TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	BOYS & GIRLS CLUBS OF METRO LOS ANGELES 5029 VERMONT AVE LOS ANGELES, CA 90037
Prepared by	QUIGLEY & MIRON 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

_{Form} 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number BOYS & GIRLS CLUBS OF METRO Address change LOS ANGELES Name change 81-0851473 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 5029 VERMONT AVE 213-628-3673 termin-ated 29,031,588. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code X Amended return LOS ANGELES, CA 90037 H(a) Is this a group return Applica-F Name and address of principal officer: PATRICK MAHONEY Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or (insert no.) If "No," attach a list. See instructions BGCMLA.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2015 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HEALTH. Activities & Governance EDUCATIONAL, VOCATIONAL AND CHARACTER DEVELOPMENT OF YOUTH oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 38 Number of voting members of the governing body (Part VI, line 1a) <u>38</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 169 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 225 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 27,249,719. 478,347. 4,678,455. Contributions and grants (Part VIII, line 1h) Revenue 477,211. Program service revenue (Part VIII, line 2g) 10,436. 86,037. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 399,014. 632,409. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,565,116. 28,446,512. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,000. 3,000.Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,911,918. 4,433,888. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,544,084. 3,092,063. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,462,002. 7,528,951. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 103,114. 20,917,561. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 23,529,410. 44,912,932. 20 Total assets (Part X, line 16) 2,249,332. 2,710,849. 21 Total liabilities (Part X, line 26) 21,280,078. 42,202,083. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign PATRICK MAHONEY, CHIEF EXECUTIVE OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JOHN BOVARD MIRON P01358141 Paid Firm's EIN 32-0530003 **OUIGLEY & MIRON** Preparer Firm's name Use Only Firm's address 3550 WILSHIRE BLVD., #1660 Phone no. (213) 639-3550 LOS ANGELES, CA 90010 Yes May the IRS discuss this return with the preparer shown above? See instructions

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

5,810,389.

Form 990 (2023) LOS ANGELES 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
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,	10		
• •	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	uomestic government on Fart ix, column (x), ille 17 ill 165, complete ochedule i, Farts Land II	4 1	L	_ 43_

BOYS & GIRLS CLUBS OF METRO

LOS ANGELES

Form 990 (2023) LOS ANGELES

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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	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		x
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	27		X
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
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>			
а	"Vea" approach Cabadyla I Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
·	"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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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	Х	
	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?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	gamemay, manings to prize without	-10	000	(0000

Form 990 (2023) 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,		1.00			
	, , , , , , , , , , , , , , , , , , , ,	2a	169		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	X
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au		•	4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccou	nt) ?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	00110	+o (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contains the containing of the conta	ntrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
_				8		
9	Sponsoring organizations maintaining donor advised funds.			00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			an		
		10a				
		10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	0413	>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	1	13b				
		13c		44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera			14b		
.5	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	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 active	vities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI					LX.
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	38			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any othe	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct super	/ision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, o	r			
	persons other than the governing body?			7b		Х
8	$ \ Did the organization contemporaneously document the meetings held or written actions undertaken during the years of the organization of the property of the property$	ear by the followin	g:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliat	es,			
	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 bo	dy before filing t	the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\shortparallel}$	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 approve	al by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	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 arrange	ement 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		tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (sect	ion 501(c)(3):	s only)) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule (,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of intere	st policy, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	ds			
	THE ORGANIZATION - (213) 628-3673 5029 VERMONT AVE. LOS ANGELES. CA 90037					
	JUAJ VERBURI AVE. DUO ANGEDEO. LA JUUS/					

LOS ANGELES

Form 990 (2023) 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	1

81-0851473

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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-NEC) 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)	l			C)		nout	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any		cer an	d a d	irecto	r/trus	tee)	from the	from related organizations	other compensation
	hours for	or director				ted		organization	(W-2/1099-MISC/	from the
	related organizations	nstee o	trustee		ee	npensa		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee	Institutional trustee	er	Key employee	Highest compensated employee	Jer	1099-1120)		organizations
	line)	ıl	Instii	Officer	Key	High emp	Forn			
(1) CHERYL ENGLEHART	40.00			x				162 204	0.	0
CHIEF FINANCIAL OFFICER (FORMER) (2) DAVID KATZ	1.00			Λ				163,204.	0.	0.
TREASURER	1.00	Х		x				0.	0.	0.
(3) PATRICK MAHONEY	40.00	<u> </u>						0.	0.	<u> </u>
CHIEF EXECUTIVE OFFICER	40.00			x				299,500.	0.	17,848.
(4) MICHAEL MOSKOWITZ	1.00							233,3000		27,0101
SECRETARY		х		х				0.	0.	0.
(5) KAREN E. POINTER	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(6) ROCIO SAUCEDO	40.00									
CHIEF FINANCIAL OFFICER (CURRENT)				Х				58,173.	0.	0.
(7) FALGUNI LAKHANI ADAMS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) RICARDO BARRAGAN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(9) NED BENSON	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(10) LESLIE BILLINGER	1.00	,,						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) MARK BURCHELL	1.00	Х						0.	0.	0.
DIRECTOR (12) RYAN CHENG	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) AMY CHURAN	1.00							0.	0.	<u> </u>
DIRECTOR	100	x						0.	0.	0.
(14) NICK CROOKS	1.00									
DIRECTOR		x						0.	0.	0.
(15) KEITH DRAKE	1.00									
DIRECTOR		х						0.	0.	0.
(16) OLIVIA FORTE	1.00									
DIRECTOR		Х			<u> </u>	<u> </u>		0.	0.	0.
(17) MYEISHA P. GAMINO	1.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2023) LOS ANGE									81-0851	473 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	<u> </u>	er an	uau	recio)r/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		es	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	below	ual tr	ional		ploye	t com		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(18) ZULEMA GARCIA	1.00	_	_)	×					
DIRECTOR		Х						0.	0.	0.
(19) DAVID GREENBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(20) DAVID GROSS	1.00									
DIRECTOR		Х						0.	0.	0.
(21) CATHY HESSION	1.00									
DIRECTOR		Х						0.	0.	0.
(22) DAVE JARRAT	1.00									
DIRECTOR		Х						0.	0.	0.
(23) LEAH JOHNSON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(24) MELANIE KALOSKI	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(25) CAROL KIM	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(26) COLIN LEONARD	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
1b Subtotal								520,877.	0.	17,848.
c Total from continuation sheets to Part V								311,737.	0.	18,182.
d Total (add lines 1b and 1c)					<u>.</u>			832,614.	0.	36,030.

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

4 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TD SPORTS COMMERCIAL, LLC, 21 W EASY ST.	CONSTRUCTION	
SUITE 105, SIMI VALLEY, CA 93065	SERVICES	243,550.
SD COATINGS	CONSTRUCTION	
16215 RIMSTONE LN, SAN DIEGO, CA 92127	SERVICES	186,510.
HAHN CONTRACTORS, INC.	CONSTRUCTION	
24609 ARCH ST., SANTA CLARITA, CA 91321	SERVICES	179,558.
CHERYL ENGLEHART, 12340 SEAL BEACH BLVD.	CFO/ACCOUNTING	
STE B603,, SEAL BEACH, CA 90740	CONSULTANT	163,204.
NOVATECH, 2221 E. WINSTON RD. SUITE N,	CONSTRUCTION	
ANAHEIM, CA 92806	SERVICES	105,695.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization 6		

100,000 of compensation from the organization 6
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

81-0851473 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (D) (C) (E) Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) (list any from the hours for (W-2/1099-MISC) organization Institutional trustee related and related organizations Key employee organizations below Officer line) (27) REID LUNA 1.00 DIRECTOR Х 0. 0. 0. (28) WENDY MACGREGOR 1.00 0. 0. DIRECTOR Х 0. (29) MICHAEL MEHANNA 1.00 DIRECTOR Х 0. 0. 0. (30) AL MULTARI 1.00 DIRECTOR X 0. 0. 0. 1.00 (31) JOSIE PADILLA 0. 0. 0. DIRECTOR Х 1.00 (32) CARRIE SCHWAB-POMERANTZ DIRECTOR X 0. 0. 0. (33) JR REGISFORD 1.00 X 0 0. 0. DIRECTOR (34) BRIAN STOLZ 1.00 0. 0. 0. X DIRECTOR (35) KATY TUCKER 1.00 X 0. 0. 0. DIRECTOR 1.00 (36) LAYNE TALLY 0. 0. 0. X DIRECTOR 1.00 (37) RICK SCHLESINGER DIRECTOR 0. 0. 0. 1.00 (38) ROB SCHONFELD DIRECTOR Х 0. 0. 0. (39) ANDREW TENNENBAUM 1.00 Х DIRECTOR 0. 0. 0. 1.00 (40) CHRISTOPHER WONG DIRECTOR Х 0. 0. 0. (41) PASY WANG 1.00 0. 0. DIRECTOR 0. 40.00 (42) VERONICA JIMENEZ 147,102. 0. 5,546. VP OF OPERATIONS X 40.00 (43) KIMBERLY WASHINGTON 164,635. 0. 12,636. VP OF RESOURCE DEVELOPMENT X 18,182.

Total to Part VII, Section A, line 1c

311,737.

Form 990 (2023) LOS ANG:
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Chock ii Conoddio O Containo a response	or rioto to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
g g	4 .	- Fadavatad assausions da					000000000000000000000000000000000000000
ant		a Federated campaigns1a					
اع ق		Membership dues 1b	410 010				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	419,918.				
ig je		d Related organizations 1d	012 601				
Sir		Government grants (contributions) 1e	913,601.				
utic	f	All other contributions, gifts, grants, and					
ē ģ		similar amounts not included above 1f	25,916,200.				
ont	_	Noncash contributions included in lines 1a-1f 1g \$	20,955,516.				
<u>a</u> C	r	Total. Add lines 1a-1f		27,249,719.			
			Business Code				
Se	2 8		713940	275,691.	275,691.		
ervi	k	FEE FOR SERVICE	900099	202,656.	202,656.		
Program Service Revenue	c	÷					
ran ?ev	c	d					
og	6	·					
₫	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		478,347.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		53,587.			53,587.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 382,229.					
	k	Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 382,229.					
		Net rental income or (loss)		382,229.			382,229.
		Gross amount from sales of (i) Securities	(ii) Other	·			,
		assets other than inventory 7a 376,884.					
	ŀ	Less: cost or other basis					
e l	_	and sales expenses 7b 344,434.					
Revenue		Gain or (loss) 7c 32,450.					
Ş		Net gain or (loss)		32,450.			32,450.
ther		a Gross income from fundraising events (not		, -			, -
∌∣	•	including \$ 419,918. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	240,642.				
	ŀ	Less: direct expenses 8b	240,642.				
		Net income or (loss) from fundraising events	· · ·	0.			
		Gross income from gaming activities. See		<u> </u>			
	5 6	Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	-					
	L	and allowances					
\rightarrow		Net income or (loss) from sales of inventory	Business Code				
sn		MOMPD I PACE ACCIONMENT	517000	250 000			250 000
Miscellaneous Revenue		TOWER LEASE ASSIGNMENT	-	250,000.			250,000.
Ven	k		900099	180.			180.
Re	C		 				
Ξ		All other revenue	<u> </u>	250 402			
		Total. Add lines 11a-11d		250,180.	450 245		718 446.
	12	Total revenue. See instructions		28 446 512.	478 347.	0.	718 446

BOYS & GIRLS CLUBS OF METRO LOS ANGELES

Form 990 (2023) LOS ANGELES
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	2 000	2 000		
	individuals. See Part IV, line 22	3,000.	3,000.		
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	538,725.	144,391.	299,130.	95,204.
6	trustees, and key employees	330,723.	111,351.	255,150.	33,201
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,148,897.	2,533,023.	433,353.	182,521.
8	Pension plan accruals and contributions (include	. ,	. ,		,
٠	section 401(k) and 403(b) employer contributions)	46,879.	44,267.	1,227.	1,385.
9	Other employee benefits	452,603.	391,807.	29,744.	1,385. 31,052.
10	Payroll taxes	246,784.	211,428.	17,329.	18,027.
11	Fees for services (nonemployees):				
а	Management				
	Legal	19,595.	2,465.	17,130.	
С	Accounting	35,755.	4,498.	31,257.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	11 100		11 100	
f	Investment management fees	11,103.		11,103.	
g	Other. (If line 11g amount exceeds 10% of line 25,	205 260	026 400	100 655	00 064
	column (A), amount, list line 11g expenses on Sch 0.)	395,369.	236,428.	129,677.	29,264. 270.
12	Advertising and promotion	13,633.	77 111	13,363.	2/0.
13	Office expenses	116,910.	77,111.	33,647.	6,152.
14	Information technology				
15	Royalties	417,698.	417,698.		
16	Occupancy	65,192.	48,369.	11,150.	5,673.
17	Travel	05,192.	40,309.	11,150.	3,073.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	35,249.	22,839.	8,225.	4,185.
20	F	114,406.	38,928.	74,915.	563.
21	Payments to affiliates		30,020	, , ,	
22	Depreciation, depletion, and amortization	647,083.	614,728.	25,884.	6,471.
23	Insurance	152,578.	108,111.	44,137.	330.
24	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	YOUTH PROGRAM SUPPLIES	655,073.	628,941.	21,362.	4,770.
b	REPAIRS AND MAINTENANCE	165,647.	165,629.	18.	
С	LEGAL SETTLEMENT	75,000.		75,000.	
d	EQUIPMENT RENTAL	58,562.	49,666.	8,847.	49.
е	All other expenses	113,210.	67,062.	41,334.	4,814.
25	Total functional expenses . Add lines 1 through 24e	7,528,951.	5,810,389.	1,327,832.	390,730.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2023)	
Part X	Ba	lance	Sheet

	I L A	Dalatice Greet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B)
							End of year
	1				832,894.	1	737,271.
	2	Savings and temporary cash investments			460,120.	2	203,576.
	3	Pledges and grants receivable, net			483,088.	3	535,816.
	4	Accounts receivable, net			125,213.	4	139,097.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
şts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	100
⋖	9				53,378.	9	133,923.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,103,241.			
	b	Less: accumulated depreciation	10b	2,297,705.	13,679,791.	10c	33,805,536.
	11	Investments - publicly traded securities				11	1,538,868.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		7,894,926.	15	7,818,845.	
	16	Total assets. Add lines 1 through 15 (must equa			23,529,410.	16	44,912,932.
	17	Accounts payable and accrued expenses	674,475.	17	595,987.		
	18	Grants payable			00.600	18	450
	19	Deferred revenue			29,639.	19	472.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			1 101 000	22	4 054 005
_	23	Secured mortgages and notes payable to unrela-			1,491,923.	23	1,971,095.
	24	Unsecured notes and loans payable to unrelated				24	90,000.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	50.005		
		of Schedule D			53,295.		53,295.
	26	Total liabilities. Add lines 17 through 25			2,249,332.	26	2,710,849.
ý		Organizations that follow FASB ASC 958, chec	ck her	e X			
၁င		and complete lines 27, 28, 32, and 33.			11 005 005		21 256 242
alai	27				11,935,805.	27	31,356,040.
Ä	28	Net assets with donor restrictions			9,344,273.	28	10,846,043.
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here			
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			04 000 070	31	40.000.000
Š	32	Total net assets or fund balances			21,280,078.	32	42,202,083.
	33	Total liabilities and net assets/fund balances			23,529,410.	33	44,912,932.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 12.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				51.
3	Revenue less expenses. Subtract line 2 from line 1	3				61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,	-		78.
5	Net unrealized gains (losses) on investments	5				25.
6	Donated services and use of facilities	6		<u>-7</u>	6,0	81.
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	42,	, 20	2,0	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>		X
			_		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	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e 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 Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS OF METRO LOS ANGELES Employer identification number 81-0851473

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,887,456.	3,432,346.	4,308,289.	4,678,455.	10,256,565.	24,563,111.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	406,784.	403,596.	403,244.	396,722.		1,610,346.
4	Total. Add lines 1 through 3	2,294,240.	3,835,942.	4,711,533.	5,075,177.	10,256,565.	26,173,457.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						485,346.
6	Public support. Subtract line 5 from line 4.						25,688,111.
	ction B. Total Support						, , ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,294,240.	3,835,942.	4,711,533.	5,075,177.	10,256,565.	26,173,457.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	277,539.	311,551.	317,394.	323,444.	684,257.	1,914,185.
9	Net income from unrelated business	-	-	-	-	-	<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			14,739.	188,774.	180.	203,693.
11	Total support. Add lines 7 through 10			,	,		28,291,335.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,069,034.
	First 5 years. If the Form 990 is for the	· · · · · · · · · · · · · · · · · · ·		fourth, or fifth tax	vear as a section 5		·
	organization, check this box and stor	-					
Sed	ction C. Computation of Publ						
	Public support percentage for 2023 (l			column (f))		14	90.80 %
						15	78.05 %
	5 Public support percentage from 2022 Schedule A, Part II, line 14						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						

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	olow, please com	proto r urt m,				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,		, ,	,,
	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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
Ī	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-,	(-,	(-,	(-,	(-,	(-)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage	!			
17	·					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ł	o 33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che			•		ŭ	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2023

<u>sche</u>	dule A (Form 990) 2023 LOS ANGELLES 61-06	<u> </u>	2 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
L	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	<i>y</i> , 11 5 5		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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	'		
	and Divini Type in Capperaing Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
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		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_=		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization eversise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023 LOS ANGELES

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

1	Light Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	•	, , ,	Part VI). See instruction
ect	ion 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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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,	1 1		
•	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		
	ion 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		
	Check here if the current year is the organization's first as a non-functiona			<u> </u>

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2					
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	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	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				
					lll - A (F 000) 0000

Schedule A (Form 990) 2023

BOYS & GIRLS CLUBS OF METRO

81-0851473 Page 8 LOS ANGELES Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Sec Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

BOYS & GIRLS CLUBS OF METRO LOS ANGELES Employer identification number

81-0851473

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.			
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
answer "	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 inswer "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) (2023)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 20,851,807. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 951,508. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 350,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, audress, and ZIF + 4	\$ 350,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 290,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 228,550. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 226,220. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 200,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 171,728. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	Hame, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		\$ 137,361. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		\$ 125,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 88,486. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16	Name, audiess, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 70,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$ 69,234. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		\$ 61,550. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		\$ 60,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	Name, address, and Zir + +	\$ 60,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$ 58,333. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		\$ 55,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib	ution
25		\$ 55,000. Person X Payroll Noncash (Complete Part II for noncash contributions)]] or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib	ution
26		\$ 55,000. Person X Payroll Noncash (Complete Part II for noncash contributions)]] or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	ution
27		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions)	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	ution
28	Hame, address, and 2n T T	\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions)	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	ution
29		\$ 50,000. Person X Payroll Noncash (Complete Part II fo noncash contribution	C
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib	ution
30		\$ 45,450. Person X Payroll Noncash (Complete Part II for noncash contributions)	C

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$36,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$35,000.	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
33		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Hame, address, and 2n T T	\$\$5,000.	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
35		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$25,000.	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
40		\$ 25,000.	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
41		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>25,000</u> .	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	- Nume, addition, and En 1 1	\$ 25,000.	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
47		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$20,000.	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
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	- Humo, dudi coo, and Zii T	\$ 19,800.	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
53		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$17,500 .	Person X Payroll

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	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
57		\$\$	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
58		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	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
60		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$15,000.	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
63		\$\$12,500.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ 10,363.	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
65		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$10,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$\$10,000.	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
69		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Mainte, address, and Zin T T	\$\$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
71		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$10,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$10,000.	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
75		\$ 10,000.	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
76	Name, address, and Ell 11	\$\$10,000.	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
77		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		- \$\$10,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
79			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		
80		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
81		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
82		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
83			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		
84			Person X Payroll		

Employer identification number

Part I	ontributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
85		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
86		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
87		\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
88		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
89		\$ 9,386. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
90		\$ 9,326. Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ee instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
91		\$8,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
92		\$8,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
93		\$ 7,500.	Person X Payroll			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
94		\$ 7,000.	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			
95		\$ 7,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
96		\$6,000.	Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
97		\$6,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
98		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
99		\$5,181.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
100		\$5,181.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
101		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
102		\$5,000.	Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
103		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
104		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
105		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
106		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
107		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
108		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
109		5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
110		\$\$,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_111		5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
112		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
113		\$\$	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			
114		\$\$	Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
115		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
116		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
117		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
118		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
119		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
120		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	putors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
121		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
122		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
123		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
124		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	AQUISITION ALL ASSET AND LIABILITIES		
1		\$ <u>20,851,807.</u>	12/31/23
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization
BOYS & GIRLS CLUBS OF METRO

BOYS & GIRLS CLUBS OF METRO LOS ANGELES

Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line of haritable, etc., contributions of \$1,000 c	entry. For organizations or less for the year. (Enter this info. once.) \$			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Parti						
		-				
		(e) Transfer of o	gift			
	Transferee's name, address, a	ad 7ID + 4	Relationship of transferor to transferee			
-	Transieree's fiame, address, a	III ZIF + 4	neiationship of transferor to transferee			
(-) NI-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of o	gift			
	Transferee's name, address, a	nd 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 o	gift			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from	(h) Duwn and of wift	(a) Han of with	(d) December of how wift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
<u> </u>		(e) Transfer of g	gift			
		(-, -, -, -, -, -, -, -, -, -, -, -, -, -	-			
Ĺ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF METRO LOS ANGELES

Employer identification number 81-0851473

Pai	t I Organizations Maintaining Donor Advis organization answered "Yes" on Form 990, Part IV, I		Funds or Accounts.Complete if the
	organization answered Tes off offi 550, Fartiv, I	(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		or advised funds
	are the organization's property, subject to the organization'	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	ourpose conferring
			Yes No
Pai	t II Conservation Easements. Complete if the o	rganization answered "Yes" on For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education) 💹 Preserv	ation of a historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in t	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s		2c
d	Number of conservation easements included on line 2c acc		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminate	d by the organization during the tax
	year		
4	Number of states where property subject to conservation e	-	 .
5	Does the organization have a written policy regarding the p		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforc	ing conservation easements during the year
7	Amount of expanses incurred in monitoring inspecting has	adling of violations, and enforcing o	onconvotion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and emorcing c	onservation easements during the year
8	Does each conservation easement reported on line 2d abor	ve satisfy the requirements of section	on 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
•	balance sheet, and include, if applicable, the text of the foo		•
	organization's accounting for conservation easements.		
Pai		of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue stat	ement and balance sheet works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or resea	rch in furtherance of public
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes th	ese items.
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue stateme	ent and balance sheet works of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research	n in furtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$ <u></u>
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for	financial gain, provide
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, o	or Othe	r Sim	ilar As	sets(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	at make s	ignificar	nt use o	f its	
	collection items (check all that apply).									
а	Public exhibition	d		Loan or excl	nange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exer	mpt pur	oose in	Part XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of the	he orga	nization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran								IV, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	ns or other a	ssets not	include	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	· · ·	•	_						Amou	nt
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							•	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			\square
Pai										
	·	(a) Current year		rior year	(c) Two yea			years ba	ack (e) For	ur years back
1a	Beginning of year balance	340,835.		340,835.	34	0,835.		340,83	35.	340,835.
	Contributions	,		,				•		, , , , , , , , , , , , , , , , , , ,
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance	340,835.		340,835.	34	0,835.		340,83	35.	340,835.
2	Provide the estimated percentage of the curr		e (line 1			, , , , , ,		, ,		
	Board designated or quasi-endowment	one your one balance	%	9, 00/0/1/1/ (0	ij) riola ao.					
b	Permanent endowment 100.0000	%	_′°							
·	The percentages on lines 2a, 2b, and 2c sho	-								
32	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	ered for th	26			
ou	organization by:	oolon of the organiza	20011 0110	at are freid a	na aanniiniott	5100 101 ti	10			Yes No
	(i) Unrelated organizations?								3a(i)	1 37
	(**) D. I. I. I. I. I. O.									
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir								'
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm		WITIETT	iuius.						
	Complete if the organization answered). Part I\	/. line 11a. S	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or ot		(b) Cost			cumula	tod	(d) Ro	ok value
	Description of property	basis (investm		basis (٠,	preciatio		(u) 60	ok value
	Land	- ` ` ` 	icitij		5,460.	uch	rcciatio	''	14 82	25,460.
	Land				7,561.	2 ()41,4	186		$\frac{13,400}{06,075}$
	Buildings			20,04	,,,,,,,,,	۷, ۵	, <u> </u>	<u> </u>	10,00	, , , , , , , ,
	Leasehold improvements			63	0,220.		256,2	210	3 7	74,001.
	Equipment			0.3	0,220.		10,1	1190		, UUI •
	Other		Y lino 1	loc column	(R))				33 80	5,536.
าบเล	. Auu iiiles ta liiilouuli Te. (Colullii (u) Must e	yuarı Ullı 330, Fäll	л, ште Т	oc. colullill	ווטו				22,00	, , , , , , , , , ,

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LOS ANGELES	5	81	-0851473 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	" on Form 000 Port IV line	11d Con Form 000 Part V line 15	
Complete if the organization answered "Yes	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
(1) IN KIND BUILDING AND LAN		ENTS	7,818,845.
(2)	J LLIIDL MORLLI	1111115	7,010,043.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, of	ol. (B))		7,818,845.
Part X Other Liabilities			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			F2 00F
(2) DEPOSITS			53,295.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

53,295.

LOS ANGELES Schedule D (Form 990) 2023

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	eturi	1
		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	28,908,953.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	80,525.		
b	Donat	ed services and use of facilities	2b	393,019.		
С	Recov	veries of prior year grants	2c			
d		(Describe in Part XIII.)	1			
е	Add li	nes 2a through 2d			2e	473,544.
3		act line 2e from line 1			3	28,435,409.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		11 100		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	11,103.		
b		(Describe in Part XIII.)	4b			11 100
С		nes 4a and 4b			4c	11,103.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	28,446,512.
Pa	ווג זו	Reconciliation of Expenses per Audited Financial Statemen	ents w	itn Expenses per	нети	ırn
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				7 006 040
1		expenses and losses per audited financial statements			1	7,986,948.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	460 100		
a		red services and use of facilities	2a	469,100.		
b		/ear adjustments	2b			
С.		losses	2c			
d		(Describe in Part XIII.)			•	469,100.
		nes 2a through 2d			2e	7,517,848.
3		act line 2e from line 1			3	7,317,040.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	امدا	11,103.		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a 4b	11,103.		
		(Describe in Part XIII.) nes 4a and 4b	1.0		4c	11,103.
5		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i>			5	7,528,951.
		Supplemental Information			<u> </u>	7,320,3320
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines	1b and 2b Part V line 4	I· Part	X line 2: Part XI
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			r, r arc	. 7, III 0 2, 1 di t 71,
	_ a a	ins, and rate with integral and its raise complete the part to provide any addition	ionan iin	iornation.		
PAI	RT V	, LINE 4:				
		•				
THI	E OR	GANIZATION HOLDS AN ENDOWMENT FUND FOR	THE	PURPOSE OF	FUN	DING
OPI	ERAT	IONS.				
PAI	RT X	, LINE 2:				
AC(COUN	TING STANDARDS REQUIRE AN ORGANIZATION	TO I	EVALUATE ITS	TA	X POSITIONS
ANI) PR	OVIDE FOR A LIABILITY FOR ANY POSITIONS	TH	AT WOULD NOT	BE	CONSIDERED
' M(ORE	LIKELY THAN NOT' TO BE UPHELD UNDER A T	'AX Z	AUTHORITY EX	AMI	NATION.
MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A						
PRO	OVIS	ION FOR A TAX LIABILITY IS NOT NECESSAR	Y A	r year-end.	GEN	ERALLY,
BG	CMLA	'S INFORMATION RETURNS REMAIN OPEN FOR	EXA	MINATION FOR	A	PERIOD OF
		/				
THI	₹EE	(FEDERAL) OR FOUR (STATE OF CALIFORNIA)	YEZ	AKS FROM THE	DA	TE OF

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

BOYS & GIRLS CLUBS OF METRO

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

LOS ANGELES 81-0851473 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 LOS ANGELES 81-0851473 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events STRONG NONE (add col. (a) through TOGETHER GAL col. (c)) (event type) (event type) (total number) Revenue 660,560. 660,560. 1 Gross receipts 419,918. 419,918. 2 Less: Contributions 240,642 240,642. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 54,500. 54,500. 6 Rent/facility costs 4,488. 4,488. 7 Food and beverages 2,160. 2,160. 8 Entertainment 179,494. 9 Other direct expenses 179,494. 240,642. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G (Form 990) 2023

b If "Yes," explain:

BOYS & GIRLS CLUBS OF METRO

Schedule G (Form 990) 2023 LOS ANGELES Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No **b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

BOYS & GIRLS CLUBS OF METRO

Schedule C	a (Form 990) LOS ANGELES	81-0851473 Page 4
Part IV	Supplemental Information (continued)	
-		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

BOYS & GIRLS CLUBS OF METRO LOS ANGELES

Employer identification number 81-0851473

	art Questions negarding compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	NO
iu	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account.			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.0		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and officers, including the OLO/Exceditive Director, regarding the terms officered of fine 14:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Tompensation consultant Tompensation consultant Tompensation compensation committee Tompensation compensation committee Tompensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment of change-or-control payment: Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The feet any of lines are persons and provide the applicable amounts for each term in a time.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			<u></u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	–		
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9				
٠		9		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHERYL ENGLEHART	(i)	163,204.	0.	0.	0.	0.	163,204.	0.
CHIEF FINANCIAL OFFICER (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICK MAHONEY	(i)	299,500.	0.	0.	8,985.	8,863.	317,348.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VERONICA JIMENEZ	(i)	147,102.	0.	0.	4,939.	607.	152,648.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIMBERLY WASHINGTON	(i)	164,635.	0.	0.	4,428.	8,208.	177,271.	0.
VP OF RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
SCHEDULE J, PART II:							
CHERYL ENGLEHART, FORMER CHIEF FINANCIAL OFFICER'S COMPENSATION IS BY							
1099							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

LOS ANGELES

Open to Public Inspection

Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF METRO

Employer identification number 81-0851473

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Х 99 103,709.FAIR MARKET VALUE Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 20,851,807.FAIR MARKET VALUE (ALL ASSETS AND 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

BOYS & GIRLS CLUBS OF METRO

Schedule M	I (Form 990) 2023 LOS ANGELES	81-0851473	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organization of both. Also com	ation

SCHEDULE O (Form 990)

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 the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS OF METRO LOS ANGELES

Employer identification number 81-0851473

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGHOUT THE GREATER LOS ANGELES AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE PHYSICAL, EMOTIONAL, CULTURAL, AND SOCIAL NEEDS OF THE

PARTICIPANTS. BECAUSE THESE CORE AREAS ARE INTEGRATED, IT IS NOT

PRACTICAL TO SEPARATE EXPENSES INTO PROGRAM CATEGORIES. BGCMLA'S

PRINCIPAL FUNDING SOURCES ARE CONTRIBUTIONS, GRANTS, GOVERNMENT

CONTRACTS, SPECIAL EVENTS AND RENTALS.

BGCMLA PROVIDES A TRAUMA-INFORMED, SOCIAL EMOTIONAL LEARNING APPROACH
TO ITS AFTERSCHOOL PROGRAMMING IN LOW-INCOME COMMUNITIES. BGCMLA
SERVES 95%+ AFRICAN AMERICAN AND LATINX STUDENTS, 98% OF WHOM QUALIFY
FOR FREE OR REDUCED LUNCH. BGCMLA DELIVERS HIGH QUALITY PROGRAMS AND
SIGNIFICANT ACCESS TO RESOURCES FOR MEMBERS AND THEIR FAMILIES. BGMLA
PROVIDES A SAFE PLACE FOR YOUTH TO LEARN, EXPLORE, ACHIEVE, AND DREAM.
BGMLA ACCOMPLISHES THIS THROUGH TARGETED PROGRAMS IN ARTS, MUSIC, STEM,
MENTORING, ATHLETICS AND HEALTHY LIFESTYLES.

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

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, AUDIT COMMITTEE,

AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

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

AT EACH BOARD AND COMMITTEE MEETING PRIOR TO VOTING ON ANY ISSUE,

BOARD/COMMITTEE MEMBERS ARE ASKED TO IDENTIFY ANY CONFLICT OF INTEREST IN

EXISTENCE WITH REGARD TO THE ITEM BEING VOTED ON AND TO ABSTAIN FROM VOTING
WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SETS COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER

(CEO). THE BOARD PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE OF THE CEO.

THE BOARD ALSO GATHERS INPUT FOR SETTING THE CEO'S COMPENSATION FROM

NONPROFIT COMPENSATION SURVEYS AND/OR FROM COMPENSATION INFORMATION

RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE DELIBERATION AND DECISION

REGARDING THE CEO/ED'S COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE

MINUTES OF THE EXECUTIVE BOARD AND APPROVED BY THE FULL BOARD OF DIRECTORS.

THE CEO IS RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER EMPLOYEES

THROUGH SALARY INFORMATION REVIEWED FROM SIMILAR SOURCES AS USED IN SETTING

THE ED COMPENSATION. THE EMPLOYEE COMPENSATION DECISION IS DOCUMENTED IN

THE APPLICABLE EMPLOYEE'S PAYROLL FILE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PAGE 1, PART B - AMENDED RETURN:

THE FINANCIAL INFORMATION PREVIOUSLY REPORTED IN THE ORIGINAL RETURN OF
BOYS AND GIRLS CLUB OF METRO LOS ANGELES REFLECTED UNAUDITED BALANCES.

AFTER THE AUDIT WAS COMPLETED, THESE BALANCES CHANGED. AS A RESULT,
THE RETURN IS BEING AMENDED. THIS AMENDED RETURN CONTAINS THE
FOLLOWING CHANGES TO THE AMOUNTS PREVIOUSLY REPORTED IN THE ORIGINAL

Employer identification number 81-0851473

PART I

SECTION B CHANGED TO AMENDED RETURN

PART III

LINE 4A EXPENSES CHANGED FROM \$4,884,250 TO \$5,810,389

LINE 4A INCLUDING GRANTS OF CHANGED FROM \$0 TO \$3,000

LINE 4A DESCRIPTION - ADDED BOYS & GIRLS CLUB OF VENICE (VENICE)

LINE 4E TOTAL PROGRAM SERVICE EXPENSES CHANGED FROM \$4,884,250 TO

\$5,810,389

PART IV

LINE 12A CHANGED FROM MARKED NO TO MARKED YES

PART VIII

LINE 1F CHANGED FROM \$8,923,046 TO \$25,916,200

LINE 1G CHANGED FROM \$4,087,362 TO \$20,955,516

LINE 1H CHANGED FROM \$10,256,565 TO \$27,249,719

LINE 3 COLUMN A CHANGED FROM \$52,028 TO \$53,587

LINE 3 COLUMN D CHANGED FROM \$52,028 TO \$53,587

LINE 6A COLUMN I CHANGED FROM \$632,229 TO \$382,229

LINE 6C COLUMN I CHANGED FROM \$632,229 TO \$382,229

LINE 7A COLUMN I CHANGED FROM \$0 TO \$376,884

LINE 7B COLUMN I CHANGED FROM \$0 TO \$344,434

LINE 7C COLUMN I CHANGED FROM \$0 TO \$32,450

LINE 7D COLUMN A CHANGED FROM \$0 TO \$32,450

LINE 7D COLUMN D CHANGED FROM \$0 TO \$32,450

LINE 11A MOVED TO 11B

Schedule O (Form 990) 2023	Page 2
Name of the organization BOYS & GIRLS CLUBS OF METRO LOS ANGELES	Employer identification number 81-0851473
LINE 11A ADDED	
LINE 11E CHANGED FROM \$180 TO \$250,180	
LINE 12 COLUMN A CHANGED FROM \$11,419,349 TO \$28,446,512	
LINE 12 COLUMN D CHANGED FROM \$684,437 TO \$718,446	
PART IX	
LINE 2 COLUMN A CHANGED FROM \$0 TO \$3,000	
LINE 2 COLUMN B CHANGED FROM \$0 TO \$3,000	
LINE 5 COLUMN A CHANGED FROM \$375,521 TO \$538,725	
LINE 5 COLUMN C CHANGED FROM \$135,926 TO \$299,130	
LINE 7 COLUMN A CHANGED FROM \$3,165,807 TO \$3,148,897	
LINE 7 COLUMN B CHANGED FROM \$2,427,743 TO \$2,533,023	
LINE 7 COLUMN C CHANGED FROM \$467,517 TO \$433,353	
LINE 7 COLUMN D CHANGED FROM \$270,547 TO \$182,521	
LINE 8 COLUMN A CHANGED FROM \$46,878 TO \$46,879	
LINE 8 COLUMN B CHANGED FROM \$38,947 TO \$44,267	
LINE 8 COLUMN C CHANGED FROM \$6,288 TO \$1,227	
LINE 8 COLUMN D CHANGED FROM \$1,643 TO \$1,385	
LINE 9 COLUMN A CHANGED FROM \$345,906 TO \$452,603	
LINE 9 COLUMN B CHANGED FROM \$280,648 TO \$391,807	
LINE 9 COLUMN C CHANGED FROM \$41,041 TO \$29,744	
LINE 9 COLUMN D CHANGED FROM \$24,217 TO \$31,052	
LINE 10 COLUMN A CHANGED FROM \$302,075 TO \$246,784	
LINE 10 COLUMN B CHANGED FROM \$258,797 TO \$211,428	
LINE 10 COLUMN C CHANGED FROM \$21,212 TO \$17,329	
LINE 10 COLUMN D CHANGED FROM \$22,066 TO \$18,027	
LINE 11B ADDED	
LINE 11C ADDED	Schodulo O (Form 990) 2022

Schedule O (Form 990) 2023	Page 2
Name of the organization BOYS & GIRLS CLUBS OF METRO LOS ANGELES	Employer identification number 81-0851473
LINE 11F ADDED	
LINE 11G COLUMN A CHANGED FROM \$613,923 TO \$395,369	
LINE 11G COLUMN B CHANGED FROM \$243,391 TO \$236,428	
LINE 11G COLUMN C CHANGED FROM \$341,268 TO \$129,677	
LINE 19 COLUMN A CHANGED FROM \$35,250 TO \$35,249	
LINE 19 COLUMN B CHANGED FROM \$22,201 TO \$22,839	
LINE 19 COLUMN C CHANGED FROM \$10,934 TO \$8,225	
LINE 19 COLUMN D CHANGED FROM \$2,115 TO \$4,185	
LINE 22 ADDED	
LINE 23 COLUMN B CHANGED FROM \$106,289 TO \$108,111	
LINE 23 COLUMN C CHANGED FROM \$45,944 TO \$44,137	
LINE 23 COLUMN D CHANGED FROM \$345 TO \$330	
LINE 24A COLUMN A CHANGED FROM \$554,365 TO \$655,073	
LINE 24A COLUMN B CHANGED FROM \$532,576 TO \$628,941	
LINE 24A COLUMN C CHANGED FROM \$17,760 TO \$21,362	
LINE 24A COLUMN D CHANGED FROM \$4,029 TO \$4,770	
LINE 24C MOVED TO 24D	
LINE 24C ADDED	
LINE 24E COLUMN A CHANGED FROM \$60,442 TO \$113,210	
LINE 24E COLUMN B CHANGED FROM \$22,309 TO \$67,062	
LINE 24E COLUMN C CHANGED FROM \$33,363 TO \$41,334	
LINE 24E COLUMN D CHANGED FROM \$4,770 TO \$4,814	
LINE 25 COLUMN A CHANGED FROM \$6,657,561 TO \$7,528,951	
LINE 25 COLUMN B CHANGED FROM \$4,884,250 TO \$5,810,389	
LINE 25 COLUMN C CHANGED FROM \$1,301,091 TO \$1,327,832	
LINE 25 COLUMN D CHANGED FROM \$472,220 TO \$390,730	

Name of the organization BOYS & GIRLS CLUBS OF METRO LOS ANGELES	Employer identification number 81-0851473
LINE 1 COLUMN B CHANGED FROM \$737,270 TO \$737,271	
LINE 2 COLUMN B CHANGED FROM \$45,928 TO \$203,576	
LINE 3 COLUMN B CHANGED FROM \$533,810 TO \$535,816	
LINE 4 COLUMN B CHANGED FROM \$16,103 TO \$139,097	
LINE 9 COLUMN B CHANGED FROM \$183,998 TO \$133,923	
LINE 10A CHANGED FROM \$23,760,244 TO \$36,103,241	
LINE 10B CHANGED FROM \$6,072,070 TO \$2,297,705	
LINE 10C CHANGED FROM \$17,688,174 TO \$33,805,536	
LINE 11 COLUMN B CHANGED FROM \$1,696,516 TO \$1,538,868	
LINE 15 COLUMN B CHANGED FROM \$7,894,926 TO \$7,818,845	
LINE 16 COLUMN B CHANGED FROM \$28,796,725 TO \$44,912,932	
LINE 17 COLUMN B CHANGED FROM \$431,503 TO \$595,987	
LINE 23 COLUMN B CHANGED FROM \$2,026,801 TO \$1,971,095	
LINE 26 COLUMN B CHANGED FROM \$2,601,351 TO \$2,710,849	
LINE 27 COLUMN B CHANGED FROM \$16,687,593 TO \$31,356,040	
LINE 28 COLUMN B CHANGED FROM \$9,507,781 TO \$10,846,043	
LINE 32 COLUMN B CHANGED FROM \$26,195,374 TO \$42,202,083	
LINE 33 COLUMN B CHANGED FROM \$28,796,725 TO \$44,912,932	
PART XI	
LINE 1 CHANGED FROM \$11,419,349 TO \$28,446,512	
LINE 2 CHANGED FROM \$6,657,561 TO \$7,528,951	
LINE 3 CHANGED FROM \$4,761,788 TO \$20,917,561	
LINE 5 CHANGED FROM \$153,508 TO \$80,525	
LINE 6 CHANGED FROM \$0 TO -\$76,801	
LINE 10 CHANGED FROM \$26,195,374 TO \$42,202,083	

Name of the organization BOYS & GIRLS CLUBS OF METRO LOS ANGELES	Employer identification number 81-0851473
LINE 5 CHANGED FROM \$1,698,695 TO \$485,346	
LINE 6 CHANGED FROM \$24,474,492 TO \$25,688,111	
LINE 14 CHANGED FROM 86.51% TO 90.80%	
SCHEDULE B	
CORRECTIONS MADE TO SCHEDULE B	
SCHEDULE D PART VI	
LINE 1A COLUMN B CHANGED FROM \$6,143,701 TO \$14,825,460	
LINE 1A COLUMN D CHANGED FROM \$6,143,701 TO \$14,825,460	_
LINE 1B COLUMN B CHANGED FROM \$9,076,092 TO \$20,647,561	
LINE 1B COLUMN C CHANGED FROM \$5,173,223 TO \$2,041,486	
LINE 1B COLUMN D CHANGED FROM \$3,902,869 TO \$18,606,075	
LINE 1D COLUMN B CHANGED FROM \$338,861 TO \$630,220	
LINE 1D COLUMN C CHANGED FROM \$898,847 TO \$256,219	
LINE 1D COLUMN D CHANGED FROM -\$559,986 TO \$374,001	
LINE 1E COLUMN B CHANGED FROM \$8,201,590 TO \$0	
LINE 1E COLUMN D CHANGED FROM \$8,201,590 TO \$0	
TOTAL CHANGED FROM \$17,688,174 TO \$33,805,536	
SCHEDULE D PART XI ADDED	
SCHEDULE D PART XII ADDED	
SCHEDULE G PART II	
EVENT #1 NAME CHANGE	
DIRECT EXPENSES REALLOCATED	

Schedule O (Form 990) 2023	Page 2
Name of the organization BOYS & GIRLS CLUBS OF METRO LOS ANGELES	Employer identification number 81-0851473
SCHEDULE J PART II	
LINE 3 & 4 UPDATED	
SCHEDULE M	
LINE 19 ADDED	
LINE 25 COLUMN C CHANGED FROM \$4,087,362 TO \$20,851,807	
PART XII, LINE 2C	
THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF T	HE AUDIT,
REVIEW OF THE FINANCIAL STATEMENTS, AND SELECTION OF AN I	NDEPENDENT
ACCOUNTANT. THIS RESPONSIBILITY IS UNCHANGED FROM THE PR	IOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

(c)

(d)

(e)

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

> BOYS & GIRLS CLUBS OF METRO LOS ANGELES

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

YOUTH DEVELOPMENT

(b)

Employer identification number 81-0851473

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	ar assets	Direct co en	ontrolling tity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizat	tion answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more rela	ated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct co	entity controlling		g) 512(b)(13) rolled tity?
WATTS-WILLOWBROOK BOYS & GIRLS CLUB -				501(c)(3))			Yes	No
95-1945829, 5029 VERMONT AVE, LOS ANGELES,								
CA 90037	YOUTH DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 7	N/A			Х
THE CHALLENGERS BOYS & GIRLS CLUB -								
95-2637167, 5029 VERMONT AVE, LOS ANGELES,								
CA 90037	YOUTH DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 7	N/A			X
BOYS AND GIRLS CLUB OF VENICE - 95-6209203								

X

CALIFORNIA

501(C)(3)

LINE 10

N/A

2232 LINCOLN BLVD

LOS ANGELES, CA 90291

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

			T	1			1		1	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	1	itions?	amount in box	manag	ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		S. 1. 25.y				Yes	No
									
									
-									

81-0851473

Schedule R (Form 990) 2023 LOS ANGELES

Part V Transactions With Related Organizations. Complete if the organization answers	wered "Yes" on Forn	m 990, Part IV, line 34, 35b	o, or 36.							
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	l in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
b Gift, grant, or capital contribution to related organization(s)	r capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)				1b	Х	_				
d Loans or loan guarantees to or for related organization(s)						X				
e Loans or loan guarantees by related organization(s)						X				
C Loans of loan guarantees by related organization(s)										
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)				1i		X				
j Lease of facilities, equipment, of other assets to related organization(s)				''						
k Lease of facilities equipment or other assets from related organization(s)				1k		Х				
k Lease of facilities, equipment, or other assets from related organization(s)										
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 										
Sharing of paid employees with related organization(s)				10		X				
5:1						Х				
p Reimbursement paid to related organization(s) for expenses				1p		X				
q Reimbursement paid by related organization(s) for expenses				1q						
						Х				
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)				1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved						
1) BOYS AND GIRLS CLUB OF VENICE	С	21,803,315.	FAIR MARKET VALUE							
2)										
3)										
4)										
5)										

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispr	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10
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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.