#### CHANGE OF ACCOUNTING PERIOD

(Rev January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. 2019 A For the 2019 calendar year, or tax year beginning JAN 1. 2019 and ending JUN 30, C Name of organization D Employer identification number Check if Address Ichange BOYS & GIRLS CLUB OF GREEN BAY INC 39-6102943 Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1451 UNIVERSITY AVENUE 920-494-7090 797,389. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended GREEN BAY, WI 54302 H(a) Is this a group return F Name and address of principal officer STEPHANIE FISCHER Applica tion Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? Tax-exempt status X = 501(c)(3) = 501(c)(If "No " attach a list (see instructions) ) 

✓ (insert no.) J Website: ► WWW.BGCGB.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Other > Trust L Year of formation 1967 M State of legal domicile WI Association ∣Part I│ Summarv THE BOYS AND GIRLS CLUB OF GREEN Briefly describe the organization's mission or most significant activities Governance BAY, INC IS A NOT-FOR-PROFIT CORPORATION ORGANIZED IN THE STATE OF Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1b)

Number of independent voting members of the governing body (Part VI, line 1b)

Complexed in calendar year 2019 (Part V, line 2a) RECEIVED 30 30 4 Activities & JUL 01 2020 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 2,430. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN, UT 0. b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year **Current Year** 2,907,403. 1,536,242. Contributions and grants (Part VIII, line 1h) 24,100. 22,561. Program service revenue (Part VIII, line 2g) 580,538. 141,460. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -4,088. 3,080. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,507,953. 1,703,343. Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1 3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,477,143. 1,097,195. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 112,934. 619,505.1,102,947. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,580,090. 716,700. Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25) -72,137. -13,357. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 10,392,244. 10,919,463. 20 Total assets (Part X, line 16) 491,620. 400,912. 21 Total liabilities (Part X, line 26) 900,624. 518, 10 551 Net assets or fund balances Subtract line 21 from line 20 Signature Block i Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 6-22-2020 Signature of officer Sign STEPHANIE FISCHER, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature TERRI REXRODE CPA, M05/12/20 TERRI REXRODE CPA, MST P00096513 Paid self employed Firm's name WIPFLI LLP Preparer Firm's EIN > 39-0758449 Firm's address ▶ PO BOX 12237 Use Only Phone no 920.662.0016 GREEN BAY, WI 54307-2237

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2019) BOIS & GIRLS CLUB OF GREEN BAI INC 39-0102943 Page 2
Pa	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
	WE WILL ENGAGE AND MEET THE UNIQUE NEEDS OF GREEN BAY AREA YOUTH SO
	THEY MAY ACHIEVE ACADEMIC SUCCESS, DEMONSTRATE GOOD CHARACTER AND
	CITIZENSHIP, AND LIVE A HEALTHY LIFESTYLE.
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
	(Code ) (Expenses \$ 1,393,769. including grants of \$ ) (Revenue \$ 22,561.)
40	PROGRAM SERVICE EXPENSES SUPPORTED PRE-TEEN AND TEENAGE PROGRAMS FOR
	PROMOTION OF HEALTH, SOCIAL, EDUCATIONAL, VOCATIONAL, CHARACTER AND
	LEADERSHIP DEVELOPMENT NEEDS OF BOYS AND GIRLS IN THE BROWN COUNTY
	AREA. THE BOYS & GIRLS CLUB OF GREEN BAY HELPS SCHOOL AGE YOUTH MAKE
	BETTER CHOICES AND REACH THEIR FULL POTENTIAL. AS EXPERTS IN YOUTH
	DEVELOPMENT, OUR PROFESSIONALLY TRAINED STAFF OFFERS NATIONALLY-PROVEN
	PROGRAMS IN A SAFE AND ACCEPTING ENVIRONMENT. IT IS OUR BELIEF THAT
	ALL YOUNG PEOPLE, REGARDLESS OF BACKGROUND OR CIRCUMSTANCES, SHOULD BE
	EQUIPPED TO RESPECT OTHERS AND MAKE OUR COMMUNITY A BETTER PLACE TO
	LIVE. WE CURRENTLY SERVE OVER 3,300 CHILDREN IN THE GREATER GREEN BAY
	COMMUNITY.
4b	(Code) (Expenses \$
4c	10
40	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,393,769.
	Form <b>990</b> (2019)

### BOYS & GIRLS CLUB OF GREEN BAY INC

ABOS S 39-6102943 Page 3

Part IV | Checklist of Required Schedules

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

۳.	Officerities of frequired deficadies (continued)			
22	Did the executation report move than \$5 000 of execute or other economics to a few demands and all all and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del>  ^``</del>
Lvu	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	<del> </del>	<del></del> -
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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	İ		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)	L		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
đ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	امحد		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_ · · ·	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	200		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ı	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
36	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		. 30	43	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		, 53	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
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		_			Yes	No
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,		[		:	×
	filed for the calendar year ending with or within the year covered by this return	2a	1			3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		<u> </u>	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			٠,,	. \$1.	٠ ¥.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		Х
b	If "Yes," enter the name of the foreign country			T .	.*	,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)	L •		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	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	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>	1	٠,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			
	to file Form 8282?		I	7c	,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7d</u>		, `	3 *	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are attached for the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,			7h	-	** 💎
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	a by iii	ŧ	8		
9	Sponsoring organizations maintaining donor advised funds.			100	<del> </del>	٦
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			. "	1	•
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1 .		;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7 ,		ব
11	Section 501(c)(12) organizations. Enter			<b>```:</b> ``	. '	
а	Gross income from members or shareholders	11a				4
b	Gross income from other sources (Do not net amounts due or paid to other sources against			٠ <sup>١</sup>	3.	
	amounts due or received from them )	11b	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	) !	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4	,^	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>		٠,
а	is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O				. • .	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1	1.	``.	
	organization is licensed to issue qualified health plans	13b		-	. `	
С.	Enter the amount of reserves on hand	13c		1		<del></del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N	t inco-	202	10	$\vdash \vdash \vdash$	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O	LILICON	IE '	16	vs , ,	$\stackrel{\mathbf{\Lambda}}{\longrightarrow}$
	ii 103, Complete Form 4720, Conedule C	····	***************************************	Form	990	(2019)
						· ·-/

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

` .	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		30	****	rda - ma	1 Sec. 5
	If there are material differences in voting rights among members of the governing body, or if the governing	-			2.3	100	735
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O				14.7		16
b	Enter the number of voting members included on line 1a, above, who are independent	1b		30	1 1 2 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		<del></del>			1	CANA.
-	officer, director, trustee, or key employee?	O ********	arry ourier		2	Apr , 3	X
2		a d.raa					
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision		_		v
	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 S		s filed.		4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5 6		X
6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, s	tockho	lders, 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	ar by the	e following		\$ 84°	1344	· e
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t 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 Re	wenue	Code I				
			<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	anters	affiliates		100	-	
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptoro	, armatos,		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hofor	e filing the form?		11a		
		y Deloi	e ming the form?		Y	÷:'%	71
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990				$\vdash$	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		U-4-0		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	escribe			37	
	ın Schedule O how this was done				12c	_ <u>x</u>	
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 approva	al by ind	dependent		14 'S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				47, 679	147 6	
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				Winds.	, ex 3	£ 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a		5 4 5	1 2	
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual	te its p	articipation		in the	5.83	12 July 18
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			35	
	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 ▶WI						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ai	nd 990	T (Section 501(c	)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply		. (000000(0	,,,,,,	, 0,	a vana	5.0
			hadula (1)				
10	to the second se		•	~~-,	finan	ual	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	minct C	i interest policy,	ai iU	manc	ıdı	
00	statements available to the public during the tax year	.l.a					
20	State the name, address, and telephone number of the person who possesses the organization's books are provided in the person of the person who possesses the organization's books are provided in the person who possesses the organization's books are provided in the person who possesses the organization's books are provided in the person who possesses the organization's books are provided in the person who possesses the organization's books are provided in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the organization in the person who possesses the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the person who person in the pe	oks and	records -				
	STEPHANIE FISCHER - 920-494-7090						
	1451 UNIVERSITY AVENUE, GREEN BAY, WI 54302						

#### Form 990 (2019) 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

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

- 1a Complete this table for all persons required to be listed. Report componention for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest componsated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

X Check this box if neither the organ (A)	(B)	<u> </u>						(D)	(E)	(F)
Name and title	Average		(C) Position					Reportable		Estimated
Name and title	hours per		not cl unle:					compensation	Reportable compensation	amount of
	week		cer an					from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dire				ied		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pensa	İ	(W 2/1099-MISC)		organization
	organizations	lat fr.	onal		ploye	E 03				and related
	below line)	Individual trustee	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations
(1) BILL ZIEMENDORF	1.00	┝┺	=	0	×-	王志	ı.			
BOARD MEMBER		x				ļ				
(2) DOUG KOHLBECK	1.00									
PRESIDENT		X		Х						
(3) ELYSE STACKHOUSE	1.00									
SECRETARY		X		X						_
(4) FRANCESCA ELFNER	1.00									
BOARD MEMBER		X								
(5) JAY TOMCHECK	1.00									
TREASURER		Х		X						
(6) KEN PETTER	1.00									
BOARD MEMBER		X			<u>.</u>	<u> </u>				
(7) MIKE DORSCH	1.00	Į								
BOARD MEMBER		Х								
(8) MIKE SIMMER	1.00									1
BOARD MEMBER		Х					L			
(9) PAUL BELSCHNER	1.00									
BOARD MEMBER		Х								
(10) TIM VAN DEN HEUVEL	1.00							ľ		
BOARD MEMBER		Х								
(11) TOM WEDIGE	1.00	ļ								
BOARD MEMBER		Х								
(12) ROBERT WEYERS	1.00									
BOARD MEMBER		X		Х		ļ				
(13) DAN PICHLER	1.00									
BOARD MEMBER	1 00	Х				<u> </u>	ļ			
(14) BRIAN ROUSE	1.00									
BOARD MEMBER	1 00	X								
(15) HAROON SYED	1.00	.,								1
BOARD MEMBER	1 00	X	<u> </u>				<u> </u>			
(16) MIKE VOGEL	1.00	ļ.,								
BOARD MEMBER	1 00	Х	H			_	_			
(17) SUSAN VAN GHEEM	1.00	ļ ,,								
BOARD MEMBER		X								I

Form 990 (2019)

Form 990 (2019) BOYS & GI									39-61	0294	3	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	,,,,		Posi				Reportable	Reportable		Estima	ted
	hours per	box	unle	heck r ss per	son is	s both	n an	compensation	compensation	1	amoun	t of
	week	$\vdash$	cer ar	id a di	recto	r/trus	tee)	from	from related		othe	r
	(list any	director						the	organizations		ompens	ation
	hours for	i i	بوا			ned		organization	(W-2/1099-MISC	7)	from t	he
	related	stee	l ss	li		Seusa		(W-2/1099-MISC)			organiza	
	organizations	al fru	E E		loyee	S 8					and rela	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ä			^	rganiza	tions
		٥	Ĕ	ö	Key	훈통	훈					
(18) ADAM WINTERS	1.00											
BOARD MEMBER		Х	_	Ш		Ш	_			_		
(19) ROB BYRNE	1.00	Į										
BOARD MEMBER		Х										
(20) DAVID MARTIN	1.00											
BOARD MEMBER		Х	l				1					
(21) JEFF JONES	1.00											
BOARD MEMBER		х					[					
(22) MIKE CALAWERTS	1.00						H					
BOARD MEMBER	1.00	Х					ŀ	Į.				
	1 00	^	⊢	$\vdash$			<del> </del>			<u></u>		
(23) AMBER COISMAN - TERMED JUNE 201	1.00	٦,										
BOARD MEMBER	1 00	Х					_					
(24) BARRY MARTZAHL	1.00											
BOARD MEMBER		Х										
(25) CHRIS HOWALD	1.00							ł				
BOARD MEMBER		X								į		
(26) COLLEEN SIMPSON	1.00											
BOARD MEMBER		Х										
1b Subtotal	•	•	•				<u> </u>					
c Total from continuation sheets to Part VII	Section A											
d Total (add lines 1b and 1c)	, 000											
Total number of individuals (including but no	at limited to th	000	beto	d ah		\ wh	0.10	ecowed more than \$100	000 of reportable			
compensation from the organization	ot innited to th	USE	note	u ab	ove,	) VVII	0 16	ceived more than \$100,	ooo or reportable			
compensation from the organization								<del>.</del>			Yes	No
O Dalaha ayaasaahaa kataa ( affaa)							la				103	140
3 Did the organization list any former officer,		ee, r	ey e	empi	oyee	e, or	nıg	nest compensated emp	loyee on	<u>-</u>	<del></del>	
line 1a? If "Yes," complete Schedule J for st										3	· · · · · · · · · · · · · · · · · · ·	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization	ļ		-
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		4	<u> </u>	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	olete Schedule	J f	or su	ich c	erso	on				5	;	X
Section B. Independent Contractors												
Complete this table for your five highest cor	mpensated ind	ере	nder	nt co	ntra	ctor	s th	at received more than \$	3100,000 of compe	nsation	from	
the organization Report compensation for t	he calendar ve	ar e	ndır	ıa wı	ith o	r wi	thin	the organization's tax v	ear			
(A)								(B)			(C)	
Name and business	address	NO	ONE	E				Description of s	services	Com	pensati	on
							+					
							+				<del> </del>	
							- 1					
							_					
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	hos	e lış	ted	above) who received me	ore than			,
\$100,000 of compensation from the organiz	ation			_					`			*
SEE PART VII, SECTION		IN	UA	TI	ON	Ŝ	HE	ETS	····	For	m 990	(2019)

932008 01-20-20

Form **990** (2019)

Page 9

(A) 1 0		Chack of Sabadula O			or note to any lir	oo in this Dort VIII			
``	•	Check if Schedule O	JOHLE	ains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, - 514
Grants mounts	1 :	Federated campaigns Membership dues Fundraising events		1a 1b	59,306. 559,023.				
ns, Gifts Similar A		d Related organizations e Government grants (contr		ons) 1e	357,324.				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f  1g \$				560,589.				
ပ္ဆိမ္မ		n Total. Add lines 1a 1f			<u> </u>	1,536,242.		ar and the second	
				_	Business Code		TO THE STATE OF TH	COLUMN CONTRACTOR	等的表现的
e S	2	PROGRAM SERVI			900099	17,427.	17,427.		
er v	1	MISCELLANEOUS	Ι.	NCOME	900099	5,134.	5,134.		
n S	•	·			1	1			
ar Bey		<u> </u>							
Program Service Revenue							,		
ш.		All other program service	revei	nue		22,561.	BALBARY TYON THAT		850/999983322
_	3	Total. Add lines 2a-2f Investment income (include	lina i	dividende inte	rest and	22,301.	- Fro While the Common training to the second	#1685 48832 (K. 126) (149)	2 18 18 28 28 28 26 26 2 1 July 1
	3	other similar amounts)	iirig (	dividends, inter	est, and	59,612.			59,612.
	4	,	of tax	evemnt hand	nroceeds	33,022.			33,0220
	<ul><li>Income from investment of tax-exempt bond proceeds</li><li>Royalties</li></ul>		proceeds						
	Ŭ	, loyalilos		(ı) Real	(II) Personal	4866657777666		WAS TO BE	作為為其為其對於於
	6 :	Gross rents	6a	650					
		Less rental expenses	6b	0	<del></del>				300 A A A A
		Rental income or (loss)	6c	650	•				
		d Net rental income or (loss)			<b>•</b>	650.			· 650.
	7 :	Gross amount from sales of		(i) Securities	(II) Other		STATE OF THE STATE	Les Tables	
		assets other than inventory	7a	81,848					
	١	Less cost or other basis							
<u>r</u> e		and sales expenses	7b	0					
Revenue	(	Gain or (loss)	7с	81,848	•	ACASTA YOUR			8.7.8.8.74.F. A
æ	•	Net gain or (loss)		_	<u> </u>	81,848.	100 - 100 100 100 100 100 100 100 100 10	of set to a gar	81,848.
- <u>-</u> -	_8 :	Gross income from fundraising							
₹		including \$, 465							
		contributions reported on	line	· I	04 046				
	٠.	Part IV, line 18		8	04.046				
		•	fund	8]	5 34,040.	3. ************************************	65.000000000000000000000000000000000000	\$20 XE 22 4847 5 72 72 1848	REF TEST CONTRACTOR SEED
-	9 :	<ul><li>Net income or (loss) from</li><li>Gross income from gamin</li></ul>					WEST THEORY	SSECTION OF THE PARTY OF THE PA	#23882.as
	3 .	Part IV, line 19	y ac	9:					
		Less direct expenses		9	Î				
	·	Net income or (loss) from	aami	_	<u>×</u>	100 Mary North Color A & S. NOVED N. 1870.	13677 382 SE X ( \$2)45X 14-01	A . 1621 - C AL - A C O S & D	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	10 :	a Gross sales of inventory, I	-	· -	1		58417431a474	\$4965.53660	XAXXXXXXXX
		and allowances		10	a				
	ı	Less cost of goods sold		10	b			MAKK SANK	
		Net income or (loss) from	sales	of inventory	<u> </u>				
g					Business Code	你是等的的中华安全	and the same of t	CASELLER	<b>阿拉克斯斯基多加</b>
Miscellaneous Bevenue	11 a MISCELLANEOUS INCOME 900099		900099	2,430.		2,430.	<u> </u>		
lane	ı								L,
scellaneo Revenue	с				1		· · · · · · · · · · · · · · · · · · ·		
Σ.	•	All other revenue				2 422	Mary 19 . March 4000. North res	wands at Apparatus of 19 17.	Service de marco.
		Total Add lines 11a 11d		<u></u>		2,430.	22 5 6 1	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	142 110
	12	Total revenue See instruction	ns			1,703,343.	22,561.	2,430.	142,110.

Section \$01(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Charles To Bay age to Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 916,612. 916,612. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 107,113. 107,113. 9 Other employee benefits 73,470. 73,470. 10 Payroll taxes 11 Fees for services (nonemployees) Management Legal 32,524. 32,524. Accounting C Lobbying 135 A THE STATE OF THE Professional fundraising services. See Part IV, line 17 15,919. 15,919. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 39,190. 39,190. column (A) amount, list line 11g expenses on Sch O.) 2.049. 2,049. 12 Advertising and promotion 100,669. 23,941. 76,728. Office expenses 13 Information technology 14 Royalties 15 14,662. 14,662. 16 Occupancy 9,305. 9,305. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,498. 10,498. Conferences, conventions, and meetings 19 6,252. 6,252. 20 Interest 21 Payments to affiliates 119,768. 119,768 Depreciation, depletion, and amortization 22 17,228. 17,228 Insurance 23  $\hat{\mathcal{F}}_{\mathcal{F}} = 2, \frac{1}{2}, \frac{1}{2}$ Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 109,274FUNDRAISING EVENT EXPEN 274 109. DUES & SUBSCRIPTIONS 35,692. 35,692. REPAIRS AND MAINTENANCE 10,156. 10,156. C d 96,319. 79,552. 15,156. 1,611. All other expenses 1,716,700. 1,393,769. 209,997. 112,934. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ıf following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 480,004. 393,962. 1 Cash · non-interest-bearing 283,271. 2 2 Savings and temporary cash investments 129,455. 286,101. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 8 8 Inventories for sale or use 28,929. 26,114. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 7,137,237. basis Complete Part VI of Schedule D 10a 2,883,738. 2,795,345. 4,341,892. b Less accumulated depreciation 10b 10c 5,750,203. 6,495,470. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 836,644. 922,471. 15 15 Other assets See Part IV, line 11 10,392,244. 10,919,463. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 286,030. 152,032. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 55,590. 98,880. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 150,000. 150,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 491,620. 400,912. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$  XNet Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,547,282. 2,432,099. 27 27 Net assets without donor restrictions 7,353,342. 8,086,452. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 9,900,624. 10,518,551. 32 32 Total net assets or fund balances

10,919,463. Form **990** (2019)

Total liabilities and net assets/fund balances

10,392,244.

33

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

932012 01-20-20

Form 990 (2019)

Form 990 BOYS & G	FIRLS CLU	םו	OF	<u> </u>	RE	EN	B	AY INC	39-610	<u> </u>
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099 MISC)	from related organizations (W 2/1099 MISC)	other compensatio from the organization and related organizations
27) JEFF DOWD	1.00	Ι-	<del>  -</del> -		-	-				
BOARD MEMBER		x								
(28) PAT SCHILLINGER	1.00	<del> </del>	1			-	-			
BOARD MEMBER	2100	X								
29) RANDY CHARLES	1.00	<del> </del>	<b>†</b>							
BOARD MEMBER		x								
30) SEAN SANDERS	1.00	† <u>-</u>								
BOARD MEMBER		x								
31) JENNIFER FISCHER	1.00	T	1							
BOARD MEMBER		x								
32) JOHN BENBERG	50.00				П					
EXECUTIVE DIRECTOR				Х					İ	
33) STEPHANIE FISCHER	50.00									
CFO		]	l	Х			<u> </u>			
			_							
		-					-			
			_						<u> </u>	
				-						
		_								-

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public

Inspection

Name of the organization

Employer identification number

	ROVS	L CIRIS C	LUB OF GREEN	RAV 1	INC	'	ه.روم	9-6102943			
Part		Charity Status	All organizations must co	molete th	is part ) Se	e instructions		J 0102J43			
	anization is not a private found										
1	<del>-</del>		<del>-</del>	•		D(A)(i).	1				
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ))										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)										
4 –	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.										
<b>-</b> _	city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
• _		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, state, or local go		nental unit described in	section 17	70/h)/1\/A)	W					
7 X		-					neneral r	nishlic described in			
, (	section 170(b)(1)(A)(vi). (C	•	mar part of its support in	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arm or morn are	gonerar	dablic desembed iii			
8	A community trust describe		(1)(A)(yı) (Complete Part	. 11.3							
9 [	An agricultural research org	• •			ed in conii	inction with a la	and grant	college			
3 _	or university or a non-land	=			•		-	<del>-</del>			
	university	grant conege or agric	altore (see instructions)	Litter title i	iaine, city	, and state or ti	ic conege	, 01			
10	An organization that norma	ally receives (1) more	than 33 1/3% of its suor	ort from c	ontributio	ns memhershi	n fees an	d aross receints from			
.0 _	activities related to its exer	•						- ·			
	income and unrelated busin	-	•					-			
	See section 509(a)(2). (Co		(1033 30011011 0111 (427) 110	m basings	oco doqui	rea by the orga	inzation b	atter builte do, 1010			
11	An organization organized		vely to test for public saf	etv See	section 50	)9(a)(4)					
12	An organization organized	•	•	-			v out the	ourposes of one or			
_	more publicly supported or					_		_			
	lines 12a through 12d that	•									
a [	Type I. A supporting orga	•					-	giving			
_	the supported organization	•	•	•	_			•			
	organization You must o			, ,				5			
ь [	Type II. A supporting org	•		ion with its	s supporte	d organization	s), by hav	ving			
_	control or management of	•				-		-			
	organization(s) You mus			·							
с [	Type III functionally inte	grated. A supportin	g organization operated	ın connect	ion with, a	and functionally	ıntegrate	ed with,			
	its supported organizatio										
d [	Type III non-functionally	y integrated. A supp	orting organization oper	ated in coi	nection w	vith its supporte	ed organiz	zation(s)			
	that is not functionally int	tegrated The organiz	ation generally must sati	sfy a distri	bution red	quirement and a	an attentiv	veness			
	requirement (see instruct	ions) You must cor	nplete Part IV, Sections	A and D,	and Part	V					
е [	Check this box if the orga	anization received a v	written determination froi	m the IRS	that it is a	Type I, Type II,	Type III				
	functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation						
f E	nter the number of supported o	organizations									
gР	rovide the following information					<del> </del>					
	(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your govern	nization listed no document?	(v) Amount of r	•	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)			
		Ì									
					1						
	<del></del>										

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received (Do not					,		
	include any "unusual grants ")	3361405.	3100435.	3077255.	2907403.	1536242.	13982740.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf			-				
3	The value of services or facilities							
	furnished by a governmental unit to	!						
	the organization without charge							
4	Total. Add lines 1 through 3	3361405.	3100435.	3077255.	2907403.	1536242.	13982740.	
5	The portion of total contributions	XXXXXXX	<b>被联系系统的</b>		<b>多沙块水</b> 体的	<b>美数学校</b>		
	by each person (other than a				A CAMPAN			
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						236,799.	
6	Public support. Subtract line 5 from line 4	7.638°0836.768	204 A. 200 A.	CANAL AND A STATE OF THE STATE	WAR WORK THE	数でなるである。	13745941.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	3361405.	3100435.	3077255.	2907403.	1536242.	13982740.	
8	Gross income from interest,						ı	
	dividends, payments received on	,						
	securities loans, rents, royalties,							
	and income from similar sources	70,959.	88,679.	101,340.	119,162.	60,262.	440,402.	
9	Net income from unrelated business					,		
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital	,						
	assets (Explain in Part VI)						,	
11	Total support. Add lines 7 through 10	19838/AF495	维集的被关系	经经济的	<b>利的教育教育社会</b>	<b>多是种类性质感</b>	14423142.	
12	Gross receipts from related activities,	-etc-(see-instructio	ons)			12	644,926.	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	1 501(c)(3)		
	organization, check this box and stor						▶□	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (l	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	95.30 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	95.61 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright$ X	
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶ □	
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	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 organizat	tion qualifies as a p	oublicly supported	organization		ightharpoons	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts and circui	mstances" test, ch	eck this box and	<b>stop here</b> . Explair	in Part VI how the		
	organization meets the "facts and circ	umstances" test	The organization q	ualifies as a public	ly supported organ	nization	<b>&gt;</b>	
18	Private foundation. If the organization	n did not check a !	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>.</u> ▶□	
					Sche	dule A (Form 990	or 990-EZ) 2019	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes " answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
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5b		
5c		20.17
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10b	***	(785" 52
1 990 or 99	10-EZ1	2019

Schedule A (Form 990 or 990-EZ) 2019

7

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

emergency temporary reduction (see instructions)

instructions)

to the load the first

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

DOVE & CIDIC CITID OF COPEN DAY INC

Employer identification number 20\_6102013

Pa	t   Organizations Maintaining Donor Advised		Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, line		Complete if the
-	organization answered 103 on 1 on 1330; Fait 17, Infi	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(2)	
1 2	Aggregate value of contributions to (during year)		
	· · · · · · · · · · · · · · · · ·		
3	Aggregate value of grants from (during year)	· · · · · · · · · · · · · · · · · · ·	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Aggregate value at end of year [	luming that the coasts hold in depart of used to	undo.
5	Did the organization inform all donors and donor advisors in v	~	<del></del>
•	are the organization's property, subject to the organization's	-	<del></del>
6	Did the organization inform all grantees, donors, and donor ac	5 5	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	
Pa	impermissible private benefit?  †II Conservation Easements. Complete if the org	anazation answered "Vas" on Form 900. Port	Yes No
L			iv, line /
1	Purpose(s) of conservation easements held by the organization		and a second second second second
	Preservation of land for public use (for example, recreat		istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete lines 2a through 2d if the complete	ed conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	and the second and the second	2b
С.	Number of conservation easements on a certified historic stru	• •	2c
d	, , ,	mer 7/25/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year	amont in language	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		No.
^	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	landing of violations, and emorning conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	assements during the year
7	\$	ing of violations, and emorcing conservation	easements during the year
	Does each conservation easement reported on line 2(d) above	esticfy the requirements of eaction 170/b///	(B)(i)
8		e satisfy the requirements of section (70(1)(4)	Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an agramante in its rayonija and avnanca stati	
9	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements	ote to the organization's infancial statements	that describes the
Pai	till   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financial gain	
~	the following amounts required to be reported under FASB AS	-	., 5.0100
а	Revenue included on Form 990, Part VIII, line 1	50 555 rolating to those items	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>S S</b>
	Addets included in Form 555, Fart A		F . Y

		GIRLS CLUB						02943	
Par	tilli Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	Simila	r Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following that	make sig	ınıfıcant ı	use of its	,	
•	collection items (check all that apply)								
а	Public exhibition	d	Loan or exc	hange prograr	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	n's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other	sımılar a	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	tilVi Escrow and Custodial Arran		ete if the organizatio	n answered "\	Yes" on F	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21		<u> </u>					
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other asse	ets not in	cluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	-	7	
	Did the organization include an amount on Fe					yγ	L	_ Yes	No No
	If "Yes," explain the arrangement in Part XIII								<u> </u>
<u>.</u> Rai	Endowment Funds. Complete			γ			<del> </del>	r	<del></del>
		(a) Current year	(b) Prior year	(c) Two years			ears back		ears back
1a	Beginning of year balance	6,870,118.	7,551,711.	6,880	,817.	6,8	80,317.	/,1	169,688.
b	Contributions	757 024	207 025	1 015	000		16 075		4,519.
C .	Net investment earnings, gains, and losses	757,824.	-287,825.	1,015	,808.	4	16,875.		43,890.
d	Grants or scholarships								
е	Other expenditures for facilities	210,000.	202 760	344	014	4	16 275	,	250 000
	and programs	210,000.	393,768.	244	,914.		16,375.		250,000.
T	Administrative expenses	7,417,942.	6,870,118.	7 551	711	6 0	90 917		380,317.
g	End of year balance		<del></del>	ı	, /11.	0,0	80,817.	0,0	500,317.
2	Provide the estimated percentage of the curr	41.00		)) neid as					
a	Board designated or quasi-endowment ►  Permanent endowment ► 59 • 00	%	_%						
D		% %							
С	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posse		tion that are held ar	nd administere	d for the	organiza	ation		
O.	by	331011 of the organiza	tion that are neld ar	ia aariii iistoro		organize	20011	Ī,	res No
	(i) Unrelated organizations								X
	(ii) Related organizations							3a(II)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	·							
Par	t¡VI Land, Buildings, and Equipm						· · · · · ·		
	Complete if the organization answered		, Part IV, line 11a S	ee Form 990,	Part X, Iı	ne 10			
	Description of property	(a) Cost or of		or other		cumulate	ed	(d) Book	value
	,	basis (investm	' '	(other)	dep	reciation		` '	
1a	Land	-			-		.		
	Buildings		6,10	3,258.	3,8	62,6	50.	2,240	,608.
	Leasehold improvements			2,332.		26,28			,052.
	Equipment			1,647.	3	52,9	52.		,685.
e	Other								
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part )	X. column (B). line 1	0c.)			<b>&gt;</b>	2,795	,345.

Schedule D (Form 990) 2019

	S CLUB OF GREE	EN BAY INC 3	9-6102943 Page
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Cas Farm 000 Part V Ima 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd of-year market value
(1) Financial derivatives	(b) Book value	(c) Method of Valuation Cost of C	nd of year market value
(2) Closely held equity interests			
(3) Other			
(A)	,	-	<del></del>
(B)			
(C)			<del></del>
(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 e	nd of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
· · · · · · · · · · · · · · · · · · ·	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) BENEFICIAL INTEREST-COMMUN	NITY FOUNDATIO	ON	922,471.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		922,471.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			<del></del>
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(8)			<del> </del>
	. 25 l		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	5 KY.J		<u></u>

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2019 BOYS & GIRLS CLUB OF GREEN	BAY_	INC	<u> 39-6</u>	102943	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<del></del> -		
1	Total revenue, gains, and other support per audited financial statements			1	2,318,	708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	545,457.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	05 007	1.		
d	Other (Describe in Part XIII )	2d	85,827.		C 2.1	204
е	Add lines 2a through 2d			2e	631, 1,687,	424
3	Subtract line 2e from line 1			3	1,007,	424.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1	15,919.			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII )	4a 4b	13,313.			
b	Add lines 4a and 4b	40	<del></del>	4c	15	919.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,703,	343.
	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wii	h Expenses per F			3131
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,700,	781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c		{		
d	Other (Describe in Part XIII )	2d	. =			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,700,	781.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b	15,919.			
С	Add lines 4a and 4b			4c	15,	919.
5				5	1,716,	700.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			, Part X	, line 2, Part XI	I,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onai into	rmation			
PAI	RT V, LINE 4:					
то	BE USED FOR SPECIFIC RELATED PROGRAM ACTIV	ITIES	AND OPERAT	IONS	IN ORD	ER
TO	CONTINUE OUR MISSION IN FUTURE YEARS.					
PAI	TX, LINE 2:			<del></del>		
נקור מידורו	INIMIEC AND INMEDECH ACCECCED DV INCOME MAY	T N 7	TIMULODIMIEC	ים כו ע	TMOI IIDE	יחי
PEI	IALTIES AND INTEREST ASSESSED BY INCOME TAX	ING F	OTHORITIES .	AKE	TMCTODE	עי
TN	MANAGEMENT AND GENERAL EXPENSES, IF APPLICA	ARI.E	THE ORGANI	7 አጥፐ	מגע אס.	NΟ
T 1/	MANAGEMENT AND GENERAL EXPENSES, IF APPLICA	ADUE.	THE ONGANT	DWII	ON HAD	NO
ואי	EREST AND PENALTIES RELATED TO INCOME TAXES	S FOR	THE YEAR E	NDED	DECEMB	ER
		3 1 01			2202112	
31	2017.					
PAI	T XI, LINE 2D - OTHER ADJUSTMENTS:					
RE'	URN ON ASSETS HELD BY COMMUNITY FOUNDATION					<u> 27.</u>
93205	10-02-19			Sched	ule D (Form 9	90) 2019

Schedule D (Form 990) 2019 Part XIII   Supplemental Infor	BOYS & GIRLS CI	LUB OF GREEN	BAY INC	39-6102943 Page 5
Paπ XIII   Supplemental Infor	mation (continued)			
•				
PART XI, LINE 4B - (	OMBED ADTIICAMENT	ים.		
PART AI, DINE 4B - V	JINEK ADOUSIMENI	.5:		
RENTAL EXPENSES	· · · · · · · · · · · · · · · · · · ·		<u></u>	
DADM VII IING AD	OMIED AD HIGHMEN	ımc .		
PART XII, LINE 4B -	OTHER ADJUSTMEN	115:		
INVESTMENT FEES				15,919.
RENTAL EXPENSES				
			•	
	•		· · · · · · · · · · · · · · · · · · ·	
				·
		···		
			<del>-</del>	

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or Form 990-EZ.

2019

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

BOYS & GIRLS CLUB OF GREEN BAY INC 39-6102943

	Complete if the organization answe	*****		Form 990, Part IV, I	ine 17 Form 990-EZ	
required to complete this part						-
1 Indicate whether the organization rais	ed funds through any of the following	g activ	ities (	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ısıng	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	ıng of	ficers, directors, trus	tees, or	
key employees listed in Form 990, P	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	Yes	No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization					
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<b>-</b>				
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otal  3 List all states in which the organizatio	n is registered or licensed to solicitic	ontribi	ıtıons	or has been notified	it is exempt from red	ustration
or licensing	The registered of meetings to consider	01111101		or ride seem notines	ic to enempt well res	gioti attori
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

39-6102943 Page 2 Schedule G (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUB OF GREEN BAY INC Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events WINE & (add col (a) through CHEESE GOLF OUTING 1 col (c)) (event type) (event type) (total number) 396,588. 143,985. 18,500. <u>559</u>,073. Gross receipts 332,418. 118,264. 14,345. 465,027. 2 Less Contributions 64,170. 25,721. 4,155. 94,046. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 170. 721 155 94,046 Other direct expenses 94,046. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) [Part[IIII] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Buch Special A forgation of Yes % ar ing ting taken til og sa 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUB OF GREEN BAY INC 39-	6102943	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
•	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name	<u> </u>	
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	If "Yes," enter name and address of the third party		
	Name	·	<del></del>
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
		·····	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	-
	organization's own exempt activities during the tax year 🕨 \$		
Ľа	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Provide the explanations required by Part III, line 2b, columns (iii) and (v), and Provide the explanations required by Part III, line 2b, columns (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and Provide the explanations required by Part III (iii) and (v), and (	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		_	<del>.</del>

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	BOYS &	GIRLS	CLUB	OF	GREEN	BAY	INC	39-6102943 Page 4
Part IV	Supplemental Infor	mation <sub>(co.</sub>	ntinued)					<u>-</u>	· · · · · · · · · · · · · · · · · · ·
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# 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.

グ Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

39-6102943

BOYS & GIRLS CLUB OF GREEN BAY INC

Part 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. Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items Tiju Tiju 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) 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 14. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee ř During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change of control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 1 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 : :-5" X a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments Х not described on lines 5 and 6? If "Yes," describe in Part III 7 \$ ... Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 C. 2 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2019

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

BOYS &

Schedule J (Form 990) 2019

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(III) Other reportable	other deferred compensation	benefits	(D) (I)(B)	in column (B) reported as deferred
			compensation	compensation				סנו סנוס דסנים ששט
	Ξ							
	Ξ							
	(1)							
	(11)							
	(1)							
	 (III)							
	Ξ							
	(11)							
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### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

,, <sub>E3</sub>, |

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF GREEN BAY INC

Employer identification number 39-6102943

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WISCONSIN TO PROMOTE HEALTH, SOCIAL, EDUCATIONAL, VOCATIONAL, CHARACTER
AND LEADERSHIP DEVELOPMENT OF BOYS AND GIRLS IN THE BROWN COUNTY AREA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS AVAILABLE UPON REQUEST FOR BOARD MEMBERS AND IS REVIEWED BY
THE FINANCE COMMITEE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN THE CONFLICT OF INTEREST
POLICY WHEN THEY JOIN THE BOARD OR WHEN THE FORM IS UPDATED. THE FINANCE
COMMITTEE MONITORS TRANSACTIONS FOR POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE (MEMBERS WITHOUT CONFLICT) REVIEWS COMPARATIVE DATA
AND INFORMATION FROM THE BOYS & GIRLS CLUB REGIONAL OFFICE. SALARY CHANGES
ARE DOCUMENTED ON THE CHANGE OF STATUS FORM WHICH IS SIGNED BY THE BOARD
PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL MAKE ITS POLICIES AVAIABLE TO THE PUBLIC UPON
REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
RETURN ON ASSETS HELD BY COMMUNITY FOUNDATION 85,827.

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

Schedule O (Form 990 or 990-EZ) (2019)