	X	
(4) NEBRASKA ALLIANCE OF BGC INC. 27-2250924 2610 HAMILTON ST OMAHA, NE 68131	YOUTH DEVELOP	NE	501(C)4		BGCA	X	
(5) NEVADA ALLIANCE OF BGC INC. 74-3128043 2680 E 9TH STREET RENO, NV 89512	YOUTH DEVELOP	NV	501(C)4		BGCA	X	
(6) NEW HAMPSHIRE ALLIANCE OF BGC INC. 56-2425831 47 GRAND AVE NASHUA, NH 03060	YOUTH DEVELOP	NH	501(C)4		BGCA	X	
(7) NEW JERSEY ALLIANCE OF BGC INC. 22-3621285 822 CLIFTON AVE CLIFTON, NJ 07015	YOUTH DEVELOP	NJ	501(C)4		BGCA	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

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Inspection**

Name of the organization

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Employer identification number

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NEW MEXICO ALLIANCE OF BGC INC. 43-1950851 551 CORDOVA RD BOX 325 SANTA FE, NM 87505	YOUTH DEVELOP	NM	501(C)4		BGCA	X	
(2) NEW YORK ALLIANCE OF BGC INC. 13-4065411 282 BABCOK ST, FL 2 BUFFALO, NY 14210	YOUTH DEVELOP	NY	501(C)4		BGCA	X	
(3) NORTH CAROLINA ALLIANCE OF BGC INC. 55-0856392 701 N RALEIGH BLVD RALEIGH, NC 27610	YOUTH DEVELOP	NC	501(C)4		BGCA	X	
(4) OHIO ALLIANCE OF BGC INC. 31-1704802 600 DALTON AVE CINCINNATI, OH 45203	YOUTH DEVELOP	OH	501(C)4		BGCA	X	
(5) OKLAHOMA ALLIANCE OF BGC INC. 73-1598475 1300 E 15TH ST, STE 150 EDMOND, OK 73103	YOUTH DEVELOP	OK	501(C)4		BGCA	X	
(6) OREGON ALLIANCE OF BGC INC. 93-1303337 1395 SUMMER ST NE SALEM, OR 97301	YOUTH DEVELOP	OR	501(C)4		BGCA	X	
(7) PENNSYLVANIA ALLIANCE OF BGC INC. 25-1857470 5 HANOVER SQUARE 3RD FL NEW YORK, NY 10004	YOUTH DEVELOP	NY	501(C)4		BGCA	X	

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Schedule R (Form 990) 2019

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**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

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Inspection**

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Employer identification number

13-5562976

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RHODE ISLAND ALLIANCE OF BGC INC. 05-0504432 180 S MAIN ST PROVIDENCE, RI 02903	YOUTH DEVELOP	RI	501(C)4		BGCA	X	
(2) SOUTH CAROLINA ALLIANCE OF BGC INC. 57-1092504 P O BOX 423 COLUMBIA, SC 29201	YOUTH DEVELOP	SC	501(C)4		BGCA	X	
(3) SOUTH DAKOTA ALLIANCE OF BGC INC. 74-3083839 P O BOX 833 WATERTOWN, SD 57201	YOUTH DEVELOP	SD	501(C)4		BGCA	X	
(4) TENNESSEE ALLIANCE OF BGC INC. 62-1835398 220 CARRICK ST, STE 318 KNOXVILLE, TN 37921	YOUTH DEVELOP	TN	501(C)4		BGCA	X	
(5) TEXAS ALLIANCE OF THE BGC INC. 75-2939705 100 COMMONS RD STE 7 #206 DRIPPING SPRINGS, TX 78620	YOUTH DEVELOP	TX	501(C)4		BGCA	X	
(6) UTAH ALLIANCE OF BGC INC. 82-0562906 244 E VINE ST P O BOX 57071 MURRAY, UT 84107	YOUTH DEVELOP	UT	501(C)4		BGCA	X	
(7) VERMONT ALLIANCE OF BGC INC. 20-4319910 62 OAK ST BURLINGTON, VT 05401	YOUTH DEVELOP	VT	501(C)4		BGCA	X	

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**SCHEDULE R
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Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Inspection**

Name of the organization

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Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VIRGINIA ALLIANCE OF BGC INC. 54-1946564 5511 STAPLES MILL RD, STE 301 RICHMOND, VA 23228	YOUTH DEVELOP	VA	501(C)4		BGCA	X	
(2) WASHINGTON ALLIANCE OF BGC INC. 91-2157587 3003 SUNSET WAY SE TUMWATER, WA 98501	YOUTH DEVELOP	WA	501(C)4		BGCA	X	
(3) WEST VIRGINIA ALLIANCE OF BGC INC. 20-1472867 P O BOX 1184 MARTINSBURG, WV 25402	YOUTH DEVELOP	WV	501(C)4		BGCA	X	
(4) WISCONSIN ALLIANCE OF BGC INC. 39-2008889 925 N SILVERBROOK DR WEST BEND, WI 53090	YOUTH DEVELOP	WI	501(C)4		BGCA	X	
(5) WYOMING ALLIANCE OF BGC INC. 20-5386022 1701 E K ST CASPER, WY 82601	YOUTH DEVELOP	WY	501(C)4		BGCA	X	
(6) BGC IN NEW JERSEY, INC 27-0185288 310 SOUTH STREET MORRISTOWN, NJ 07940	SUPPORT B&GC	NJ	501(C)3	7	BGCA	X	
(7) BGC IN TENNESSEE, INC 26-4568046 220 CARRICK ST, STE 318 KNOXVILLE, TN 37921	SUPPORT B&GC	TN	501(C)3	7	BGCA	X	

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Schedule R (Form 990) 2019

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**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BGC IN TEXAS INC 20-1493423 13110 W HIGHWAY 290 AUSTIN, TX 78737	SUPPORT B&GC	TX	501(C)3	7	BGCA	X	
(2) LOS ANGELES COUNTY ALLIANCE FOR BGC 46-5058473 578 WASHINGTON BLVD, STE 199 MARINA DEL RAY, CA 90292	SUPPORT B&GC	CA	501(C)3	7	BGCA	X	
(3) WASHINGTON STATE BOYS & GIRLS CLUBS ASSO 35-2275325 PO BOX 1774 OLYMPIA, WA 98507	SUPPORT B&GC	WA	501(C)3	7	BGCA	X	
(4) BOYS & GIRLS CLUBS OF GEORGIA 83-1259454 PO BOX 1130 ALBANY, GA 31702	SUPPORT B&GC	GA	501(C)3	7	BGCA	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARIZONA ALLIANCE OF BOYS & GIRLS CLUBS INC	P	5,000.	FMV
(2) CALIFORNIA ALLIANCE OF BOYS & GIRLS CLUBS INC	P	15,000.	FMV
(3) MARYLAND ALLIANCE OF BOYS & GIRLS CLUBS INC	P	7,500.	FMV
(4) MICHIGAN ALLIANCES OF BOYS & GIRLS CLUBS INC	P	5,000.	FMV
(5) MONTANA ALLIANCE OF BOYS & GIRLS CLUBS INC	P	2,500.	FMV
(6) NEW MEXICO ALLIANCE OF BOYS & GIRLS CLUBS INC	P	16,000.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OREGON ALLIANCE OF BOYS & GIRLS CLUBS INC	P	5,000.	FMV
(2) RHODE ISLAND ALLIANCE OF BOYS & GIRLS CLUBS	P	9,000.	FMV
(3) SOUTH DAKOTA ALLIANCE OF BOYS & GIRLS CLUBS	P	7,500.	FMV
(4) VERMONT ALLIANCE OF BOYS & GIRLS CLUBS INC	P	10,000.	FMV
(5) GEORGIA ALLIANCE OF BOYS & GIRLS CLUBS INC	Q	14,494.	FMV
(6) ILLINOIS ALLIANCE OF BOYS & GIRLS CLUBS INC	Q	337,364.	FMV

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.