Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
**2025**
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: BOYS & GIRLS CLUB OF THE MISSOURI RIVER AREA

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 104 SHERIDAN AVE SE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: WAGNER SD 57380

D Employer identification number: 46-0445099

E Telephone number: 605-384-9908

G Gross receipts $: 622,865

F Name and address of principal officer:
PATRICK BREEN
29676 SUNRISE
WAGNER SD 57380

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.bgcmra.org

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1996

M State of legal domicile: SD

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To enable all young people, especially those who need them most, to reach their full potential as productive, caring, responsible citizens.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 6 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 6 |
| 5 | Total number of individuals employed in calendar year 2025 (Part V, line 2a) | 5 | 19 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 25 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 550,065 | 593,318 |
| 9 | Program service revenue (Part VIII, line 2g) | 6,390 | 3,734 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,138 | 12,338 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,062 | 13,475 |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 570,655 | 622,865 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 443,924 | 479,933 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) 14,398 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 190,433 | 206,624 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 634,357 | 686,557 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -63,702 | -63,692 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 675,831 | 628,695 |
| 21 | Total liabilities (Part X, line 26) | 2,976 | 16,915 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 672,855 | 611,780 |

## Part II Signature Block

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

**Sign Here**

Signature of officer: PATRICK BREEN — Date:

Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| KATHLEEN DOYLE | KATHLEEN DOYLE | 08/18/26 | | P01322431 |

Firm's name: Wohlenberg Ritzman & Co., LLC — Firm's EIN: 46-0393458

Firm's address: P.O. Box 1018, Yankton, SD 57078 — Phone no. 605-665-4401

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No