Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| <u> </u> | OI LIIC | e 2024 Calendar year, or tax year beginning | enung | | |
|--------------------------------|--------------------------------|--|---------------|-------------------------------------|--|
| B c | Check if pplicable Addre | BOYS & GIRLS CLUBS OF GREATER SOUTHWES | T | D Employer identific | cation number |
| X | chang Name chang | | N HAR | 38-34615 | 86 |
| | Initial return | | Room/suite | E Telephone number | |
| | Final return | 600 NATE WELLS SP DP | | 269-926- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 6,275,651. |
| | Ameno return | BENION HARBOR, MI 49022 | | H(a) Is this a group re | eturn |
| | Applic tion pendir | | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | or 527 | 1 | list. See instructions |
| | Vebsit | | | H(c) Group exemption | |
| | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 1999 N | ⚠ State of legal domicile: M I |
| Гс | | Summary Briefly describe the organization's mission or most significant activities: TO II | MCDTDE | AND ENABLE | ATT VOITING |
| ė | | PEOPLE TO REALIZE THEIR FULL POTENTIAL AS | | | |
| Activities & Governance | l | Check this box if the organization discontinued its operations or dispos | | | |
| /er | | | | | 14 |
| Ğ | 1 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 14 |
| ళ | 1 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | | 5 | 144 |
| ij | l | Total number of volunteers (estimate if necessary) | | 6 | 279 |
| cţi | 1 | Total unrelated business revenue from Part VIII, column (C), line 12 | · | 7a | 0. |
| ď | 1 | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| a) | 8 | Contributions and grants (Part VIII, line 1h) | | 4,709,562. | 5,855,260. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 205,012. | 147,177. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 105,607. | 273,178. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 36. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,020,181. | 6,275,651. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | I | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,606,180. | 3,257,741. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 481,43 | | 0. | 0. |
| 깘 | _b | | | 1,786,016. | 1,775,427. |
| _ | ۱'' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,392,196. | 5,033,168. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | | -372,015. | 1,242,483. |
| - X | 19 | nevenue less expenses. Subtract line 16 nontline 12 | | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 13,744,495. | 14,914,224. |
| Ass | 21 | Total liabilities (Part X, line 26) | | 1,012,355. | 692,846. |
| Set | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 12,732,140. | 14,221,378. |
| Pa | art II | Signature Block | | | |
| Und | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedules | s and stateme | ents, and to the best of my | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | | | |
| Sig | | Signature of officer | | Date | |
| Her | е | ALLOYD BLACKMON, CEO | | | |
| | | Type or print name and title | | Data Johnsto | DTIN |
| D | | Preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | | | CPA 0 | 9/23/25 self-employ | ed P01786612 8-2157642 |
| | oarer Only | Firm's name MANER COSTERISAN PC Firm's address 2425 E. GRAND RIVER, SUITE 1 | | Firm's EIN 3 | 0-213/042 |
| use | Only | Firm's address 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291 | | Dhone no 51 | 7-323-7500 |
| Mar | the I | RS discuss this return with the preparer shown above? See instructions | | FIIOHE HO. J I | X Yes No |
| iviay | uie II | TO GROUPS THIS TELETH WITH THE PREPARET SHOWN ADOVE! SEE HISTIUCTIONS | | | Zi fes No |

| Pai | t III Statement of Program Service Accomplishments |
|-----|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US |
| | THE MOST, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND CARING CITIZENS. |
| | AND CARING CITIZENS: |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 3,700,592. including grants of \$) (Revenue \$147,213.) THE CLUBS PROVIDES AFTERSCHOOL, BEFORE SCHOOL AND SUMMER PROGRAMS |
| | PROMOTING EDUCATIONAL ATTAINMENT, LIFE AND WORKFORCE DEVELOPMENT, |
| | CHARACTER AND LEADERSHIP DEVELOPMENT, AND HEALTHY LIFESTYLES FOR NEARLY |
| | 2,000 CHILDREN AND TEENS ACROSS SOUTHWESTERN MICHIGAN AT THE CLUB'S |
| | LEGACY SITES INCLUDING THE FETTIG YOUTH CAMPUS AND JOEL E. SMILOW TEEN |
| | CENTER IN BENTON HARBOR, MI AND NINE SCHOOL AND COMMUNITY SITES. |
| | |
| | \mathcal{O}_{i} |
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| | |
| 415 | (Code:) (Expenses \$ including grapts of \$) (Revenue \$) |
| 4b | (Code:) (Expenses \$ |
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| | |
| 4c | (Code:) (Expenses \$) (Revenue \$) |
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| | - |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| _4e | Total program service expenses 3,700,592. |
| | Form 990 (2024) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-------------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | _1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| Ŭ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ٣ | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 0 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| 8 | , , | | | x |
| _ | Schedule D, Part III | 8 | | <u> </u> |
| 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? | _ | | 1 37 |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | 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, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X. line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | | 12a | Х | |
| h | Schedule D, Parts XI and XII | IZa | 21 | |
| D | | 401- | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | _ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | _v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | ,, |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | l |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | _ |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 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 | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| _ | | | | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|---------|---|-----|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| 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 | 051 | | х |
| 00 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 00 | | х |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash 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 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 37 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 37 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Pai | Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| . ui | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check it Schedule C contains a response of hote to any line in this Fart v | | V | NIa |
| 1. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| ıa b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| · | (gambling) winnings to prize winners? | 1c | х | |
| 432004 | 4 12-10-24 | | | (2024) |

MICHIGAN 38-3461586 Page 5 Form 990 (2024) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|--------|--|----------|-----|--------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 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 O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | .,, |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| 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 organization solicit | | | _V |
| Ī | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | CI- | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| 7 | | 70 | | х |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | <u> </u> |
| b c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7.0 | | |
| · | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 40 | amounts due or received from them.) | 40 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 100 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

432005 12-10-24

MICHIGAN 38-3461586 Page 6 Form 990 (2024) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule C Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u>

| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
|-----|---|-----|---|---|
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| 17 | List the states with which a copy of this Form 990 is required to be filed | M) | ſ |
|----|--|----|---|
| | | | |

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Upon request Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

KELLI SMITH - 269-926-8766

600 NATE WELLS SR DR, BENTON 49022

Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

| (A) | (B) | | | ((|) | ., | | (D) | (E) | (F) |
|-----------------------------|------------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | not c | Posi | ition |) than i | one | Reportab l e | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | | Cer an | uau | ecto | ii ii us | lee) | from | from related | other |
| | (list any hours for | ndividual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or (| stee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | yee | mper | | 1099-NEC) | 10001120) | and related |
| | below | idua | nstitutional trustee | er | Key employee | Highest compensated employee | i je | | | organizations |
| | line) | Indiv | Instii | Officer | Key (| High emp | Former | | | |
| (1) ALLOYD BLACKMON | 55.00 | | | | | | . 4 | | | |
| CEO | | | | Х | | | | 146,495. | 0. | 21,259. |
| (2) TALEAH ADAMS | 0.10 | | | | | | | <i>r</i> | | |
| DIRECTOR | | Х | | | | | 2 | 0. | 0. | 0. |
| (3) STEVE PIERANGELI | 0.10 | | | / | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) MICHAEL NEISS | 0.10 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (5) RUTH LUDLOW | 0.10 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) MAURICE BURTON | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) JASON BECKROW | 0.10 | | | | | | | | | |
| DIRECTOR |) | Х | | | | | | 0. | 0. | 0. |
| (8) BRUCE PIEKARSKI | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) TERRY O'ROUKE | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) RAY CORTEZ LIPSCOMB | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) MELISSA KAMARA-LIGGINS | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) ELEANOR REECE | 0.10 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (13) ANN DAHMER | 0.10 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (14) PAMELA KLYN | 0.10 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (15) MICHAEL TODMAN | 0.10 | | | | | | | | | |
| CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | ITCHIGAN | | | | | | | | | 30-3 | <u>4013</u> | 000 | Pa | age 🖸 |
|--|--------------------------|--|--------------------------------|-----------------------|---|------------------------|------------------------------|----------|---|--|-------------|----------------------------|---|---------------|
| Part VII Section A. Officers, | Directors, Truste | es, Key Emp | oloye | ees, | and | Hiç | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | | (B) Average hours per week | box, | not ch unles | (C Posit neck m ss pers d a dir | tion nore son is | than d s both | an | (D) Reportable compensation from | (E) Reportable compensation from related | on | am | (F) timate lount o | |
| | C | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizatior (W-2/1099-MIs 1099-NEC) | ns SC/ | comp fro orga and | oensa om the anizati I relate nizatio | e on ed |
| | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \perp | | | |
| | | | | | | | | | | 1 | | | | |
| | | | | | | | | | -09 |) | \dashv | | | |
| | | | | | | | | | Co | | | | | |
| | | | | | | | | _ | (0 | | | | | |
| | | | | | | | C | | | | | | | |
| 1b Subtotal | | | | | | C | | | 146,495. | | 0. | 21 | L,25 | |
| c Total from continuation shat Total (add lines 1b and 1c) | | | | (| | | | | 146,495. | | 0. | 2.1 | L,25 | <u>0.</u> |
| Total number of individuals compensation from the organization. | (including but no | | | liste | d ab | ove |) wh | o re | • | 000 of reportable | Э | | | 1 |
| | | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any line 1a? If "Yes," complete 8 | • | · | | | | | | | hest compensated emp | | | 3 | | X |
| 4 For any individual listed on | line 1a, is the sun | n of reportabl | е со | mpe | nsat | ion | and | oth | er compensation from t | he organization | | | х | |
| and related organizations grDid any person listed on line | | | | | | | | | | | | 4 | | |
| rendered to the organization | | elete Schedule | e J fo | or su | ıch p | ers | on . | | | | | 5 | | Х |
| Section B. Independent Contra 1 Complete this table for your | | nensated ind | ene | nder | nt co | ntra | actor | 's th | nat received more than \$ | \$100,000 of com | nensati | on fro | m | |
| the organization. Report co | = | - | | | | | | | | | | | | |
| Nam | (A) ne and business a | ıddress | | | | | | | (B) Description of s | services | Co | (C omper | ;) nsatior | า |
| COUNTY OF BERRIEN | | | | | | | | 7 | ON SITE SCHO | | | | | - |
| 701 MAIN STREET, | ST. JOSEI | PH, MI | <u>49</u> | 08 | 5 | | | _ | RESOURCE OFF | ICER | | 136 | 5,23 | <u> 36.</u> |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| 2 Total number of independer | nt contractors (inc | cluding but pa | ot lin | nited | l to t | hoe | e lie | ted | above) who received me | ore than | | | | |
| \$100,000 of compensation | • | • | all l | | | 1 | | .54 | | 2.3 a.a.ii | | | | |

Form **990** (2024)

Page **9**

38-3461586

| | | Check if Schoolule O contains a reasonage or note to any | / line in this Dort \/III | | | |
|--|------|--|---|-------------------|------------------|--------------------|
| | | Check if Schedule O contains a response or note to any | $\frac{7 \text{ line in this Part VIII}}{ (\Delta)}$ | (B) | (C) | (D) |
| | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | Total Tovolido | function revenue | business revenue | from tax under |
| | • | | | | | sections 512 - 514 |
| ts ts | 1 a | Federated campaigns1a 154,614 | <u>l . </u> | | | |
| rar | b | Membership dues 16,494 | 1. | | | |
| Ω, G | c | Fundraising events 1c | | | | |
| ifts r A | ٠ | Related organizations 1d | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (contributions) 1e 2,831,755 | 5. | | | |
| Sin | ء ا | All other contributions, gifts, grants, and | | | | |
| utic | | | , | | | |
| ribi | | similar amounts not included above 1f 2,852,39 | <u>′-</u> | | | |
| ont od (| 9 | Noncash contributions included in lines 1a-1f 1g \$ | | | | |
| <u>a</u> <u>C</u> | h | Total. Add lines 1a-1f | | | | |
| | | Business Co | | | | |
| ĕ | 2 a | SCHOOL PROGRAM REVENUE 611710 | 147,177. | 147,177. | | |
| Program Service Revenue | b | | | | | |
| Sel | c | - | | 1 | | |
| ım | c | | | | | |
| gra Re | ء ا | | | |) | |
| ² ro | ء ا | All other program service revenue | | | | |
| _ | | | 147,177. | | | |
| | | Total. Add lines 2a-2f | <u> </u> | $\overline{}$ | | |
| | 3 | Investment income (including dividends, interest, and | 221 242 | | | 001 040 |
| | | other similar amounts) | 231,343 | | | 231,343. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Persona | | | | |
| | 6 a | Gross rents 6a | | | | |
| | b | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| | | Net rental income or (loss) | | | | |
| | | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | ' " | assets other than inventory 7a 41,835. | | | | |
| | | Less: cost or other basis | | | | |
| a) | L | | | | | |
| nŭ | | and sales expenses | | | | |
| Revenue | C | Gain or (loss) 7c 41,835 | 41 025 | | | 41 025 |
| | | Net gain or (loss) | 41,835. | | | 41,835. |
| her | 8 a | Gross income from fundraising events (not | | | | |
| ₫ | | including \$ of | | | | |
| | | contributions reported on line 1c). See | | | | |
| | | Part IV, line 18 | | | | |
| | b | Less: direct expenses 8b | | | | |
| | | Net income or (loss) from fundraising events | | | | |
| | 9 2 | Gross income from gaming activities. See | | | | |
| | ١٠٣ | Part IV, line 19 9a | | | | |
| | , h | Less: direct expenses 9b | | | | |
| | | | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances 10a | | | | |
| | | Less: cost of goods sold10b | | | | |
| | С | Net income or (loss) from sales of inventory | | | | |
| ω | | Business Co | | | | |
| out | 11 a | MISCELLANEOUS REVENUE 900099 | 36. | 36. | | |
| ane Due | b | | | | | |
| Miscellaneous Revenue | c | | | | | |
| <u> </u> | | All other revenue | | | | |
| Σ | | Total. Add lines 11a-11d | 36. | | | |
| | | Total revenue See instructions | 6,275,651. | 147,213. | 0. | 273,178. |

432009 12-10-24

38-3461586 Page **10**

Form 990 (2024) MICHIGAN Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | nplete column (A). | |
|-------|---|------------------------------------|-----------------------------|---------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | se or note to any line in t (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 167,754. | 116,297. | 29,597. | 21,860 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,587,157. | 1,793,569. | 456,455. | 337,133 |
| 8 | Pension plan accruals and contributions (include | | | 70, | |
| | section 401(k) and 403(b) employer contributions) | 48,456. | 33,593. | 8,549. | 6,314. |
| 9 | Other employee benefits | 222,467. | 154,227. | 39,250. | 6,314 28,990 30,220 |
| 10 | Payroll taxes | 231,907. | 160,771 | 40,916. | 30,220 |
| 11 | Fees for services (nonemployees): | , - | | , , , | |
| | Management | | | | |
| b | Legal | 2,226. | 11 | 2,226. | |
| c | Accounting | 93,085. | | 93,085. | |
| d | Lobbying | 3370031 | 5 | 33,0031 | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 27,798. | | 27,798. | |
| q | Other. (If line 11g amount exceeds 10% of line 25, | 27/334 | | 27,7300 | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 144,129. | 100,775. | 43,354. | |
| 12 | Advertising and promotion | 34,277. | | | 34,277 |
| 13 | Office expenses | 48,686. | | 32,523. | 16,163 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 376,650. | 357,677. | 15,208. | 3,765 |
| 17 | Travel | 4,596. | 3,678. | 918. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 4 500 | 2 670 | 000 | |
| 19 | Conferences, conventions, and meetings | 4,598. | 3,678. | 920. | |
| 20 | Interest | 10 002 | 10 002 | | |
| 21 | Payments to affiliates | 10,893. 288,361. | 10,893. 259,525. | 28,836. | |
| 22 | Depreciation, depletion, and amortization | | | | 1 044 |
| 23 | Insurance | 57,965. | 47,766. | 8,955. | 1,244 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | PROGRAM EXPENSES | 653,008. | 653,008. | | |
| b | OTHER EXPENSES | 20,357. | , , , , , , | 20,357. | |
| c | DUES AND SUBSCRIPTIONS | 8,798. | 5,135. | 2,198. | 1,465 |
| d | | -, | -, | | _, |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,033,168. | 3,700,592. | 851,145. | 481,431 |
| 26 | Joint costs. Complete this line only if the organization | - | - | - | - |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

Form 990 (2024)
Part X Balance Sheet

| Pa | rt X | Balance Sneet | | | |
|-----------------------------|------|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,010,186. | 1 | 1,907,547 |
| | 2 | Savings and temporary cash investments | | 2 | 3,220,969 |
| | 3 | Pledges and grants receivable, net | | 3 | 667,891 |
| | 4 | Accounts receivable, net | | 4 | 58,182 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| S. | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ĕ | 9 | Prepaid expenses and deferred charges | | 9 | 38,500 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 9,001,03 | LO. | | |
| | b | Less: accumulated depreciation 10b 3,694,0 | L4. 4,660,819. | 10c | 5,306,996 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 3,507,806. | 15 | 3,714,139 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 14,914,224 |
| | 17 | Accounts payable and accrued expenses | 259,262. | 17 | 244,502 |
| | 18 | Grants payable | 200 505 | 18 | 105 605 |
| | 19 | Deferred revenue | 283,705. | 19 | 105,625 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| <u> </u> | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 469,388. | 0.5 | 2/12 710 |
| | | of Schedule D | 1 010 255 | 25 | 342,719 692,846 |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | 1,012,333. | 26 | 032,040 |
| ģ | | and complete lines 27, 28, 32, and 33. | | | |
| ဋ | 27 | | 11,725,237. | 27 | 13,416,989 |
| <u>a</u> | 28 | Net assets without donor restrictions Net assets with donor restrictions | 4 4 4 4 4 4 4 4 | 28 | 804,389 |
| <u> </u> | 20 | Organizations that do not follow FASB ASC 958, check here | | 20 | 001/303 |
| Ī | | and complete lines 29 through 33. | | | |
| 9 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| ٩SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 32 | 14,221,378 |
| Z | 33 | Total liabilities and net assets/fund balances | | 33 | 14,914,224 |

| Form | n 990 (2024) MICHIGAN | 38-3 | 34615 | 86 | Pag | ge 12 |
|------|--|----------|-------|-----|-------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 275 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 033 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1, | 242 | , 4 | 83 . |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 12, | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 246 | 7. | <u>55.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 14, | 221 | . , 3 | 78. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Halfarma Ovidence O.O.E.D. Bert 000, Ovidencet FO | | | | v | I |

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

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

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

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST

Attach to Form 990 or Form 990-EZ.

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

20124

Employer identification number

Open to Public Inspection

MICHIGAN 38-3461586 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

| Sac | tails to quality under the tests | nisted below, pleas | se complete Part II | | | | |
|-----|---|-----------------------|----------------------|------------------------|---------------------|--------------------|-----------|
| | | (10000 | # \ 000d | (1)0000 | (I) 0000 | (1) 0004 | (0 T-+-I |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1833081. | 2946790. | 5473538. | 4709562. | 5855260 | 20818231. |
| 0 | | 1033001. | 2740770. | 3473330. | 4/0/3020 | 3033200. | 20010251. |
| Z | Tax revenues levied for the organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 2 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1833081. | 2946790. | 5473538. | 4709562. | 5855260 | 20818231. |
| | The portion of total contributions | 1033001. | 25407500 | 34733301 | 47055026 | 3033200. | 20010251. |
| 5 | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | • | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 4301707. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 16516524. |
| | etion B. Total Support | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | Amounts from line 4 | 1833081. | 2946790. | 5473538. | 4709562. | 5855260. | 20818231. |
| | Gross income from interest, | | | | | | |
| Ŭ | dividends, payments received on | | | 5 | | | |
| | securities loans, rents, royalties, | | . (| 7 | | | |
| | and income from similar sources | 25,285. | 16,816. | 7,023. | 65,898. | 231,343. | 346,365. |
| 9 | Net income from unrelated business | , | ~ O | , | , | • | , |
| | activities, whether or not the | | 1,55 | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | ~ | | | | |
| | assets (Explain in Part VI.) | (10) | | | | 36. | 36. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21164632. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 654,492. |
| | First 5 years. If the Form 990 is for the | | | fourth, or fifth tax \ | ear as a section 50 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | | centage | | | | |
| 14 | Public support percentage for 2024 (I | ine 6, column (f), d | ivided by line 11, c | column (f)) | | 14 | 78.04 % |
| 15 | Public support percentage from 2023 | Schedule A, Part | II, line 14 | | | 15 | 72.44 % |
| | 33 1/3% support test - 2024. If the | | | | | ore, check this bo | x and |
| | stop here. The organization qualifies | | | | | | 37 |
| b | 33 1/3% support test - 2023. If the | organization did no | t check a box on l | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | | | |
| b | 10% -facts-and-circumstances test | • | • | | | | |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, chec | ck this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | | | | • | | |
| 18 | Private foundation. If the organization | | | , , | | | |

Schedule A (Form 990) 2024

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

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

| Se | ction A. Public Support | clow, picase comp | note i art ii.j | | | | |
|-----|--|-------------------|--|------------------|----------|----------|------------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | Gifts, grants, contributions, and | 1.7 = | (-, · | \-,' | 127 | \-/· | \.,\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| 7 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | - 3 | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | igcup | | |
| 7 6 | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | (/) | | | |
| | from other than disqualified persons that | | | 110 | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| _ | amount on line 13 for the year | | | 6 | | | |
| | Add lines 7a and 7b | | . (| | | | |
| | Public support. (Subtract line 7c from line 6.) | | | <i></i> | | | |
| | • | (=) 2020 | (b) 2021 | (=) 2022 | (4) 0000 | (a) 2024 | (f) Total |
| | ndar year (or fiscal year beginning in) Amounts from line 6 | (a) 2020 | (0) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| - | Gross income from interest, | | | | | | |
| 100 | dividends, payments received on | |) ` | | | | |
| | securities loans, rents, royalties, | ` | | | | | |
| | and income from similar sources | ·. () | | | | | |
| r | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | 10, | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | S | | | | | |
| • • | activities not included on line 10b. | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | 3 | , , , | * | , | () () | · — |
| 60 | check this box and stop here | is Cupport Day | ······································ | | | | |
| | • | | | | | T T | |
| | Public support percentage for 2024 (| | | .,, | | 15 | % |
| | Public support percentage from 2023 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | T T | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from | | | | | 18 | <u>%</u> |
| 19a | 33 1/3% support tests - 2024. If the | | | | | | / is not |
| | more than 33 1/3%, check this box at | | | | | | |
| k | 33 1/3% support tests - 2023. If the | • | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

432023 01-14-25

Schedule A (Form 990) 2024

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| , | | Yes | No |
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| ule | A (Forn | n 990) | 2024 |

| | t IV Supporting Organizations (continued) | | - 10 | ago o |
|------------|---|------------|----------|--------------|
| ı aı | Continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u>Sac</u> | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 360 | tion of Type it Supporting Organizations | | I., I | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| _ | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| | | ·) | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. | ·/- | | |
| | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental | | | |
| _ | entity (see instructions). | | <u> </u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | , | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2 b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | За | | |
| b | | | | |
| | of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard | 3h | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| | All other Type III non-functionally integrated supporting organizations must | complete | Sections A through E. | |
|-----|--|--------------|-----------------------------|---|
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optiona l) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | <u> </u> | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | 10 | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrate | ed Type III supporting orga | anization (see |

Schedule A (Form 990) 2024

instructions).

| Par | t v Type III Non-Functionally integrated 509 | (a)(3) Supporting Orga | nizations (continued) | |
|--------------|---|-------------------------------|--|---|
| <u>Secti</u> | on D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2024 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
| 1 | Distributable amount for 2024 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reason- | | | |
| | able cause required explain in Part VI). See instructions. | | (0) | |
| 3 | Excess distributions carryover, if any, to 2024 | | 207 | |
| | From 2019 | | | |
| b | From 2020 | | | |
| С | From 2021 | 0 | | |
| d | From 2022 | 16 | | |
| е | From 2023 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to under distributions of prior years | | | |
| h | Applied to 2024 distributable amount | | | |
| i_ | Carryover from 2019 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2024 from Section D, | 2 | | |
| | line 7: \$ | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | |
| b | Applied to 2024 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2024, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j | | | |
| | and 4c. | | | |
| 8_ | Breakdown of line 7: | | | |
| <u>a</u> | Excess from 2020 | | | |
| <u>b</u> | Excess from 2021 | | | |
| c | Excess from 2022 | | | |
| <u>d</u> | Excess from 2023 | | | |
| <u>e</u> | Excess from 2024 | | | |

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

Employer identification number

38-3461586

Organization type (check one):

| Section: |
|---|
| X 501(c)(3) (enter number) organization |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| 527 political organization |
| 501(c)(3) exempt private foundation |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| 501(c)(3) taxable private foundation |
| |

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization
BOYS & GIRLS CLUBS OF GREATER SOUTHWEST
MICHIGAN

Employer identification number

38-3461586

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$154,614. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 185,132. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$175,081. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | PJOHC P | \$634,145. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$312,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ <u>1,519,497.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization
BOYS & GIRLS CLUBS OF GREATER SOUTHWEST
MICHIGAN

Employer identification number

38-3461586

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | T | T |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ 1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | · sclosul | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | 010110 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization
BOYS & GIRLS CLUBS OF GREATER SOUTHWEST
MICHIGAN

38-3461586

Employer identification number

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if an | dditiona l space is needed. | |
|------------------------------|--|---|--------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ 600 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | le R (Form 990) (Rev. 12-2024) |

Name of organization Employer identification number BOYS & GIRLS CLUBS OF GREATER SOUTHWEST 38-3461586 MICHIGAN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

Employer identification number 38-3461586

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|--|---|
| | organization answered "Yes" on Form 990, Part IV, line | 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's e | xclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| | | | |
| Par | t II Conservation Easements. Complete if the organic | anization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | 11 21 | |
| | Preservation of land for public use (for example, recreati | | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | () | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | ed conservation contribution in the form | |
| | day of the tax year. | .01 | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | 2b |
| С | Number of conservation easements on a certified historic structure | | 2c |
| d | Number of conservation easements included on line 2c acquir | | |
| | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the period | | |
| | violations, and enforcement of the conservation easements it i | | |
| 6 | Staff and volunteer hours devoted to monitoring inspecting, h | andling of violations, and enforcing con | servation easements during the year |
| _ | | | aki a a a a a a a a a a a a a a a a a a |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and enforcing conserva | ation easements during the year |
| 0 | Does each conservation easement reported on line 2d above s | patiefy the requirements of section 170/ | SVAVDVi) |
| 8 | 1 | | |
| 9 | In Part XIII, describe how the organization reports conservation | a cocomonto in ita rayanya and aynanaa | |
| 9 | balance sheet, and include, if applicable, the text of the footnot | • | |
| | organization's accounting for conservation easements. | ote to the organization's infancial statem | ents that describes the |
| Par | t III Organizations Maintaining Collections of | Art. Historical Treasures. or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | · | |
| | If the organization elected, as permitted under FASB ASC 958 | | and balance sheet works |
| | of art, historical treasures, or other similar assets held for publ | • | |
| | service, provide in Part XIII the text of the footnote to its finance | · · · · · · · · · · · · · · · · · · · | • |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| _ | art, historical treasures, or other similar assets held for public e | , · | |
| | provide the following amounts relating to these items. | | , , , , , , , , , , , , , , , , , , , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treas | | |
| _ | the following amounts required to be reported under FASB AS | | J |
| а | Revenue included on Form 990, Part VIII, line 1 | • | \$ |
| h | Assets included in Form 990. Part X | | \$ |

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

Schedule D (Form 990) (Rev. 12-2024)

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

| Complete if the organization answered Tes of Form 390, Fart ty, line Tra. See Form 390, Fart X, line To. | | | | | | | |
|--|--------------------------------------|---------------------------------|--|----------------|--|--|--|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumu l ated depreciation | (d) Book value | | | |
| 1a Land | | 168,684. | | 168,684. | | | |
| b Buildings | | 6,730,055. | 2,787,335. | 3,942,720. | | | |
| c Leasehold improvements | | 1,082,105. | 47,510. | 1,034,595. | | | |
| d Equipment | | 905,864. | 804,042. | 101,822. | | | |
| e Other | | 114,302. | 55,127. | 59,175. | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) | | | | | | | |

Schedule D (Form 990) (Rev. 12-2024)

| | LS CLUBS OF G | FREATER SOUTHWEST | 0 2461506 - 0 |
|--|----------------------------|--|----------------------------------|
| Schedule D (Form 990) (Rev. 12-2024) MICHIGAN Part VIII Investments - Other Securities | | | 8-3 4 61586 Page 3 |
| | F 000 Doubly line | a 11h Can Farra 000 Dart V line 10 | |
| Complete if the organization answered "Yes" | | _ | -1-6 |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or er | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation. Cost or er | nd-of-year market value |
| (1) | | ~~ | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | 0. | |
| (7) | | 10 | |
| (8) | | | |
| (9) | | <u>V</u> | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | 10 | | |
| Complete if the organization answered "Yes" | | e 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) OPERATING LEASE RIGHT-OF-U | | | 342,719. |
| (2) BENEFICIAL INTEREST IN AS | ETS HELD AT | COMMUNITY | |
| (3) FOUNDATION | | | 3,371,420. |
| (4) | <u> </u> | | |
| (5) | <u> </u> | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col | <u>. (B))</u> | | 3,714,139. |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 2 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OPERATING LEASE LIABILITIE | <u>IS</u> | | 342,719. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule D (Form 990) (Rev. 12-2024)

342,719.

(7) (8)

Total. (Column (b) must equal Form 990. Part X. line 25. col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

| | t XI Reconciliation of Revenue per Audited Financial Statement | ts Wi | th Revenue per Re | turn | |
|-----------|--|------------|---------------------------|-------------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,494,608. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | _ | | |
| а | Net unrealized gains (losses) on investments | 2 a | 246,755. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | _ | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 246,755. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,247,853. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 27,798. | _ | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 27,798. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | SHe Francisco was F | 5 | 6,275,651. |
| Pal | T XII Reconciliation of Expenses per Audited Financial Statemer | nts w | ith Expenses per F | Returi | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | F 00F 270 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,005,370. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 | | | |
| a | Donated services and use of facilities | 2a | ₩ | - | |
| b | Prior year adjustments | 2b | - U \ | - | |
| C | Other losses | 2c | | - | |
| d | Other (Describe in Part XIII.) | | | | 0 |
| е | Add lines 2a through 2d | <i>O</i> 3 | | 2e | 5,005,370. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,003,370. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 4- | 27,798. | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a 4b | 21,150. | - | |
| b c | Other (Describe in Part XIII.) Add lines 4a and 4b | 40 | | 4c | 27,798. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 5,033,168. |
| | t XIII Supplemental Information | | | | 3,033,1001 |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /. lines | 1b and 2b: Part V. line 4 | : Part) | X. line 2: Part XI. |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition | | | , , , , , , | , in 6 2, 1 die 74, |
| | RT V, LINE 4: | | | | |
| THE | BOYS AND GIRLS CLUB OF GREATER SOUTHWEST M | 1ICH | IGAN SCHOLAR | SHI | <u>P</u> |
| ENI | DOWMENT FUND WILL BE USED FOR SCHOLARSHIPS. | THE | SPENDABLE P | ORT | ION OF |
| THI | S FUND WILL NOT OCCUR UNTIL THE BALANCE IS | ΑT | LEAST \$25,00 | 0. | |
| | ,0 | | | | |
| PAF | RT X, LINE 2: | | | | |
| IN | THE PREPARATION OF TAX RETURNS, TAX POSITION | ONS | ARE TAKEN BA | SED | ON |
| INT | PERPRETATION OF FEDERAL, STATE, AND LOCAL IN | 1COW | E TAX LAWS. | MAN | AGEMENT |
| | RIODICALLY REVIEWS AND EVALUATES THE STATUS | | | | |
| | MAKES ESTIMATES OF AMOUNTS, INCLUDING INTE | | | | <u> </u> |
| | IMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN I | | | | |
| | CERTAIN TAX POSITIONS. FEDERAL, STATE, AND I | | | | |
| | IAIN OPEN FOR EXAMINATION BY THE VARIOUS TAX | KING | AUTHORITIES | FO1 | R A PERIOD |
| <u>OF</u> | THREE TO FOUR YEARS. | | | | |
| | | | | | |
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BOYS & GIRLS CLUBS OF GREATER SOUTHWEST

| Schedule D (Form 990) (Rev. 12-2024) MICHIGAN | 38-3461586 Page 5 |
|---|-------------------|
| Schedule D (Form 990) (Rev. 12-2024) MICHIGAN Part XIII Supplemental Information (continued) | |
| (Continued) | |
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SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

 $Employer\ identification\ number\\ 38-3461586$

| | | | Yes | No |
|----|--|-------------------------------|-----|----|
| 1a | a Check the appropriate box(es) if the organization provided any of the following to or for a p | erson listed on Form 990, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding to | hese items. | | |
| | First-class or charter travel Housing allowance of | r residence for personal use | | |
| | Travel for companions Payments for busine | ss use of personal residence | | |
| | Tax indemnification and gross-up payments Health or social club | dues or initiation fees | | |
| | Discretionary spending account Personal services (su | uch as maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regar | ding payment or | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part | III to explain1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurr | ed by all directors, | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked of | on line 1a? | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation | of the organization's | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by | y a related organization to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment | | | |
| | Independent compensation consultant Compensation surveil | | | |
| | Form 990 of other organizations [X] Approval by the boar | rd or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respec | t to the filing | | |
| | organization or a related organization: | | | |
| а | | 4a | | Х |
| b | The state of the s | 4b | | Х |
| С | | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each it | em in Part III. | | |
| | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | | rue any compensation | | |
| _ | contingent on the revenues of: | Fo | | Х |
| | | <u>5a</u> | | X |
| D | Any related organization? If "Yes" on line 5a or 5b, describe in Part III. | | | 1 |
| 6 | | rue any compensation | | |
| Ü | contingent on the net earnings of: | rae any compensation | | |
| а | The organization? | 6a | | X |
| | Any related organization? | I | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide an | y nonfixed payments | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)? | pe in Part III8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure de | | | |
| | Regulations section 53 4958-6(c)? | a | | |

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

Schedule J (Form 990) (Rev. 12-2024)

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST

38-3461586

Schedule J (Form 990) (Rev. 12:2024) MICHIGAN

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

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

Page 2

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.

| (1) Alloyd Blackmon (i) Base compensation (2) 146,495. CEO (ii) 146,495. (ii) 0. (ii) (ii) (ii) | (ii) Bonus & | | סנוופו מפופוופת | Deliells | | |
|--|--------------|-------------------------------------|-----------------|----------|------------------|---|
| ALLOYD BLACKMON (f) 146,49 (f) | 8 | (iii) Other reportable compensation | compensation | • | | reported as deferred on prior Form 990 |
| (i) (ii) | 0.0 | 0 | 6,000. | 15,259. | 167,754. | 000 |
| (1) | | | 700 | | | |
| | | | 5 | | | |
| (0) | | | 3 | | | |
| (0) | | ? | | | | |
| (i) (ii) | | 20 | | | | |
| (0) | | 5 | | | | |
| (0) | | | | | | |
| (1) | | | | | | |
| (i) | 2 | | | | | |
| (ii) | | | | | | |
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| (i) | | | | | | |
| (1) | | | | | | |
| (9) | | | | | | |
| 9 | | | | | | |
| (n) | | | | | | |
| (ii) | | | | | Schedule J (Forn | Schedule J (Form 990) (Rev. 12-2024) |

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

Schedule J (Form 990) (Rev. 12-2024) MICHIGAN Part III Supplemental Information

| Schedule J (Form 990) (Rev. 12-2024) |
|--------------------------------------|

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BOY

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

Employer identification number 38-3461586

FORM 990, ITEM C, DOING BUSINESS AS:

BOYS & GIRLS CLUBS OF BENTON HARBOR, MICHIGAN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CARING CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE RETURN WAS PROVIDED TO THEFULL BOARD FOR REVIEW PRIOR TO SUBMISSION TO THEIRS.

FORM 990, PART VI, SECTION B, LINE 12C:

DADE TIT CECHTON

POLICIES AND PROCEDURES HAVE ESTABLISHED MEASURES THAT WOULD OUR FINANCIAL MAKE CONFLICTS APPARENT. AN ANNUAL DISCLOSURE IS REQUIRED OF EACH BOARD WHETHER OR NOT A CONFLICT SITUATION HAS EMPLOYEES, ARISEN MEMBER AND KEY AND BEEN DISCLOSED IN ACCORDANCE WITH OUR POLICY AND PROCEDURES WITHIN THE "CONFLICT THROUGH COMPLETION OF ANNUAL DISCLOSURE IS MADE THEINTEREST" DISCLOSURE FORM AND KEPT ON FILE. THE POLICY IS ADDRESSED AT EACH ANNUAL BOARD AND STAFF MEETINGS BY BEING REVIEWED AND RELAYED TO EMPLOYEES WHAT CONSTITUTES CONFLICT OF INTEREST WITHIN THE BOYS AND GIRLS CLUBS Α SOUTHWEST MICHIGAN. IF THERE ARE VIOLATIONS TO THE POLICY, DISCIPLINARY ACTIONS IN PLACE TO **ADDRESS** THE VIOLATIONS.

FORM 990 PART VI SECTION В LINE 15A: THE AN ANNUAL WRITTEN PERFORMANCE REVIEW OF EXECUTIVE DIRECTOR IS CONDUCTED OF DIRECTORS. COMPENSATION THE BOARD IS BASED ON ACCEPTABLE RESULTS FUNDERS, AND ANNUAL PROGRAM EVALUATIONS FINANCIAL AUDITS, EXTERNAL COMPLETED STAFF, MEMBERS, AND PARENTS. THE BOARD ALSO CONDUCTS THE BOYS AND GIRLS CLUBS THROUGHOUT THE SURROUNDING STATES ANDTHE BOYS THE SALARIES AND GIRLS CLUB NATIONAL HEADQUARTERS IN ATLANTA. THEYTHEN SET AND THE KEY MANAGEMENT POSITIONS WITHIN THE BOARD GIRLS CLUBS MICHIGAN BASED ON THE INFORMATION THEY RECEIVE. KEY STAFF SOUTHWEST ARE EVALUATED BYFACE TO FACE AND WRITTEN ANNUAL PERFORMANCE REVIEWS THE SUPERVISORS EXECUTIVE DIRECTORS/DIRECT

TIME

| | | SECTION C, 1 | | | | | |
|-----------|-----------|--------------|--------------|-------------|----|-----------|------|
| GOVERNING | DOCUMENTS | DISCLOSURE | EXPLANATION: | INFORMATION | IS | AVAILABLE | UPON |
| REQUEST. | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

EODM 000

Electronic Filing PDF Attachment

Filed by Corporations Division Administrator Filing Number: 222572851880 Date: 08/02/2022



Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

| For use by DOMESTIC NONPROF Pursuant to the provisions of Act 162, Public Acts of 1982, the under | |
|--|---|
| The identification number assigned by the Bureau is: | 800843533 |
| The name of the corporation is: | BOYS & GIRLS CLUB(S) OF BENTON HARBOR, MICHIGAN |
| The Articles of Incorporation is hereby amended to read as follows: | 96,4 |
| Article I | <u> </u> |
| The name of the corporation as amended, is: | |
| BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN | · (2) |
| Article III 💊 | |
| The Corporation is formed upon Non Stock basis. | |
| If formed on a stock basis, the total number of shares the corporation has au | thority to issue is |
| The corporation is to be financed under the following general plan: | |
| The Corporation is formed on a Directorship basis. | |
| 2. The foregoing amendment to the Articles of Incorporation was duly adopted | d on: 06/15/2022 by the |
| directors at a meeting in accordance with Section 611(3) of the Act. | |
| This document must be signed by an authorized officer or agent: | |
| Signed this 2nd Day of August, 2022 by: | |
| Signature Title | Title if "Other" was selected |
| MICHAEL TODMAN President | |
| By selecting ACCEPT, I hereby acknowledge that this electronic document is that to the best of my knowledge the information provided is true, accurate, © Decline | |

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

for

BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

ID Number: 8008435**3**3

received by electronic transmission on August 02, 2022 , is hereby endorsed.

Filed on August 02, 2022 , by the Administrator

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of August, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



ID Number: 800843533

Request certificate

Return to Results

New search

Summary for: BOYS & GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

The name of the DOMESTIC NONPROFIT CORPORATION: BOYS & GIRLS CLUBS OF GREATER SOUTHWEST

MICHIGAN

The name was changed from: BOYS & GIRLS CLUB(S) OF BENTON HARBOR, MICHIGAN on 08-02-2022

Entity type: DOMESTIC NONPROFIT CORPORATION

Identification Number: 800843533 Old ID Number: 758985

Date of Incorporation in Michigan: 09/16/1998

Purpose: Other

Term: Perpetual

Most Recent Annual Report: 2024

Most Recent Annual Report with Officers & Directors: 2023

The name and address of the Resident Agent:

Resident Agent Name: ALLOYD BLACKMON

Street Address: 600 NATE WELLS SR DR

Apt/Suite/Other:

City: BENTON HARBOR State: MI Zip Code: 49022

Registered Office Mailing address:

P.O. Box or Street Address: 600 NATE WELLS SR DR

Apt/Suite/Other:

City: BENTON HARBOR State: MI Zip Code: 49022

The Officers and Directors of the Corporation:

| Title | Name | Address |
|-----------|----------------|--|
| PRESIDENT | MICHAEL TODMAN | 500 RENAISSANCE DR STE 103B ST JOSEPH, MI 49085 USA |
| TREASURER | ANN DAHMER | 116 STATE ST ST JOSEPH, MI 49085 USA |
| SECRETARY | ELEANOR REECE | 2143 WINTERS WAY SAINT JOSEPH, MI 49085 USA |
| DIRECTOR | RICHARD DYER | 1203 SPUR DRIVE ST JOE, MI 49085 USA |
| DIRECTOR | RUTH LUDLOW | 8860 HAMILTON DR BENTON HARBOR, MI 49022 USA |
| DIRECTOR | PAMELA KLYN | 1280 ROCKY GAP RD BENTON HARBOR, MI 49022 USA |

Acts Subject To: 162-1982 Nonprofit Corporation Act

Acts Subject To: 162-1982 Nonprofit Corporation Act

The corporation is formed on a Directorship basis. **Written Consent View Assumed Names for this Business Entity** View filings for this business entity: **ALL FILINGS** ANNUAL REPORT/ANNUAL STATEMENTS ARTICLES OF INCORPORATION ARTICLES OF INCORPORATION RESTATED ARTICLES OF INCORPORATION View filings Comments or notes associated with this business entity:

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Policies