** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form 990

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022 and ending AUG 31, SEP 1, A For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Address change BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Name change Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 651-726-2582 Final 690 JACKSON STREET 274.288. termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende return ST. PAUL, MN 55130 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TERRYL BRUMM for subordinates? H(b) Are all subordinates included? Yes No SAME AS C ABOVE 4947(a)(1) or If "No," attach a list. See instructions | Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) H(c) Group exemption number WWW.BOYSANDGIRLS.ORG J Website: L Year of formation: 2000 M State of legal domicile: MN K Form of organization: X Corporation Other Association Part I Summary Briefly describe the organization's mission or most significant activities: TO ENABLE ALL YOUNG PEOPLE TO 1 REACH THEIR POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 34 3 Number of voting members of the governing body (Part VI, line 1a) 34 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 140 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 600 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 12,950,315. 6,984,638. 8 Contributions and grants (Part VIII, line 1h) Revenue 75,355. 97,524. 9 Program service revenue (Part VIII, line 2g) 9,440. 125,292. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -157,090. -91,555. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,050,364. 12,943,555. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 108,848. 90,471. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,770,270. 6,387,981. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,975,788. 3,475,817. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,954,269. 7,854,906. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,088,649. -2,903,905. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 0 8 18,999,900. 16,593,191. 20 Total assets (Part X, line 16) 1,335,246. 1,817,998. 21 Total liabilities (Part X, line 26) 17,664,654. 14,775,193. Net assets or fund balances. Subtract line 21 from line 20 E Part II | Signature Block Under penalties of perjuy, 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 foclaration of presarer (other than officer) is based on all information of which preparer has any knowledge Signature of other Sign TERRYL/BRUMM, PRESIDENT/CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 02/06/24 self-employed P01591790 RACHEL FLANDERS RACHEL FLANDERS Paid Firm's EIN 41-0746749 CLIFTONLARSONALLEN LLP Preparer Firm's name Firm's address 220 S 6TH STREET, SUITE 300 Use Only Phone no. 612-376-4500 MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2022) BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO ENABLE YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH
	THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. FOR
	MORE INFORMATION VISIT WWW.BOYSANDGIRLS.ORG.
	MORB INFORMATION VIBIT WWW.DOIDHIDGITAD.C.C.C.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
40	7 000 702 00 471 \
4a	WITH SERVICE DATING BACK TO 1926, BGCTC HAS A PROVEN HISTORY OF WORKING
	IN TWIN CITIES COMMUNITIES TO KEEP KIDS AND TEENS ENGAGED WITH
	IN TWIN CITIES COMMUNITIES TO REFER THE AND TERMS ENGAGED WITH
	OUT-OF-SCHOOL-TIME ACADEMIC, LIFE SKILLS, AND CAREER-FOCUSED
	PROGRAMMING. WE HAVE INVESTED IN A TRANSFORMATIONAL AND INCLUSIVE
	PROGRAM MODEL THAT SUPPORTS ESSENTIAL SKILL BUILDING AND ACADEMIC
	ACHIEVEMENT FROM KINDERGARTEN THROUGH POST-SECONDARY. OUR PROVEN
	APPROACH ATTRACTS 3,062 REGISTERED MEMBERS THROUGHOUT THE YEAR. BEYOND
	HIGH SCHOOL GRADUATION, BGCTC'S ALUMNI ASSOCIATION OFFERS ALUMNI ACCESS
	TO SCHOLARSHIP OPPORTUNITIES, CAREER RESOURCES AND NETWORKING,
	MENTORSHIP, AND VOLUNTEER OPPORTUNITIES WITH THE CLUBS.
	BGCTC'S MISSION IS TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO
	NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses 7,990,703.
	Form 990 (2022)

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BOYS AND GIRLS CLUBS OF THE TWIN CITIES Form 990 (2022) BOYS AND GIR 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)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	H-		
8	-	8		x
_	Schedule D, Part III	Ť		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			
IU	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		A
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		Х
13		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			- v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II		200	(0000)

Form 990 (2022) BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 4 Part IV | Checklist of Required Schedules (continued)

I di	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b	_	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%			- v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	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	0.7		x
	entity (including an employee thereof) or family member of any of these persons? f "Yes," complete Schedule L, Part	27		A
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes." complete Schedule M	30	,	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l!		٠,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X.
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ •	
D	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		V	No
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	Uid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22200	(gambling) winnings to prize winners?		990	(2022
202004	IL-TU-LL			,

DocuSign Envelope ID: 066F2A8B-5C42-46A0-8FDE-AF57C0322F4A 41-0842657 BOYS AND GIRLS CLUBS OF THE TWIN CITIES Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. Form 990 (2022) 232005 12-13-22 2022.05040 BOYS AND GIRLS CLUBS OF T A4860491 10570206 131839 A486049

Form	990 (2022) BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	_
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	_
	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b	77	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			- V
	taxable entity during the year?	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN		ovelle!	blo.
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)	orny)	avalla	nie.
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	l fine-	nial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ımanı	Jial .	
	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 JACLYNN WEST - (651)200-4110			
	690 JACKSON STREET, SAINT PAUL, MN 55130			

232006 12-13-22

BOYS AND GIRLS CLUBS OF THE TWIN CITIES

41-0842657

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-MEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, director, or trustee.						
(A)	(B) (C)							(D)	(E)	(F)				
Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Estimated				
	hours per	box.	unles	ss per	rson is both an irector/trustee)			compensation	compensation	amount of				
	week	_	cer an	u a u	recto	17 II US	100)	from	from related	other				
	(list any	recto						the	organizations	compensation				
	hours for	or di	9			ated		organization	(W-2/1099-MISC/ 1099-NEC)	from the organization				
	related	ustee	trust			bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEO)	and related				
	organizations below	ual tr	tional		ploy	t con	L	1055-1420)		organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
(1) TERRYL BRUMM	39.00							000 001		12 005				
PRESIDENT/CEO	1.00			Х	_	_		223,831.	0.	13,005.				
(2) JACLYNN WEST	38.00							404.050		45 200				
CFO	2.00			X	_			134,352.	0.	17,398.				
(3) SHANNON MATTSON	40.00							104 500		45 040				
VP OF DEVELOPMENT AND COMM	0.00	_	_	Х	_			126,792.	0.	15,812.				
(4) JEAN-PAUL BIGIRINDAVYI	40.00			x				123,780.	0.	9,544.				
VP OF OPERATIONS	2.00	-		Α			-	123,700.	0.	9,344.				
(5) TODD PHELPS		x		x				0.	0.	0.				
CHAIR (6) CHAD JACKSON	2.00	Δ		Δ.	\vdash		-	- 0.	0.					
VICE CHAIR	0.00	x		x				0.	0.	0.				
(7) RAYMOND CHIU	2.00	-	\vdash						•					
SECRETARY	0.00	x		x				0.	0.	0.				
(8) BOB MARTIN	2.00	-												
TREASURER	1.00	x		x				0.	0.	0.				
(9) ALLYSON HARTLE	1.00									,				
DIRECTOR	0.00	X						0.	0.	0.				
(10) AMELIA HARDY	1.00													
DIRECTOR	0.00	X						0.	0.	0.				
(11) BRYAN HUGHES	1.00								_					
DIRECTOR	0.00	X	_			_		0.	0.	0.				
(12) CARRIE DAHL	1.00													
DIRECTOR	0.00	X	_					0.	0.	0.				
(13) DAN KUEPPERS	1.00								0.					
DIRECTOR		X	_	_	_		H	0.	0.	0.				
(14) DAVID GALE	1.00	٠,,						0.	0.	0.				
DIRECTOR	0.00	X	_		_			0.	0.	0.				
(15) JASON LIPINSKY	1.00	x						0.	0.	0.				
DIRECTOR (16) JENNY GULDSETH	1.00	_	-					0.	U.	-				
(16) JENNY GULDSETH DIRECTOR	0.00	x						0.	0.	0.				
(17) JENNY PRINGLE	1.00	A			\vdash			0.		-				
DIRECTOR		x						0.	0.	0.				
			-	_	-	_	_			E 000 (0000)				

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Form 990 (2022)

	GIRLS C	LU	IBS	0	F	ΤH	E	TWIN CITIES	41-084	2657
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd F	ligh	est (ees (continued)	
(A)				C)			(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable compensation	Estimated
	hours per	(c	heck	all	that	app	ly)	compensation		amount of
						, p		from the	from related organizations	other compensation
	week (list any	ğ				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				E pe		(W-2/1099-MISC)	(,	organization
	related	tee or	nstee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	/ emp	hest	Former			
	line)	Pu Pu	- SE) jj	.e	ΞĒ	호			
(27) PAUL BERG	1.00								ا م	0
DIRECTOR	0.00	X	-					0.	0.	0.
(28) ROB LOFTUS	1.00	7.						_	0.	0.
DIRECTOR	0.00	X	H			H		0.	0.	0.
(29) ROBERT TAYLOR	1.00								,	0
DIRECTOR	0.00	X	_		_			0.	0.	0.
(30) STEVE EASTMAN	1.00								ا م	0.
DIRECTOR	0.00	X	-			H	_	0.	0.	0.
(31) STEVE PONTIUS	1.00	7,						0.	0.	0.
DIRECTOR	0.00	Х	-	_				U.	0.	0.
(32) TOM AHERN	1.00							0.	0.	0.
DIRECTOR	1.00	X					_	U .	0.	0.
(33) TOM ROOS	0.00	x						0.	0.	0.
DIRECTOR (34) TOM SCHNACK	2.00	^					_	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(35) THERESA DOLEZAL	1.00	A					_	•		
DIRECTOR	0.00	x						0.	0.	0.
(36) HEATHER DUBOIS	1.00	-								
DIRECTOR	0.00	x						0.	0.	0.
(37) JOE GEISTFELD	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(38) JEN MASCHKE	1.00		Т		П					
DIRECTOR	1.00	х						0.	0.	0.
			L				_			
		Ш	_			_	_			
						_	_			
							_			
,			-			-				
		1								
					\vdash					
		_			I					
Total to Book VIII. Continu A. line 10										
Total to Part VII, Section A, line 1c								L		

Form 990 (2022) BOYS AND GIRLS CLUBS OF THE TWIN CITIES

Part VIII Statement of Revenue

41-0842657 Page 9

Pa	rt V	/111	Statement of Revenue					-
			Check if Schedule O contains a response or	note to any lin	e in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f PROGRAM FEES 1d 4 1e 1,6 1f 4,2 1g \$ 1	20,403. 65,388. 12,919. 85,928. 00,280.	6,984,638. 97,524.	97,524.		
n Se		C						
Bey		d						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		97,524.			
	3		Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond produced in the content of tax-exempt bond produced in tax-exempt bond produced	ceeds	121,757.			121,757.
	5		Royalties (i) Real	(ii) Personal				
	6	b	Gross rents Less: rental expenses Rental income or (loss) Gross rents 6a 21,288. 6b 0. 6c 21,288.	(II) P EISONAI				
			Net rental income or (loss)		21,288.			21,288.
nue	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 7a 3,535. 7b 0.	(ii) Other				
}eve			Gain or (loss) 7c 3,555. Net gain or (loss)		3,535.			3,535.
Other Revenue	8	а	Gross income from fundraising events (not including \$ 620,403. of contributions reported on line 1c). See Part IV, line 18	41,783. 23,924.				
			Less: direct expenses 8b 2 Net income or (loss) from fundraising events	20,021.	-182,141.			-182,141.
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
			Less: direct expenses 9b					
	10	а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a					
			Less: cost of goods sold Net income or (loss) from sales of inventory					
snoa	11		MISCELLANEOUS INCOME	Business Code	3,763.			3,763.
Scellaneo		b						
Miscellaneous Revenue		c d	All other revenue					
Σ			Total. Add lines 11a-11d		3,763.	65 504		24 500
	12		Total revenue. See instructions		7,050,364.	97,524.	0.	-31,798. Form 990 (2022

BOYS AND GIRLS CLUBS OF THE TWIN CITIES

41-0842657 Page 10

Form 990 (2022) BOYS AND GIRL
Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	00 451	00 454		
	individuals. See Part IV, line 22	90,471.	90,471.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	683,211.	137,565.	395,317.	150,329
6	Compensation not included above to disqualified	000,221.	257,5001	0207027	
О	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,665,784.	4,042,324.	240,654.	382,806
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	51,883.	47,395.		4,488
9	Other employee benefits	556,769.	426,967.	83,033.	46,769
10	Payroll taxes	430,334.	344,518.	45,277.	40,539
11	Fees for services (nonemployees):				
а	Management				
b	Legal			60.075	
С	Accounting	60,075.		60,075.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	565,882.	383,152.	171,769.	10,961
	column (A), amount, list line 11g expenses on Sch 0.)	303,002.	303,132.	1/1,/05.	10,501
12	Advertising and promotion	636,285.	595,602.	15,184.	25,499
13	Office expenses	95,156.	76,534.	11,419.	7,203
14	Information technology	33,1301	,0,0010		.,
15 16	Royalties	816,451.	718,777.	45,489.	52,185
17	Travel	100,531.	65,901.	23,888.	10,742
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	87,089.	13,411.	56,619.	17,059
21	Payments to affiliates	52,614.	50,825.	1,094.	695
22	Depreciation, depletion, and amortization	815,262.	803,430.	10,546.	1,286
23	Insurance	150,244.	137,012.	6,757.	6,475
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	68,134.	36,453.	29,238.	2,443
a b	STAFF TRAINING	28,094.	20,366.	6,126.	1,602
c					
d	88				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,954,269.	7,990,703.	1,202,485.	761,081
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form 990 (2022)

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 11

Pal	rt X	Charlet Charlet Operations a reserved or note to		Ulina in this Dart V			
		Check if Schedule O contains a response or note to	o an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	,		475,510.	1	627,581
	2	Savings and temporary cash investments	8,310.	2	3,688,966		
	3	Pledges and grants receivable, net		1,180,180.	3	869,179	
	4	Accounts receivable, net			63,450.	4	82,826
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified	l per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sec	tion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			128,345.	9	97,959
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D1	l0a	25,063,651.			
	b	Less: accumulated depreciation	l0b	14,050,493.	11,180,268.	10c	11,013,158
	11				5,963,837.	11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	213,522		
	16	Total assets. Add lines 1 through 15 (must equal li	ine 3	33)	18,999,900.	16	16,593,191
	17	Accounts payable and accrued expenses		869,853.	17	818,864	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Par	t IV	of Schedule D		21	
S	22	Loans and other payables to any current or former	offic	er, director,			
彗		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	oerso	ons		22	
ت	23	Secured mortgages and notes payable to unrelated	d thir	d parties	465,393.	23	420,202
	24	Unsecured notes and loans payable to unrelated th	ird p	parties		24	365,410
	25	Other liabilities (including federal income tax, payak	oles	to related third			
		parties, and other liabilities not included on lines 17	7-24)	. Complete Part X	_		
		of Schedule D			0.	25	213,522
	26	Total liabilities. Add lines 17 through 25			1,335,246.	26	1,817,998
		Organizations that follow FASB ASC 958, check	here	e X			
ces		and complete lines 27, 28, 32, and 33.			40.005.050		44 650 040
a	27	Net assets without donor restrictions			13,836,060.	27	11,672,942
Ba	28				3,828,594.	28	3,102,251
ng Pu		Organizations that do not follow FASB ASC 958,	che	eck here			
Ī		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incor			17 664 654	31	14 775 100
Š	32	Total net assets or fund balances		1	17,664,654.	32	14,775,193
	33	Total liabilities and net assets/fund balances			18,999,900.	33	16,593,191 Form 990 (202

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	Form	990 (2	022)	BOYS	AND	GIRLS	CLUBS	OF	THE	TWIN	CIT	PIES	41-08	42657	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 I'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 Sonsolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 1 I'Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Sonsolidated basis Both consolidated and separate basis consolidated basis or both: Separate basis Sonsolidated basis Both consolidated and separate basis c If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Sonsolidated basis Both consolidated and separate basis c If 'Yes,' check a	Pai	rt XI	Reconciliation	n of Net	Assets											
2 9,954,269. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2,903,905. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements and dependent 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. consolidated basis, or both: Separate basis Separate			Check if Schedul	le O contain	s a respo	nse or note	to any line	in this	Part XI							
2 9,954,269. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2,903,905. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements and dependent 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. consolidated basis, or both: Separate basis Separate																
Revenue less expenses. Subtract line 2 from line 1 At assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) At a sasets or fund balances at beginning of year (must equal Part X, line 32, column (A)) At unrealized gains (losses) on investments Bonated services and use of facilities Prior period adjustments Prior period adjustments Cher changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 Oconsolidated 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 X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization under	1	Total	revenue (must eq	ual Part VIII,	column	(A), line 12)							. 1			
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A 17,664,654. Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Asseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or solid. By Were the organization's financial statements audited by an independent accountant? By Were the organization's financial statements audited by an independent accountant? By Were the organization's financial statements audited by an independent accountant? By Were the organization's financial statements audited by an independent accountant? By Were the organization in financial statements audited by an independent accountant? By Were the organization or indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: By Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: By Separate basis Consolidated basis Both consolidated and separate basis, or compliation of its financial statements and selection of an independent accountant? Country Co	2	Total	expenses (must e	qual Part IX	, column	(A), line 25)							. 2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 O. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:	3	Rever	ue less expenses	s. Subtract li	ine 2 fron	n line 1										
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Check if Schedule O contains a response or note to any line in this Part XII 10 14,775,193. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	4	Net as	ssets or fund bala	inces at beg	inning of	year (must	equal Part >	(, line 3	32, colu	mn (A))			4			
7 Investment expenses 7 8 Prior period adjustments 8 Prior period adjustments 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 14,775,193. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5	Net u	nrealized gains (lo	sses) on inv	estment	s							. 5	14	1,4	44.
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O check if Schedu	6	Donat	ed services and u	use of faciliti	es								. 6			
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Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	9	Other	changes in net a	ssets or fund	d balance	es (explain d	on Schedule	O)					9			0.
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits														Ja	47	
of addits, explain why on schedule o and describe any steps taken to didding sach addits	b													26	x	
	_	or auc	iits, explain why o	on Scheaule	o and d	escribe any	steps taker	i to un	uergo si	acri audits	>					(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization						Employer	identification number					
	BOYS	AND GIRLS	CLUBS OF THE	IIWT	V CITI	ES	4	1-0842657					
Part I			(All organizations must c				ıs.						
The ora	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
1	A church, convention of ch					I)(A)(i).							
2	A school described in secti												
3	A hospital or a cooperative				УЬХ1ХАХ іі	in.							
٦ <u>-</u>	A medical research organiz						Xiii). Enter	the hospital's name.					
4	city, and state:	ation operated in et	origination that a recopius				///-	,					
e [-	An organization operated for	or the benefit of a co	ollege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in					
5	section 170(b)(1)(A)(iv). (C		onego or armorotty owner	or operat	, - 9-								
۰ _	7	•	mental unit described in	ection 1	70/LV4VA\	(14)							
6 L	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
7 <u>X</u>	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). (C		ValVAVall (Complete Dari	. 11 \									
8	A community trust describe				ad in agni	matian with a	lond grant	collogo					
9	An agricultural research org												
	or university or a non-land-g	grant college of agri	culture (see instructions).	Enter the	name, city	, and state of	tile college	· OI					
. —	university:				4-7147		in face and	d aveno venointo from					
10	An organization that norma												
	activities related to its exen												
	income and unrelated busin		e (less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	mer June 30, 1975.					
_	See section 509(a)(2). (Co												
11 📙	An organization organized a												
12	An organization organized												
	more publicly supported or							Sheck the box on					
_	lines 12a through 12d that												
a			supervised, or controlled										
	the supported organization			majority o	of the direc	tors or truste	es of the su	pporting					
_	organization. You must o												
b			d or controlled in connect										
	control or management o	of the supporting org	ganization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported					
_	organization(s). You mus												
c			ng organization operated				lly integrate	ed with,					
			s). You must complete I										
d [porting organization oper										
	that is not functionally int	egrated. The organ	ization generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	/eness					
	requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V.							
е [Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III						
	functionally integrated, or	r Type III non-function	onally integrated supporti	ng organiz	ation.								
f Er	nter the number of supported o	organizations	,										
g Pi	ovide the following information		ed organization(s).	lui la lla ara	anizalia a lio da								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed in a document?	(v) Amount o	-	(vi) Amount of other					
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)					
			1										

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (c) 2020 (e) 2022 (d) 2021 (f) Total (a) 2018 (b) 2019 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 6557345. 9453871. 12950315. 6984638. 41954514. 6008345. 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 6557345. 9453871.12950315. 6984638.41954514. 6008345. 4 Total. Add lines 1 through 3 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, 4190209. column (f) 37764305. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2018 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 6984638.41954514. 6557345. 9453871.12950315. 6008345. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 9,720. 143,045. 229,753. 24,351. 21,776. 30,861. 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 19,644. 3,763. 23,820. 255. 83 75. assets (Explain in Part VI.) 42208087. 11 Total support. Add lines 7 through 10 449,376. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 89.47 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 88.63 15 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. 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 b 33 1/3% support test - 2021. 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 17a 10% -facts-and-circumstances test - 2022. 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 b 10% -facts-and-circumstances test - 2021. 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 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 Schedule A (Form 990) 2022

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 3 Schedule A (Form 990) 2022 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

Se	ction A. Public Support	elow, please comp	nete Fart II.					
_	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	16	e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 40 10	107	1 1	1 1 1			
'	membership fees received. (Do not							
	include any "unusual grants.")							
_	, , , , , , , , , , , , , , , , , , , ,					+		
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose					-		
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
·	ization's benefit and either paid to							
_								
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge			-		+		
6	Total. Add lines 1 through 5					-		
7:	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
-	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	c Add lines 7a and 7b							
	Public support. Subtract line 7c from line 6.					-		
_	ction B. Total Support		G 8	2 1 2 2 2 2	1 4 2224	1	1 0000	10 T 1
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1 0	e) 2022	(f) Total
9	Amounts from line 6				1	-		
10	a Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
1	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	, , , , , , , , , , , , , , , , , , , ,				-	+		
	c Add lines 10a and 10b					+		
11	Net income from unrelated business activities not included on line 10b.							
	whether or not the business is							
	regularly carried on					-		
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3	3) organizatio	on,
•	check this box and stop here							
Se	ction C. Computation of Publi	c Support Per						
	Public support percentage for 2022 (I			column (fl)		15		%
						16		%
	Public support percentage from 2021					101		70
_	ction D. Computation of Inves					1,-1		
	Investment income percentage for 20					17	_	%
	Investment income percentage from					18		%
19:	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%	6, and line 1	7 is not
	more than 33 1/3%, check this box ar							
1	o 33 1/3% support tests - 2021. If the						n 33 1/3 %, a	ind
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	23 12-09-22	II did not oncon a	200 00 100 101 10					(Form 990) 2022

Schedule A (Form 990) 2022

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		_
3c		
1		
4a		
4b		
4¢		_
5a		
5b 5c		
6		
7		
8		
•		
0-		
9a		
9b		
9c		
100		
10a		
10b		

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Sche	edule A (Form 990) 2022 BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-08	4265	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
	11c below, the governing body of a supported organization?	11a		_
	A family member of a person described on line 11a above?	110		_
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI. Ition B. Type I Supporting Organizations	1.0		
	don 2. Type I cupper any		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,		- 1	
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
	the first of the directors		res	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and british type in outpersong to generalize		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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	•			
	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	2a		
	that these activities constituted substantially all of its activities.	28		
b				
	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	2b		
_	these activities but for the organization's involvement.	<u> </u>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

	dule A (Form 990) 2022 BOYS AND GIRLS CLUBS OF			41-0842657 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			<i>i⊓</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	on 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	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
	Average monthly cash balances	1b		
_	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	-		
_	(explain in detail in Part VI):	50		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	H - JIHES	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting o	rganization (see
	instructions).	-		

Schedule A (Form 990) 2022

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) Distributable **Underdistributions Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	BOYS	AND	GIRLS	CLUBS	OF	THE	TWIN	CITIES	41-0842657	Page 8
Part VI	Supplemental Information Part IV, Section A, lines line 1; Part IV, Section D	rmation.	Provide 4b. 4c.	the explana	tions requir	ed by l1b, an	Part II, li d 11c; F	ne 10; Pai Part IV, Se	t II, line 17a or ction B, lines 1	17b; Part III, line 12; and 2; Part IV, Section	C,
j 	Section D, lines 5, 6, and (See instructions.)	d 8; and Par	t V, Sect	tion E, lines	2, 5, and 6.	Also c	omplete	this part	for any addition	nal information.	
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 **Open to Public** Inspection

Name of the organization

Employer identification number

		BS OF THE TWIN CITIES	41-0842657
Pai	-		ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
a			
D	Number of conservation easements on a certified historic stru		
С.	Number of conservation easements included in (c) acquired a		20
d			2d
_	historic structure listed in the National Register Number of conservation easements modified, transferred, rel		
3		eased, extinguished, or terminated by the orga	illization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conservat	don easements during the year
_	the state of the s		secoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation e	easements during the year
		470/6\/4\	D) (3)
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements t	that describes the
Day	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
Pal			Sillilai Assets.
_	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<u>.</u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

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-	dule D (Form 990) 2022 BOYS AN. † III Organizations Maintaining C	D GIRLS CLU collections of Art	JBS OF THE t, Historical Tre	TWIN CIT	IES ther S		084265 ets (conti		age 2
3	Using the organization's acquisition, accessi-	on, and other records	s, check any of the f	ollowing that ma	ke signi	ficant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d		nange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	ures, or other sir	nilar as:	sets			_
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes	on Fo	rm 990, Part	IV, line 9, o	•	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets	not incl	uded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F)	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, I	ine 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	7,971,735.	9,453,745.	8,241,11	16.	7,583,2	65. 7	,899,	267.
b	Contributions					501,3	85.		
	Net investment earnings, gains, and losses	397,919.	-1,015,204.	1,658,47	70.	595,1	59.	119,	250.
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs	468,162.	466,806.	445,84	41.	438,7	19.	435	252.
f	Administrative expenses								
g	End of year balance	7,901,508.	7,971,751.	9,453,74	45.	8,241,1	16. 7	,583,	265.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:					
– a	Board designated or quasi-endowment	.0000	%						
	Permanent endowment 98.0000	%							
	Term endowment 2.0000								
Ū	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse		tion that are held an	d administered f	or the				
U2	organization by:	00,01. 01 1 019						Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						- (111		X
h	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		Willent Idilds.						
I di	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. Pa	rt X. line	e 10.			
-	Description of property	(a) Cost or o				umulated	(d) Boo	ok valu	IE.
	Description of property	basis (investr	1 ' '	(other)		ciation	(4) 500	n valu	
4.	I and			5,037.			2,50	5.0	37.
	Land				1.27	4,048.	7,53		
	Buildings			6,942.		0,049.			93.
	Leasehold improvements					6,396.			07.
	Equipment		3,37	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,	0,000		_, 0	J
	Other		Y column (P) line 1	25)			11,01	3.1	58.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BOYS AND GI Part VII Investments - Other Securities.	RLS CLUBS OF	THE TWIN CITIES	41-0842657 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			-
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	151		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>=</i> 10./		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			213,522.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		213,522.
2. Liability for uncertain tax positions. In Part XIII, provide			ents that reports the

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BOYS AND GIRLS CLUBS OF		41-0842657 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Stat		per Return.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		1
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	LasT	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		- 4
d	Other (Describe in Part XIII.)	1.	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)	5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		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.	
PAF	RT X, LINE 2:		
		COME MANEG INDER	GROWTON
THE	ORGANIZATION IS EXEMPT FROM FEDERAL IN	COME TAXES UNDER	SECTION
E 0 1	(C)(3) OF THE INTERNAL REVENUE CODE AND	MINNEGOUS CUSTI	TE THE THTERNAL.
201	(C)(3) OF THE INTERNAL REVENUE CODE AND	MINNESOIA SIATO	III. IIII INIIMMAL
739	VENUE SERVICE DETERMINED THE ORGANIZATION	N IS NOT A PRIVA	TE FOUNDATION.
1/13	THOU DELIVICE PETERSTREET IN ONC. EVERTERS		
тнь	ORGANIZATION IS A PUBLIC CHARITY AND C	ONTRIBUTIONS TO	THE ORGANIZATION
1111	OROMITATION ID II I OBBIO OREGET TOTAL		
OUZ	LIFY AS CHARITABLE TAX DEDUCTIONS BY TH	E CONTRIBUTOR.	
201	IIII IIV VIII IIIVIII IIII III VIII III II		
THE	ORGANIZATION FOLLOWS GUIDANCE IN THE A	CCOUNTING FOR UN	CERTAINTY IN
TNC	COME TAXES STANDARD. THE ORGANIZATION HA	S NO CURRENT OBL	IGATION FOR
UNF	RELATED BUSINESS INCOME TAX.		
ρΔī	RT V, LINE 4:		
- 431			

Schedul	e D (Form 9	90) 202	2	BOYS mation	AND	GIRLS	CLUBS	OE	THE T	MIN CI	TIES	41-0842657	Page 5
Part X	III Supp	lemen	ital Infor	mation	<u>continu</u>	ed)							
דאז ידיו	HE NAM	E OF	СНЕТ	EMERS	ON	FORMER	CRO (OF	THE ST.	PAUL	CLUB	s.	
114 11	112 14211.	<u> </u>	СППТ	DITION	,011,	TOTAL	. 020	-					
-													
								_					
,													
				_									
-													
-													
2.													
-													

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Got	Attach to Form 990 o www.irs.gov/Form990 for instruc				n.	Inspection
Name of the organization		0 www.irs.gov/ ormssoror mad the	dons	and a	ne lutest information		identification number
_	BOYS AN	D GIRLS CLUBS OF T	HB 1	IIWI	N CITIES	41-08	42657
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
	complete this part						
		ed funds through any of the followin					
a Mail solicitat					overnment grants nment grants		
- =	email solicitations			-			
c Phone solici		g Special	iuriura	usiriy	events		
		r oral agreement with any individual	(includ	lina of	fficers, directors, trus	tees, or	
		art VII) or entity in connection with p				· 🖂	Yes No
		riduals or entities (fundraisers) pursu				ne fundraiser is t	o be
compensated at le							
			(:::)	511		(v) Amount pa	aid
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr have co	Did aiser	(iv) Gross receipts	to (or retained	by) (vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ii) / lotivity	or con	trol of	from activity	fundraiser listed in col. (organization
			Yes	No			
			103	140			
-							
				_			
							
Total							
1 1111111111111111111111111111111		n is registered or licensed to solicit of		utions	or has been notified	it is exempt from	n registration
or licensing.							
							

232081 10-27-22

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

Schedule G (Form 990) 2022

Sch			D GIRLS CLUB			
Fa	rti	of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	605,996.	34,061.	22,129.	662,186.
	2	Less: Contributions	568,331.	29,943.	22,129.	620,403.
	3	Gross income (line 1 minus line 2)	37,665.	4,118.		41,783.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	5,481.	1,540.	17,600.	24,621.
rect Ex	7	Food and beverages	63,103.		6,878.	69,981.
۵	8	Entertainment	1,725.	7,250.		8,975.
	9	Other direct expenses	118,303.	2,044.		120,347.
	10	Direct expense summary. Add lines 4 through				223,924.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-182,141.
Pa	πı	II Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or I	reported more than	
_		\$15,000 on 1 onn 930-22, line oa.	4.50	(b) Pull tabs/instant	/- \ Oth	(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary, Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_			unto marriago activitica:			
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	ctivities in each of these			X Yes No
D	H "	No," explain:				
		re any of the organization's gaming licenses re				Yes No
J		,				
_	_					
23208	2 10	1-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility 13a %
	An outside facility %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
Ł	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 паme 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
	Mandatory distributions:
2	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
Ŀ	
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations 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.
-	10b, 10c, 10, and 17b, as applicable. The provide any additional information occurrence.
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_	
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=	

Schedule G	(Form 990) Supplemental Infor	BOYS ANI	GIRLS	CLUBS	OF	THE	TWIN	CITIES	41-0842657	Page 4
Part IV	Supplemental Infor	mation (contin	ued)							
			-							
				_						
-										
					_					
-									-	
-										

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

			Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organizati		GIRLS CLU	BS OF THE T	WIN CITIES	5			Employer identification number 41-0842657
Parti General In	formation on Grants a	ind Assistance						
criteria used to a	ration maintain records ward the grants or assi IV the organization's pr	stance?						
Part II Grants an	d Other Assistance to nat received more than	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a			e line 1 table		<u> </u>		

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

Schedule I (Form 990) 2022

232102 10-31-22

Schedule (Form 990) 2022 BOYS AND GIRLS	CLUBS OF	THE TWIN	CITIES		41-0842657	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.				990, Part IV, line 22.		
(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 noncash as	ssistance
SCHOLARSHIPS	52	90,471.	0.			
<u></u>						
Part IV Supplemental Information, Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
RECIPIENTS OF SCHOLARSHIP PAYMENTS			EMBER OR ST			
BOYS AND GIRLS CLUB OF THE TWIN CI	TIES ENTE	RING A POS	ST-SECONDAR	Y EDUCATION		
INSTITUTION; (B) ATTEND AN ACCREDI	TED POST-	SECONDARY	INSTITUTIO	N; (C)		
ANNUALLY COMPLETE SCHOLARSHIP APPL	ICATION C	R RENEWAL;	(D) HAVE	A 2.5		
CUMULATIVE GRADE POINT AVERAGE; AN	D (E) CLU	B MEMBERS	PERFORMED	25 HOURS OF		
CLUB SERVICE WITHIN ONE YEAR OF AN	Y SCHOLAR	SHIP AWARI	o			
SCHOLARSHIP FUNDS ARE DISBURSED DI	RECTLY TO	THE RECI	PIENT'S POS	T-SECONDARY		
232102 10-31-22					Schedule I (Form	990) 2022

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Schedule I (Form 990) Part IV Supplemental Ir	BOYS AND GIRLS	CLUBS OF	THE TWIN	V CITIES	41-0842657	Page 2
Part IV Supplemental II	normation					
INSTITUTION TO BE	APPLIED AGAINST	QUALIFIED	TUITION	AND EXPE	NSES. NO	
MONITORING IS REQ	HITERD.					
MONITORING ID RID	OINED!					

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

BOYS AND GIRLS CLUBS OF THE TWIN CITIES

41-0842657

Employer identification number

P	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			RI
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1.2	11 -
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		20	3
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	1b		
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		- 1	
_	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.	3.0		
	Compensation committee X Written employment contract		110	
	Independent compensation consultant X Compensation survey or study	1		
	Form 990 of other organizations X Approval by the board or compensation committee		- 51	
	Tomoso of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			2.1
7	organization or a related organization:			
9	Receive a severance payment or change-of-control payment?	4a		Х
b	The state of the s			Х
-	Participate in or receive payment from an equity-based compensation arrangement?			Х
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The total of the total persons and persons are approximately			
	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:			
а	The organization?	5a		X
	Any related organization?	5b		Х
~	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657

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-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(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	compensation			
(1) TERRYL BRUMM	(i)	193,831.	30,000.	0.	0.	13,005.	236,836.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JACLYNN WEST	(i)	134,352.	0.	0.	0.	17,398.		0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)					ļ		
	(ii)							
	(i)							
	(ii)							ula J (Form 990) 2023

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022	BOYS ANI	GIRLS CLUBS	OF THE TWIN CIT	PIES	41-0842657	Page 3
Part III Supplemental Informati	tion					
Provide the information, explanati	on, or descriptions r	equired for Part I, lines 1	a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	6b, 7, and 8, and for Part II. Also complete t	his part for any additional information.	
7-1						
On the second se						
					Calandala I / Carre	0000 0000

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

2022
Open to Public

Inspection

Name of the organization

Employer identification number

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Types of Property (d) (a) (b) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts Scientific specimens 23 Archeological artifacts 24 81,180. (GYM RENOVATION) X 25 19,100. (VARIOUS DONATED) X Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions _29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 3 years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

Schedule M (Form 990) 2022

Schedule M	(Forr	n 990	0) 2022	BOY	S AN	D G	IRLS	CL	<u>UBS</u>	OF	THE	TWIN	CIT	IES		842657		age 2
Part II	Suj	pple	menta	Infor	matior	۰ Pro	vide the	e infor	mation	requi	red by F	Part I, lines	30b, 32	b, and 33	3, and wheth bination of b	er the organ	ization	
	is re	porti	ng in Par for any a	t I, colui	mn (b), tl	he nur	nber of	contri	butions	, the	number	of items r	eceived,	or a com	ibination of t	oth. Also co	mplete	
	tnis	part	tor any a	daltiona	ii iniomia	auon.												
SCHEDU	LE	Μ,	PART	' I,	COLU	JMN	(B)	:										
COLUMN	В	RE	PRESE	INTS	THE	NUN	IBER	OF	ITE	MS	CON	rribu'	red.					
										_								
		_																
		_																
-																,		
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		_				_												
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		_									_							
:	_	_																
-	_	_																

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

Department of the Treasury

BOYS AND GIRLS CLUBS OF THE TWIN CITIES

Employer identification number 41-0842657

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RESPONSIBLE CITIZENS. OUR NORTH STAR GOAL IS ALL MEMBERS ON TRACK FOR A SUCCESSFUL FUTURE BEYOND HIGH SCHOOL GRADUATION. BGCTC OPERATES CLUBS AT TEN METRO-AREA LOCATIONS, LOCATED IN SAINT PAUL, MINNEAPOLIS, AND RICHFIELD NEIGHBORHOODS WHERE NEED IS THE GREATEST, AS WELL AS AN ENVIRONMENTAL LEARNING CENTER, VOYAGEUR ENVIRONMENTAL CENTER (VOYAGEUR), LOCATED IN MOUND, MINNESOTA. PROGRAMS ARE OFFERED FREE-OF-CHARGE YEAR-ROUND MONDAY THROUGH FRIDAY FOR GRADES K-12 YOUTH AFTER SCHOOL AND DURING EXTENDED DAYTIME HOURS OVER THE SUMMER MONTHS. BGCTC'S PROGRAM CONTINUUM IS DESIGNED TO HELP EACH YOUNG PERSON ENVISION A FUTURE FULL OF POSSIBILITIES. EARLY READING AND MATH SUCCESS ARE CRITICAL FIRST STEPS TOWARD FUTURE ACADEMIC MILESTONES. BGCTC'S HOLISTIC RESEARCH-BASED PROGRAM MODEL IS MAKING INCREDIBLE PROGRESS IN MOVING KIDS TO AND BEYOND GRADE LEVEL WHILE OPENING THEIR MINDS TO NEW OPPORTUNITIES THOUGH EARLY SKILL BUILDING EXPERIENCES. MIDDLE SCHOOL IS A TIME FOR DISCOVERING SKILLS AND INTERESTS AND DEVELOPING A DESIRE TO SERVE OTHERS. 9TH AND 10TH GRADERS FOCUS ON EXPLORING THE COMMUNITY, LEARNING VITAL FIRST JOB SKILLS, AND ENGAGING IN DEEPER CAREER EXPLORATION. DURING THE FINAL YEARS OF HIGH SCHOOL, WE SUPPORT TEENS IN CREATING A PLAN FOR GRADUATION AND STRENGTHENING A POST-SECONDARY PLAN CONNECTED TO A CHOSEN CAREER PATH. BGCTC'S TRANSFORMATIONAL YOUTH DEVELOPMENT PROGRAMMING DIRECTLY HELPS YOUNG PEOPLE STRENGTHEN EDUCATIONAL LEARNING, BUILD POSITIVE SELF-IDENTITY, AND CREATE ASPIRATIONS FOR THEIR FUTURE. WE OFFER PROVEN, AND NATIONALLY RECOGNIZED PROGRAMS IN THREE PILLARS OF Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Page 2 Schedule O (Form 990) 2022 **Employer identification number** Name of the organization BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 SUCCESS OUTCOME AREAS THAT CLOSELY ALIGN WITH THE DEVELOPMENTAL NEEDS OF YOUNG PEOPLE SERVED: ACADEMIC SUCCESS, LIFE & WORKFORCE, AND HEALTH & WELLNESS. FAMILY ENGAGEMENT, CULTURALLY RESPONSIVE INSTRUCTION, AND A SOCIAL AND EMOTIONAL LEARNING (SEL), TRAUMA-INFORMED, AND MENTAL WELLNESS APPROACH ARE INTEGRATED ACROSS ALL PROGRAMS. CURRENT PROGRAM AREAS ARE AS FOLLOWS: ACADEMIC SUCCESS: THE ACADEMIC SUCCESS STRATEGY PREPARES YOUNG PEOPLE TO BECOME LIFELONG LEARNERS AND DO WELL IN SCHOOL, PROVIDING YOUTH OPPORTUNITIES FOR EDUCATIONAL ENHANCEMENT, CAREER EXPLORATION, AND AUGMENTED LEARNING IN LITERACY AND SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, MATHEMATICS (STEAM). CORE PROGRAMS INCLUDE: ACADEMIC SUPPORT AND TUTORING FOR K-12; LITERACY PROGRAM (READING PROGRAM AND LITERACY ENRICHMENT FOR K-8); NUMERACY PROGRAM (NUMERACY ENRICHMENT FOR K-8); STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, THE ARTS, AND MATH) ENRICHMENT FOR K-12; AND PERFORMING ARTS FOR K-12. LIFE & WORKFORCE: THE LIFE & WORKFORCE STRATEGY PREPARES TEENS FOR A SUCCESSFUL FUTURE BEYOND HIGH SCHOOL GRADUATION, FOCUSING ON DISCOVERING SKILLS & INTERESTS FOR 6TH, 7TH, AND 8TH GRADERS, EXPLORING COMMUNITY FOR 9TH AND 10TH GRADERS, AND IDENTIFYING A PLAN FOR THE FUTURE FOR 11TH AND 12TH GRADERS. CORE PROGRAMS INCLUDE: MONEY MATTERS (FINANCIAL LITERACY FOR GRADES 6-12); DIPLOMAS2DEGREES (ACADEMIC GOAL SETTING, CAREER READINESS, AND SKILL-BUILDING FOR GRADES 9-12); CAREER LAUNCH (JOB SKILLS, CAREER EXPLORATION, AND MENTORING FOR GRADES 9-12); FIELD-BASED CAREER EXPOSURE EXPERIENCES FOR GRADES 6-12; SMART MOVES (SKILLS MASTERY AND 232212 10-28-22

Page 2 Schedule O (Form 990) 2022 **Employer identification number** Name of the organization BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 RESILIENCE TRAINING) PREVENTION AND EDUCATION PROGRAM ADDRESSES PROBLEMS SUCH AS DRUG AND ALCOHOL USE AND PREMATURE SEXUAL ACTIVITY FOR GRADES 6-8; TORCH CLUB (SMALL GROUP LEADERSHIP AND SERVICE CLUB FOR GRADES 6-8); KEYSTONE CLUB (LEADERSHIP DEVELOPMENT AND COMMUNITY SERVICE CLUB FOR GRADES 9-12); AND YOUTH OF THE YEAR (BGCTC'S PREMIER RECOGNITION PROGRAM, CELEBRATING THE EXTRAORDINARY ACHIEVEMENTS OF CLUB TEENS). **HEALTH & WELLNESS:** THE HEALTH & WELLNESS STRATEGY DEVELOPS YOUNG PEOPLE'S CAPACITY TO LIVE HEALTHFULLY BY EDUCATING YOUTH ABOUT FITNESS, NUTRITION, AND SMART HEALTH DECISIONS. ACTIVITIES FOCUS ON INSTILLING POSITIVE CONFLICT RESOLUTION TECHNIQUES, ENCOURAGING POSITIVE BEHAVIORS, SETTING PERSONAL GOALS, AND BUILDING RESILIENCE SKILLS THAT NURTURE AND STRENGTHEN KIDS' MINDS AND BODIES.AN SEL CURRICULUM, TRAUMA-INFORMED INSTRUCTION, AND MENTAL WELLNESS ACTIVITIES, INCLUDING CULTURALLY RESPONSIVE GROUP THERAPY SESSIONS, HELP YOUTH UNDERSTAND AND EXPRESS THEIR EMOTIONS AND WORK THROUGH CHALLENGES. CORE PROGRAMS INCLUDE: PASSPORT TO MANHOOD (PROMOTES AND TEACHES RESPONSIBILITY TO GRADES 3-12 BOYS); SKILLS MASTERY AND RESILIENCE TRAINING (SMART) GIRLS (SMALL-GROUP HEALTH AND FITNESS EDUCATION AND SELF-ESTEEM ENHANCEMENT PROGRAM FOR GRADES K-12 GIRLS, PRESENTED IN THREE AGE GROUPS); KIDS FEEDING KIDS (NUTRITION PROGRAM, COOKING CLASSES, AND GARDENING ACTIVITIES FOR GRADES K-12); TRIPLE PLAY (HEALTH & WELLNESS INITIATIVE FOR GRADES K-12 FOCUSING ON PHYSICAL ACTIVITY, GOOD NUTRITION, AND HEALTHY RELATIONSHIPS); VOYAGEUR (RESIDENTIAL CAMP AND ENVIRONMENTAL EDUCATION PROGRAM FOR GRADES K-12); HEALTHY MOVEMENT (RECREATION AND TEAM SPORTS FOR GRADES K-12), PROMOTING SELF-AWARENESS,

SELF-MANAGEMENT, SOCIAL AWARENESS, RELATIONSHIP SKILLS, AND RESPONSIBLE

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Name of the organization BOYS AND GIRLS CLUBS OF THE TWIN CITIES	Employer identification number 41-0842657
DECISION MAKING TO HELP YOUNG PEOPLE DEVELOP A GROWTH MIND	SET; AND SEL
ACTIVITIES AND MENTAL WELLNESS SUPPORT FOR K-12.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE IS MADE UP OF THE OFFICERS OF THE	BOARD OF
DIRECTORS, THE HEADS OF THE VARIOUS COMMITTEES AND THREE A	T-LARGE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CLUB'S FORM 990 WILL BE FIRST REVIEWED BY THE FINANCE/	AUDIT COMMITTEE
IN DECEMBER. THE FULL BOARD WILL REVIEW AND APPROVE THE 99	0 DURING THE
JANUARY BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE, R	EVIEW AND SIGN A
CONFLICT OF INTEREST POLICY. THE EXECUTIVE COMMITTEE OF TH	E BOARD OF
DIRECTORS IS RESPONSIBLE FOR THE REVIEW OF SIGNED CONFLICT	OF INTEREST
POLICY STATEMENTS. BOARD MEMBERS ARE REQUIRED TO DISCLOSE	ANY AND ALL
CONFLICTS OF INTEREST PRIOR TO BOARD OR COMMITTEE ACTION O	N A CONTRACT OR
TRANSACTION AND SUCH CONFLICTS ARE NOTED IN THE MINUTES OF	THE MEETING. A
PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPAT	E IN OR BE
PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF	THE MATTER. SUCH
PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER INFLUENCE WIT	H RESPECT TO THE
MATTER, EITHER AT OR OUTSIDE THE MEETING. A PERSON WHO HAS	A CONFLICT OF
INTEREST WITH AN ITEM THAT WILL BE VOTED ON AT A MEETING M	AY NOT VOTE ON
THE ITEM IN QUESTION, NOR BE PRESENT IN THE ROOM WHEN THE	VOTE IS TAKEN NOR
BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PUR	POSES OF THE
VOTE.	

Schedule O (Form 990) 2022	Page 2
Name of the organization BOYS AND GIRLS CLUBS OF THE TWIN CITIES	Employer identification number 41-0842657
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION FOR THE CEO/PRESIDENT IS DETERMINED BY TH	E HUMAN RESOURCES
(HR) COMMITTEE WHICH CONSISTS OF CURRENT BOARD MEMBERS WHO	REVIEW THE
CURRENT COMPENSATION PACKAGE OF THE CEO/PRESIDENT AND COMP	ARE IT TO OTHER
NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE IN THE TWIN CITIE	S AND AGAINST
OTHER BOYS AND GIRLS CLUBS OF SIMILAR SIZE. THIS INFORMAT	ON IS GIVEN TO
EXECUTIVE COMMITTEE MEMBERS WHO PROVIDE INPUT ON THE HR CO	MMITTEES
RECOMMENDATION. THE GOAL IS TO ESTABLISH A COMPENSATION P	ACKAGE THAT IS
COMPETITIVE IN THE MARKETPLACE. THE PROCESS DESCRIBED HER	E WAS LAST
COMPLETED IN 2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
OUR FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE -	
WWW.BOYSANDGIRLS.ORG.	

SCHEDULE R (Form 990)

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.

2022
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BOYS AND GIRLS CLUBS OF THE TWIN CITIES 41-0842657 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** (d) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (f) (d) (g) ction 512(b)(13) Public charity Direct controlling Name, address, and EIN Primary activity Legal domicile (state or Exempt Code controlled status (if section of related organization foreign country) section entity entity? 501(c)(3)) Yes No BOYS AND GIRLS BOYS AND GIRLS CLUB OF THE TWIN CITIES FOUNDATION - 36-3433837, 690 JACKSON STREET, CLUBS OF THE TWIN X 501(C)(3) INE 12B, II CITIES MINNESOTA ST. PAUL, MN 55130 CHARITABLE FOUNDATION

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

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Part III Identification of Related O organizations treated as a p	artnership during the ta	x year.								,				_	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	Predomin	e) ant income unrelated,	(f) Share of total income		(g) Share of end-of-year		(h) Disproportiona allocations?		(i) Code V-UBI amount in box	General o	Perce	k) ntage ership
or related organization		(state or foreign country)	entity	excluded tr	om tax under 512-514)			assets		Yes		20 of Schedule	District t	4	_
Dart N Identification of Related O	rganizations Tayahla	as a Corpo	wation or Trust. C	omplete if t	he organizati	on ansv	vered "Yes	on For	m 990, Pa	art IV, I	line 34	, because it had	l one or m	ore rela	
organizations treated as a c	orporation or trust duri	ng the tax	/ear.								_				
(a) Name, address, and of related organizati	EIN on	(b) Primary activity		(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income				(h) Section tage 512(continue on the continue		b)(13) rolled tity?
				country)										Yes	No
											+			-	
											-			-	-

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Part V Transactions With Related Organizations. Complete if the organization and	swered "Yes" on Forr	m 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 transaction	s with one or more re	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit				1a		X
b Gift, grant, or capital contribution to related organization(s)					X	
c Gift, grant, or capital contribution from related organization(s)					Х	
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						Х
f Dividends from related organization(s)				1f		х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h	_	Х
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				ti		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n		X
Sharing of paid employees with related organization(s)				10		Х
p Reimbursement paid to related organization(s) for expenses				1p	_	Х
q Reimbursement paid by related organization(s) for expenses				1q		Х
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 v	vho must complete ti	his line, including covered i	elationships and transaction thresh	olds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determinin)		
BOYS AND GIRLS CLUB OF THE TWIN CITIES [1] FOUNDATION	С	465,388.	CASH TRANSFERRED			
(2)						
(3)					_	
(4)						
(5)						
NAME OF THE PARTY						

Schedule R Form 990 2022 BOYS AND GIRLS CLUBS OF THE TWIN CITIES

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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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)

(j) (h) (i) (e)
Are all
partners sec
501(c)(3)
or (s.? (f) (g) (b) (c) (d) Disproport Code V-UBI Centeral or Percentage managing of Schedule K-1
Yes No (Form 1065) Yes No Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of Share of Name, address, and EIN Primary activity Legal domicile end-of-year of entity (state or foreign total country) income assets Yes No

Schedule R (Form 990) 2022

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Schedule R	(Form 990) 2022	BOYS	AND	GIRLS	CLUBS	OF	THE	TWIN	CITIES	41-0842657	Page 5
Part VII	(Form 990) 2022 Supplemental	Information									
	Provide additional		noncos	to duestion	e on Sched	ule B	See inst	ructions			
	Frovide additional	miormation for re-	30011363	to question	3 OH OCHEG	uic i i.	OCC IIIO	dottorio.			
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