Form	<u>990</u>
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** PUBLIC DISCLOSURE COPY **

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

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

A For the 2021 calendary year, or tax year beginning JUL 1, 2021 and ending JUB 30, 2022 B construction B construction B construction D Employer identification number B construction B construction B construction D Employer identification number B construction Doing Duriness as 94-2876537 B construction Number and street (or PL) how if mail is not delivered to street address) Floom/suite E Telephone number B construction O So 9 B SELEUXPER STEERT, BLD 14 G constructions 602-354-8182 B construction City of town, state or proince, country, and ZIP or foreign postal code G constructions 9.114, 329. B construction State as C aboVE PROBINIX, AZ 85008 Wes IN No S construction Taxe exempt status: [X S 01/c(3) 501/c) ((insett no.)] 4947(a)(1) or SZT H*No ¹ attach at B. See instructions J Webstric NONR Nomes and organization ission or most significant activities: PROVIDE OPERATIONAL SUPPORT FOR T RE BOX SND GTLS CLUBS OF THE VALLEX ; Number of individuals employed in calendar year 2021 (Part V, line 12) 3 9 4 Number of individuals employed in calendar year 2021 (Part V, line 24) 5 0 0			of the Treasury enue Service	 Do not enter social security num Go to www.irs.gov/Form990 for 		-	-		Open to Public Inspection		
application BOYS & CIRLS CLUBS OF THE VALLEY Addets FORDDATION Doing business as Doing business as Investment Say B BLEURINE W STRERP, BLOD 14 G cross receipes 1 Boold Say B BLEURINE W STRERP, BLOD 14 City or town, state or province, country, and ZIP or foreign postal code B. Cross receipes 1 PROBENT, AZ & 65008 H(a) is fits a group return Tax exempt status: X 501(c)(3) 501(c) (I Tax exempt status: X 501(c)(3) 501(c) ((insert no.) I Tax exempt status: X 501(c)(3) 501(c) ((insert no.) I Tax exempt status: X 10(c)(3) 501(c) ((insert no.) 4947(a)(1) or I Tax exempt status: X 10(c)(3) 501(c) ((insert no.) 1984 M State of legal domicile; AZ Part I Summary I the organization is mission or most significant activities: PROVIDE OPERATIONAL SUPPORT FOR THE BOYS AND GRLS CLUBS OF THE VALLEY. 2 Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (P	AF	or th	e 2021 calend	rr year, or tax year beginning UUL 1,2023	1 and	l ending	JUN 30, 2022				
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Image Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Address 4309 E BELLEVIEW STREET, BLDG 14 Grass recents & 0,514,329. Grass recents & 0,514,329. Application FN ame and address of principal officer; GLENN PARINKE Grass recents & 0,514,329. H(a) is this a group return for subordinates included? To subordinates? M No Application F Name and address of principal officer; GLENN PARINKE FN No. H(b) Are all subordinates included? To subordinates? M No Mediation Taxexempt status: © 101(c)(3) \$01(c)(1) < (insert no.)		Name		isiness as			94-287653	37			
Image: State of the state of province, country, and ZIP or foreign postal code G Construction is a group return of province, country, and ZIP or foreign postal code Image: State of the state of province, country, and ZIP or foreign postal code G Construction is a group return of province, country, and ZIP or foreign postal code Image: State of the state of province, country, and ZIP or foreign postal code G Construction is a group return of subordinates includer) Image: State of the state of the state of province, country, and ZIP or foreign postal code H(a) Is this a group return of subordinates includer) I Tax exempt status: X 501(c)(3) 501(c) (Image: Guerran of the state of legal domicile; XZ No I Tax exempt status: X 501(c)(3) 501(c) (Image: Guerran of the state of legal domicile; XZ No I Tax exempt status: X 501(c) (Image: Guerran of the state of legal domicile; XZ The organization is mission or most significant activities: PROVIDE OPERATIONAL SUPPORT FOR I Tills BorS AND GTLB: CLUBS OF THE VALLEY. Image: Guerran of individuals employed in calendar year 2021 (Part V, line 2a) G I Total number of individuals employed in calendar year 2021 (Part V, line 2a) G G I Total number of individuals employed in calendar year 2021 (Part V, line 2a) G G I Total number of individuals employed in calendar year 2021 (Part V, line 2a) G G G I Total unrelated business trane of the govern		_ Initial			et address)	Room/suit	e E Telephone num	ber			
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I Taxexempt status: I Solici()(3) 501(c)(3)		tion	F Name a	nd address of principal officer: GLENN PAHNKE			for subordina	tes?	Yes X No		
J Website: ▶ NONE H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of legal domicle: AZ Part I Summary Item of a ganization: Trust Association Other L Year of formation: 1984 M State of legal domicle: AZ Item of a ganization: Trust Association Other PROVIDE OPERATIONAL SUPPORT FOR THE BOYS AND GILLS CLUBS OF THE VALLEY. If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (Part V, line 1a) 4 6 6 S Total number of volumers (setimate if necessary) 6 0		pend	ING SAME AS	C ABOVE			H(b) Are all subordinate	es incluc	ded? Yes No		
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19 Revenue less expenses. Subtract line 18 from line 12 2,358,289. 7,187,673. 10 Beginning of Current Year End of Year 11 12,180,958. 18,290,890. 12 Net assets or fund balances. Subtract line 21 from line 20 521,337. 1,542,415. 11 Signature Block 11,659,621. 16,748,475.	ш						1	_	· · ·		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 12,180,958. 18,290,890. 21 Total liabilities (Part X, line 26) 521,337. 1,542,415. 22 Net assets or fund balances. Subtract line 21 from line 20 11,659,621. 16,748,475. 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		18	······································								
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		19	Revenue less	expenses. Subtract line 18 from line 12			2,358,28	<u>9.</u>	7,187,673.		
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	ces					E					
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	sets alan	20	Total assets (F	art X, line 16)		L	12,180,95	<u>8.</u>			
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	t As d Bi	21	Total liabilities	(Part X, line 26)			521,33	7.	1,542,415.		
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	Eun:	22					11,659,62	1.	16,748,475.		
		rt II	Signature	Block							
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Unde	er pen	alties of perjury,	declare that I have examined this return, including acc	ompanying schedule	s and stater	ments, and to the best of	my kn	owledge and belief, it is		
	true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on	n all information of w	hich prepare	er has any knowledge.				

Sign	Signature of officer		Date	
Here	GLENN PAHNKE, CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	KRISTEN BASS		self-employed P01247	587
Preparer	Firm's name CBIZ MHM, LLC		Firm's EIN 🕨 34-1884	125
Use Only	Firm's address 🕨 4722 N 24TH ST, STE 300			
	PHOENIX, AZ 85016		Phone no.602-264-6835	i
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Y	es 🗌 No
			_	000 (000 ()

OMB No. 1545-0047

	BOYS & GIRLS CLUBS OF	THE VALLEY			
	990 (2021) FOUNDATION			94-2876537	Page 2
Par	III Statement of Program Service Accon	•			
	Check if Schedule O contains a response or note	to any line in this Part III		<u></u>	
	Briefly describe the organization's mission: PROVIDE OPERATIONAL SUPPORT FOR THE BOYS				
	VALLEY.	AND GIRLS CLUBS OF 1	HE		
	, 1001 ·				
2	Did the organization undertake any significant program	services during the year wh	ich were not listed on the		
	prior Form 990 or 990-EZ?			Ye:	s 🛛 No
	If "Yes," describe these new services on Schedule O.				
	Did the organization cease conducting, or make signific	cant changes in how it cond	ucts, any program services?	Yes	s 🛛 No
	If "Yes," describe these changes on Schedule O.				
	Describe the organization's program service accomplis				
	Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.	ed to report the amount of g	frants and allocations to others, t	ne total expenses, a	and
4a	(Code:) (Expenses \$ 493,140	including grants of \$	493,140.) (Revenue \$)
	SUPPORT FOR BOYS & GIRLS CLUBS OF THE VAI				/
	OPERATIONS AND CAPITAL EXPENDITURES				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	<i>د</i> ۴		١	
4e	(Expenses \$ including grants of Total program service expenses >	493,140.) (Revenue \$)	
-10		,•		Form	990 (2021)
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		2			

	990 (2021) FOUNDATION 94-28765	37	Р	age 3
Par	t 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	Х	
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			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
-		4		х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
	Schedule D, Parts XI and XII	IZa		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any]		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
10		– "		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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
	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	Х	
132003	3 12-09-21	Form	990	(2021)

Form	990 (2021) FOUNDATION 94-287	6537	F	-age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Т
	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	a	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	.	\square
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			\square
	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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			
		25		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 20	, 	<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			-
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28 t)	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	a	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	35	b	
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			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?			\square
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		1
	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			
Ū	(gambling) winnings to prize winners?			
132004	4 12-09-21			(2021)
				· · - · /

_	990 (2021) FOUNDATION		94-287653	7	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
~		I.	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	0			
	filed for the calendar year ending with or within the year covered by this return	2a				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return National Contract of the second sec			2b		
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instruction					v
-				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	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?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	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 set	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	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 c	ontract	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		10b]		
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		γ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5		1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13c				
-				140		х
4а ь				14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu					
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year?			15		Λ
~	If "Yes," see the instructions and file Form 4720, Schedule N.	L	0	40		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ne <i>?</i>	16		X
	If "Yes," complete Form 4720, Schedule O.					
-	Section builder 10 or applications. Use the trust any disqualified person, or mine operator operator	any				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
17					990	

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BOYS	æ	GTRLS	CLUBS	OF	THE	VALLEY
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Δ
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
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 assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O) Description on Schedule O whether (and if as how) the exercited state and its association and the exercited state and the exe	J.£	-:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SWATI WEBB - 602-954-8182			
	4309 E BELLEVIEW STREET, BLDG 14, PHOENIX, AZ 85008			

	BOYS & GIRLS CLUBS OF THE VALLEY		
Form 990 (202	21) FOUNDATION	94-2876537 Pag	_{le} 7
Part VII C	ompensation of Officers, Directors, Trustees, Key Emplo	oyees, Highest Compensated	
E	mployees, and Independent Contractors		
C	heck if Schedule O contains a response or note to any line in this Part VII		
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
1a Complete	this table for all persons required to be listed. Report compensation for the	e calendar year ending with or within the organization's tax ye	ear.
 List all c 	of the organization's current officers, directors, trustees (whether individua	ls 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con		1099-INEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARCIA MINTZ	10.00	_			Ť	1 0	ш			
TRUSTEE/CEO		х		x				362,368.	0.	36,007.
(2) SWATI WEBB	10.00									
CHIEF FINANCIAL OFFICER				х				142,899.	0.	22,230.
(3) ROBERT BURGESS	2.00									
TRUSTEE		х						0.	0.	0.
(4) DONNA TANNATT	2.00									
TRUSTEE		х						٥.	0.	0.
(5) PETER GUILD	2.00									
TRUSTEE		Х						٥.	0.	0.
(6) JAMES BOSSERMAN	2.00									
SECRETARY/TREASURER		Х		X				٥.	0.	0.
(7) AMY PATEL	10.00									
CHAIR		х		X				٥.	0.	0.
(8) DIANE THORNE	2.00									
TRUSTEE		х						0.	0.	0.
(9) JEFF NEWMAN	2.00									
VICE CHAIR		х		X				0.	0.	0.
(10) GLYNIS BRYAN	2.00									
TRUSTEE		х						0.	0.	0.
						-				
					-	-				
132007 12-09-21	1	1		1				1		Form 990 (2021)

132007 12-09-21

Form 990 (2021)

12570511 143399 178915

7

BOYS & GIRLS CLUBS OF THE VALLE	BOYS	&	GIRLS	CLUBS	OF	THE	VALLEY
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	990 (2021) FOUNDATION			•						94-287	7653	7	P	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than is boti pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		com fr orga and	pensa om th anizat d relat inizati	e ion ed
			-											
											-			
			-											
			-											
			-											
											-			
	Subtotal								505,267.		0.		58,	237. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								505,267.		0.		58,	237.
2	Total number of individuals (including but n compensation from the organization							io re		000 of reportable				0
													Yes	No
	Did the organization list any former officer,	-		key e	empl	oye	e, or	hig	hest compensated emp	oyee on		3		х
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ner compensation from t			5		
	and related organizations greater than \$150											4		X
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr											5	х	
	ion B. Independent Contractors			01 51	<u>ICH</u>	0013	ΟΠ				····	•		
	Complete this table for your five highest co	-									ensat	ion fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e		ig w				(B)	ear.		(C	;)	
	Name and business	address	NO	NE				_	Description of s	ervices	C	omper		n

Total number of independent contractors (including but not limited to those listed above) who received more than 2 0 \$100,000 of compensation from the organization

Form 990 (2021)

132008 12-09-21

		2021) FOUN							94-287653	7 Page
Par	't VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	nse (or note to any line		(P)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
n N	1 a	Federated campaigns		1a						
nu		Membership dues								
2 E		Fundraising events								
ar /	d	Related organizations		1d						
ini,	е	Government grants (contr	ibuti	ons) 1e						
and Other Similar Amounts	f	All other contributions, gifts,	grant	s, and						
Ę		similar amounts not included	abov			7,909,105.				
p	-	Noncash contributions included in					E 000 105			
ดี	h	Total. Add lines 1a-1f				Business Code	7,909,105.			
	• •					Business Code				
	2a b									
and	c									
ver	d									
Revenue	e									
	f	All other program service	rever	านe						
		Total. Add lines 2a-2f								
	3	Investment income (includ								
		other similar amounts)				►	453,957.			453,95
	4									
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		()	6c							
		Net rental income or (loss)	(i) Securiti		(ii) Other				
	<i>1</i> a	Gross amount from sales of	7-			150,000.				
	h	assets other than inventory Less: cost or other basis	7a	±,2	• • •	130,000.				
e	b	and sales expenses	7b	1,2	97.	405,242.				
svenue	c	Gain or (loss)	7c		30.	-255,242.				
Неč		Net gain or (loss)					-255,272.			-255,272
erF		Gross income from fundraisi			<u> </u>		,			,
Ciner		including \$	-							
		contributions reported on								
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from				>				
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			, <u></u>	▶				
	10 a	Gross sales of inventory, I			10-					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from								
	<u> </u>		54103		у	Business Code				
	11 a									
anc	b									
evenue	c									
Revenue	-	All other revenue								
2										
	12						8,107,790.	0.	0.	198,685
		Total. Add lines 11a-11d Total revenue. See instructio								

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FOUNDATION

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Form 990 (2021) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 493,140 493,140 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 206,390. 144,473 61,917. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,733 11,013 4,720. Other employee benefits 9 15,502. 10,852 4,650. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 13,675. 13,675, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 28,512. 28,512 f Other. (If line 11g amount exceeds 10% of line 25, g 58,877 11,377 47,500. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 2,136 2,136. 13 Office expenses 43,070. 43,070. Information technology 14 Royalties 15 7,162. 7,162 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,000. 10,868. 1,868. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 22,772. 22,772 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PRINTING/PUBLICATIONS 771. 771 а TELEPHONE 631. 631 b EQUIPMENT/MAINTENANCE 468. 468 С COMMISSIONS AND TRADING 410. 410 d All other expenses е 170,857. Total functional expenses. Add lines 1 through 24e 920,117 493,140 256,120 25

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)

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Form 990 (2021)

12570511 143399 178915

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		248,458.	2	4,651,355.
	3	Pledges and grants receivable, net		559,902.	3	323,902.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		405,242.	10c	Ο.
	11	Investments - publicly traded securities		10,385,781.	11	12,287,045.
	12	Investments - other securities. See Part IV, line 1		424,834.	12	869,806.
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		156,741.	15	158,782.
	16	Total assets. Add lines 1 through 15 (must equa		12,180,958.	16	18,290,890.
	17	Accounts payable and accrued expenses		115,692.	17	643,630.
	18	Grants payable	405,645.	18	898,785.	
	19	Deferred revenue	,	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
bili		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
	20	parties, and other liabilities not included on lines				
		of Schedule D	, .		25	
	26	Total liabilities. Add lines 17 through 25		521,337.	26	1,542,415.
	20	Organizations that follow FASB ASC 958, chee	ck here 🕨 🗴	, .	20	
ŝ		and complete lines 27, 28, 32, and 33.				
č	27			6,043,924.	27	11,806,918.
ala	28			5,615,697.	28	4,941,557.
Б	20	Organizations that do not follow FASB ASC 9	58 chack horo	•,•=•,•	20	-,,,,,,,,,,
Net Assets or Fund Balances		and complete lines 29 through 33.				
۲ ۲	20				29	
ŝ	29 20	Capital stock or trust principal, or current funds				
SSE	30	Paid-in or capital surplus, or land, building, or eq			30	
et A	31	Retained earnings, endowment, accumulated inc		11,659,621.	31	16,748,475.
ž	32	Total net assets or fund balances		12,180,958.	32	18,290,890.
	33	Total liabilities and net assets/fund balances		12,100,550.	33	Eorm 990 (2021)

Form 990 (2021)

132011 12-09-21

Form 990 (2021) FOUNDATION 94-2876537 page 1 Part XI Reconciliation of Net Assets Image: 1 Image: 1
Check if Schedule O contains a response or note to any line in this Part XI1Total revenue (must equal Part VIII, column (A), line 12)2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))5Net unrealized gains (losses) on investments66768792,04190ther changes in net assets or fund balances (explain on Schedule O)
1Total revenue (must equal Part VIII, column (A), line 12)18,107,7902Total expenses (must equal Part IX, column (A), line 25)2920,1173Revenue less expenses. Subtract line 2 from line 137,187,6734Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))411,659,6215-2,100,860666778Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)92,041
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O)
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 -2,100,860 7 6 8 7 9 Other changes in net assets or fund balances (explain on Schedule O)
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 -2,100,860 7 -2,100,860 8 -2,000,860 9 Other changes in net assets or fund balances (explain on Schedule O)
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11,659,621 5 Net unrealized gains (losses) on investments 5 -2,100,860 6 6 6 7 7 6 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,041
5 Net unrealized gains (losses) on investments 5 -2,100,860 6 6 6 7 7 6 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,041
6 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain on Schedule O)
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,041
8 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,041
9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,041
10 Net assets or fund halances at end of year. Combine lines 3 through 9 (must equal Part X, line 32
No net assets of fund balances at end of year. Combine lines of through 9 (hust equal 1 at X, line 52,
column (B))
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
X Separate basis Consolidated basis Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133? 3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SC	HED	ULE A		Dublic Cho	rity Status on		uia Cu	unnort		OMB No. 1545-0047
(Fo	rm 990	D)			rity Status an					2021
					nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZ I
		the Treasury			Attach to Form 990 or F					Open to Public
		ue Service		-	v/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection
Nan	ne of th	ne organizati		GIRLS CLUBS OF	F THE VALLEY				Employer	r identification number
De	1 40	Decen	FOUNDA		/ .					94-2876537
	rtl				(All organizations must c			see instruction	S.	
					For lines 1 through 12, c					
1					on of churches described		on 170(b)(*	1)(A)(i).		
2					(Attach Schedule E (Forn					
3		•	•		anization described in se				VIII) Entor	the beenitel's name
4		city, and state	-	ation operated in co	njunction with a hospital	uescribeu	in sectio	A)(1)(d)01110		the hospital's hame,
5			-	or the benefit of a co	llege or university owned	l or operat	ed by a do	overnmental u	nit describe	ed in
Ŭ				Complete Part II.)		or operat	ou oy u ge			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7		-		•	intial part of its support fr			.,	ne general i	public described in
		-		omplete Part II.)		Ū			•	
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
					ct to certain exceptions; a					•
					(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) of supporting organization					
а		1	-		supervised, or controlled		-		-	aivina
a				-	gularly appoint or elect a	• • •	-			
			•	complete Part IV, Se		majonty c				apporting
b		1 -		-	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s). bv hav	vina
				•	anization vested in the sa			0		•
			-	t complete Part IV,		•				
с		Type III fur	ctionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d	X] Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organized	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		· ·	·	,	mplete Part IV, Sections					
е			•		written determination fro			Туре I, Туре	II, Type III	
_				·	nally integrated supportion					1
Ť			of supported of	•						1
<u> </u>		Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)
BGC	OF T	HE VALLEY		86-0550646	7	x			493,140.	
									402 140	
Tota	al 👘								493,140.	0.

BOYS	&	GIRLS	CLUBS	OF	THE	VALLEY
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	B	OYS & GIRLS CL	UBS OF THE VA	LLEY			
Sch		OUNDATION				94-2876	i ugo 🖬
Pa	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checke			•	n failed to qualify u	under Part III. If the	e organization
	fails to qualify under the tests	i listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop						
Se	ction C. Computation of Publi	<u>c Support Per</u>	centage			<u> </u>	
14	Public support percentage for 2021 (I		-			14	%
15	Public support percentage from 2020						%
16a	a 33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	: VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	rganization		▶□
k	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►

Schedule A (Form 990) 2021

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BOYS	&	GIRLS	CLUBS	OF	THE	VALLEY
	<u>.</u>	OTICED	CHODD	01		*******

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Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

FOUNDATION

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	0 21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22		, • -				A (Form 990) 2021
		15	5			. ,

Part IV | Supporting Organizations

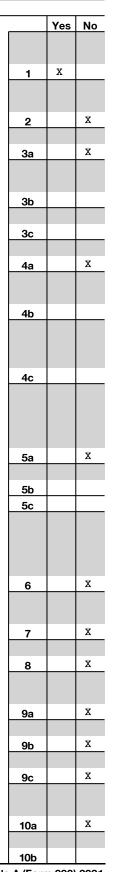
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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gs in the tax year? *(Use Schedule C <u>ss holdings.)</u> 16 2021.05080 BOY*



Schedule A (Form 990) 2021

		BOYS & GIRLS CLUBS OF THE VALLEY			
Sche	dule A (Form 990) 2021	FOUNDATION	94-2876537	Pa	age 5
Par	t IV Supporting Organiz	ations (continued)			
				Yes	No
11	Has the organization accepted a	gift or contribution from any of the following persons?			
а	A person who directly or indirect	y controls, either alone or together with persons described on lines 11b	and		
	11c below, the governing body c	f a supported organization?	11a		X
b	A family member of a person des	cribed on line 11a above?	11b		x
с	A 35% controlled entity of a pers	on described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	, provide		
	detail in Part VI.		11c		x
Sect	tion B. Type I Supporting	Organizations			
				Yes	No
1	more supported organizations had irectors, or trustees at all times effectively operated, supervised,	s of the governing body, officers acting in their official capacity, or mem- ave the power to regularly appoint or elect at least a majority of the organ during the tax year? If "No," describe in Part VI how the supported organ or controlled the organization's activities. If the organization had more the powers to appoint and/or remove officers, directors, or trustees were alloc	nization's officers, anization(s) an one supported		
		t conditions or restrictions, if any, applied to such powers during the tax			
2	Did the organization operate for	he benefit of any supported organization other than the supported	,		
	organization(s) that operated, su	pervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such bene	fit carried out the purposes of the supported organization(s) that operated	d.		
	supervised, or controlled the sup		2		
Sec	tion C. Type II Supporting				
				Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting	Organizations

			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
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	Х	
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	х	

Section E. Type III Functionally Integrated Supporting Organizations

4	Check the box next to the method that the organization used to satisfy the Integral Part	-	(and instructions)
	Check the box next to the method that the ordanization used to satisfy the integral Part	i est durind the vear	

- The organization satisfied the Activities Test. Complete line 2 below. а
- 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 supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

b Did the organization exercise 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

1

Voc No

Yes No

12570511 143399 178915

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	edule A (Form 990) 2021 FOUNDATION	0		4-2876537 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	rt VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must contain A - Adjusted Net Income	omplete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	237,954.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	249,824.	453,927.
4	Add lines 1 through 3.	4	487,778.	453,927.
5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			-
Ŭ	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	252,038.	256,120.
7	Other expenses (see instructions)	7	0.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	235,740.	197,807.
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	7,976,651.	11,424,609.
	Average monthly cash balances	1b	343,254.	503,023.
	Fair market value of other non-exempt-use assets	1c	1,121,885.	482,684.
	Total (add lines 1a, 1b, and 1c)	1d	9,441,790.	12,410,316.
	Discount claimed for blockage or other factors		, ,	, ,
	(explain in detail in Part VI): 0.			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d.	3	9,441,790.	12,410,316.
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			· ·
	see instructions).	4	141,627.	186,155.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	9,300,163.	12,224,161.
6	Multiply line 5 by 0.035.	6	325,506.	427,846.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	325,506.	427,846.
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		235,740.
2	Enter 0.85 of line 1.	2		200,379.
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		325,506.
4	Enter greater of line 2 or line 3.	4		325,506.
5	Income tax imposed in prior year	5		0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		325,506.
7	Check here if the current year is the organization's first as a non-functionally		ed Type III supporting organiz	zation (see
		-		-

instructions).

Schedule A (Form 990) 2021

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_	edule A (Form 990) 2021 FOUNDATION rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizationa /		94-2876537 Page 7
		(a)(s) Supporting Organ	nizations (continu	<u>ued)</u>	Current Veer
	ion D - Distributions	matauraaaa			<u>Current Year</u> 493,140.
1	Amounts paid to supported organizations to accomplish exe	1	493,140.		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	as of our ported or conizations		2	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose	4			
 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pr	5			
6	•	6			
7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.	7	493,140.		
8	Distributions to attentive supported organizations to which the	 			
0	(provide details in Part VI). See instructions.	ne organization is responsive		8	493,140.
9	Distributable amount for 2021 from Section C, line 6			9	325,506.
10	Line 8 amount divided by line 9 amount			10	100%
10		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				325,506.
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018 240,767.				
d	From 2019 409,782.				
e	From 2020 405,645.				
f	Total of lines 3a through 3e	1,056,194.			
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				325,506.
<u> i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	730,688.			
4	Distributions for 2021 from Section D,				
	line 7: \$ 493,140.				
<u>a</u>	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.	493,140.			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.	1,223,828.			
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
-	France 6 0040 325 0/3				

325,043.

405,645.

493,140.

Schedule A (Form 990) 2021

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c Excess from 2019

d Excess from 2020

e Excess from 2021

BOYS & GIRLS CLUBS OF THE VALLEY FOUNDATION 94 - 2876537Schedule A (Form 990) 2021 Page 8 Part VI 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 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.) PART IV, SECTION D, LINE 2 THE BOARD OF DIRECTORS SHALL CONSIST OF NOT LESS THAN 3 OR MORE THAN 20 PERSONS. UNTIL CHANGED, THE BOARD OF DIRECTORS SHALL CONSIST OF 3 DIRECTORS OF WHOM AT ALL TIMES SHALL BE THE THEN CURRENT CHEIF EXECUTIVE OFFICER, CHAIRPERSON OF THE BOARD AND TREASURER OF THE BOYS &GIRLS CLUBS OF THE VALLEY, INC., THE SUPPORTED ORGANIZATION. THIS RELATIONSHIP PROVIDES FOR A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATION. PART V, SECTION D, LINE 3 THE FOUNDATION WAS ESTABLISHED IN 1984 WITH THE PRIMARY PRINCIPLES. GOALS, ASPIRATIONS AND INTERESTS TO BE CONSISTENT WITH THOSE OF THE BOYS & GIRLS CLUBS OF THE VALLEY, INC. AND RELATED ORGANIZATIONS, AND THE CONSTITUENCY OF CHILDREN THEY SERVE. DISTRIBUTIONS MADE BY THE FOUNDATION SHALL BE LIMITED TO THOSE TO OR FOR THE BENEFIT OF THE BOYS & GIRLS CLUBS OF THE VALLEY, INC. THE FOUNDATION SHALL MAKE AGGREGATE ANNUAL DISTRIBUTIONS TO THE BOYS & GIRLS CLUBS OF THE VALLEY, INC. IN AN AMOUNT EQUAL TO 5.25% OF THE 36-MONTH ROLLING AVERAGE OF THE FOUNDATION'S CORPUS. IF AND TO THE EXTENT THE BOYS & GIRLS CLUBS OF THE VALLEY, INC. DISCLAIMS SUCH DISTRIBUTION IN ANY GIVEN YEAR, SUCH DISTRIBUTION SHALL BE RETAINED BY THE FOUNDATION. THE FOUNDATION HAS HAD A CLOSE AND CONTINUOUS RELATIONSHIP WITH THE BOYS & GIRLS CLUBS SINCE ITS INCEPTION. THE OVERLAPPING BOARD MEMBERS BETWEEN THE CLUB AND THE FOUNDATION PROVIDE THE SUPPORTED ORGANIZATION WITH A SIGNIFICANT VOICE IN THE SELECTION OF THE GRANT RECIPIENT AND INDIRECTLY WITH THE USE OF THE INCOME AND ASSETS OF THE FOUNDATION.

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Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Name	of the	organization	١

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

	FOUNDATION			
Organization type (che	ck one):			
Filers of:	Section:			
Form 990 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 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			

501(c)(3) taxable private foundation

BOYS & GIRLS CLUBS OF THE VALLEY

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page 2
	rganization		Employer identification number
FOUNDATI	SIRLS CLUBS OF THE VALLEY		94-2876537
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$9,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$7,000,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$15,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$629,	682. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$120,	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page 2
			Employer identification number
FOUNDATI	GIRLS CLUBS OF THE VALLEY		94-2876537
Part I			51 20,000,
Farti	Contributors (see instructions). Use duplicate copies of Part I if addi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u> </u>	Name, autress, and Zir + 4		
7			Person X
		\$38,	Payroll 885. Noncash
		[Ψ,	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
			Person
		—	Person
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
			Person
			Payroll
		\$	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
			Person
		—	Person
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
			Person
			Payroll
		\$	Noncash (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
			Person
		—	Payroll
	<u></u>	\$	Noncash
			(Complete Part II for noncash contributions.)
123452 11-11	1-21	I	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

12570511 143399 178915

	B (Form 990) (2021)		Page 3
	rganization SIRLS CLUBS OF THE VALLEY		Employer identification number
FOUNDATI			94-2876537
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	ι.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
123453 11-11	1-21		Schedule B (Form 990) (2021)

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Schedule E	B (Form 990) (2021)				Page 4	
Name of o	rganization				Employer identification number	
BOYS & G	IRLS CLUBS OF THE VALLEY					
FOUNDATI					94-2876537	
Part III	from any one contributor. Complete columns (a) through (e) and the following	line entry. For o	rganizations		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for the	he year. (Enter this info. on	ce.) ▶ \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held	
Part I						
		(e) Transfer	of gift			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee	
		_				
		-				
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held	
-						
	(e) Transfer of gift					
	Transferee's name, address, a	nd $7\mathbf{IP} \pm 4$	B	elationshin of tra	ansferor to transferee	
-	nansieree s name, auuress, a					
(a) No. from	(b) Purpose of gift	urpose of gift (c) Use of gi		(d) Des	cription of how gift is held	
Part I		() - 0		()		
		(e) Transfer	of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor t		insferor to transferee	
		-				
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held	
F						
		(e) Transfer	of gift			
	Transformala manage address a	ad 7 10 - 4		- lationalia of two		
-	Transferee's name, address, a	na ZIP + 4	R	elationship of tra	Insferor to transferee	
		-				
		-				
123454 11-11	-21				Schedule B (Form 990) (2021)	

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SCI		Supplementa	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2021
	ment of the Treasury		Attach to Form 990. 90 for instructions and the latest information	Open to Public Inspection
	e of the organization			Employer identification number
	-	FOUNDATION		94-2876537
Par	_	-	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end	d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5	Did the organization	n inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
			exclusive legal control?	
6	0	0	dvisors in writing that grant funds can be used	,
			r donor advisor, or for any other purpose confe	
Par	impermissible privat		ganization answered "Yes" on Form 990, Part I	
1		ervation easements held by the organizati		,
•		of land for public use (for example, recrea	i de la constante de la consta	storically important land area
		natural habitat		ertified historic structure
	Preservation of	of open space		
2		hrough 2d if the organization held a quali	ied conservation contribution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а				
b	-	•	under von der eine der der der	
с с		ation easements on a certified historic structure	ucture included in (a)	2c
d				2d
3			eased, extinguished, or terminated by the orga	
	year 🕨			
4	Number of states w	here property subject to conservation eas	sement is located	
5	Does the organization	on have a written policy regarding the pe	iodic monitoring, inspection, handling of	
	,	rcement of the conservation easements it		
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
7	Amount of expense	s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	►\$			
8			e satisfy the requirements of section 170(h)(4)(
•				
9		•	on easements in its revenue and expense state note to the organization's financial statements t	
		unting for conservation easements.		
Par	t III Organizat	tions Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization e	lected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works
			blic exhibition, education, or research in further	ance of public
	· •		ncial statements that describes these items.	
b			8, to report in its revenue statement and balan	
		· ·	exhibition, education, or research in furtheran	ce of public service,
		g amounts relating to these items: ed on Form 990, Part VIII, line 1		▶ \$
2			asures, or other similar assets for financial gair	
		nts required to be reported under FASB A		
а	Revenue included o	n Form 990, Part VIII, line 1		▶ \$
-				
	-	duction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		26	

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•	4		^	-	^	~	^	-

BOYS &	GIRLS	CLUBS	OF	THE	VALLEY
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	BOYS & GIRI	LS CLUBS OF THE	VALLEY					
	dule D (Form 990) 2021 FOUNDATION					94-287		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	s (contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make s	significant u	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" or	n Form 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	included			
	on Form 990, Part X?		-				Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
		·	-				Amount	
с	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.					······		
Par								
		(a) Current year	(b) Prior year		(d) Three	/ears back	(e) Four	years back
1a	Beginning of year balance	5,055,795.	3,855,461.	., ,	. , ,	91,840.	. ,	361,564.
	Contributions	439,167.	416,667.		,	5,500.	,	30,276.
с с	Net investment earnings, gains, and losses	, 19, 991.	1,107,205.	10,075.				230,533.
	Grants or scholarships							
е	Other expenditures for facilities	88 471	353,602.	25,000.		30,887.		230,533.
	and programs	00,471.	555,002.	23,000.		50,007.		230,333.
	Administrative expenses	4 656 540	5,055,795.	3,855,461.	2.2	97,340.	2	391,840.
g	End of year balance				5,5	<i>91,</i> 340.	J,	<u>,040.</u>
2	Provide the estimated percentage of the curr	ent year end balance) held as:				
a	Board designated or quasi-endowment		_%					
	Permanent endowment 100	%						
с		%						
-	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	id administered for t	he organiza	ation	Г	Mar Na
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	• • •		Accumulate		(d) Bool	value
		basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
с	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
	. Add lines 1a through 1e. (Column (d) must e		K. column (B), line 1	0c.)				Ο.

Schedule D (Form 990) 2021

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FOUNDATION

Schedule D (Form 990) 2021 FOUNDATION			94-2876537	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
			•	
 (1) Financial derivatives (2) Closely held equity interests 				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	15.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25	
(a) Descriptions of Robits			(b) Book	
				Value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statemen	ts 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 ... 🕱

Schedule D (Form 990) 2021

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	BOYS & GIRLS CLUBS OF THE VALLEY				
Sche	dule D (Form 990) 2021 FOUNDATION			94-2876537	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With R	evenue per Ret	urn.	
	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 ¹	.,365,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,041.		
е	Add lines 2a through 2d			2e	2,041.
3	Subtract line 2e from line 1			3 1	,363,062.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	6,744,728.		
С	Add lines 4a and 4b			4c	5,744,728.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,107,790.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With I	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	920,117.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	920,117.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	920,117.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART II, LINE 5:

THE INTENDED USE OF THE ENDOWMENT IS TO PROVIDE STEADY, ONGOING, RELIABLE

FINANCIAL SUPPORT TO THE CLUBS.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501

(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND, ACCORDINGLY, THERE IS NO

PROVISION FOR INCOME TAXES. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME ("UBTI") WOULD

BE TAXABLE. THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY,

132054 10-28-21

Schedule D (Form 990) 2021

BOYS & GIRLS CLUBS OF THE VALLE	BOYS	& GIRLS	CLUBS	OF	THE	VALLEY
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Schedule D (Form 990) 2021 FOUNDATION	94-2876537	Page 5
Schedule D (Form 990) 2021 FOUNDATION Part XIII Supplemental Information (continued)		
ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW		
OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. THE		
FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS		
TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE		
MATERIAL TO THE FINANCIAL STATEMENTS.		
THE FOUNDATION'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX		
(FORM 990) FOR FISCAL YEAR 2020, 2021 AND 2022 ARE SUBJECT TO EXAMINATION		
BY THE INTERNAL REVENUE SERVICE ("IRS"), GENERALLY FOR THREE YEARS AFTER		
THEY WERE FILED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 2,041.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
TRANSFER FROM BOYS & GIRLS CLUBS OF THE VALLEY 7,000,000.		
LOSS ON SALE OF LAND -255,242.		
REALIZED LOSS ON SALE OF INVESTMENTS -30.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 6,744,728.		

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	aranto ana etilor / colocanoo to ergamzatono,								
Department of the Treasury Internal Revenue Service		Compi	-	Attach to For rs.gov/Form990 fo	m 990.			2021 Open to Public Inspection	
Name of the organizati	ON BOYS & GIRLS FOUNDATION	CLUBS OF THE V						Employer identification number 94-2876537	
Part I General In	nformation on Grants a	nd Assistance							
criteria used to a	zation maintain records t ward the grants or assis IV the organization's pro	stance?	-						
Part II Grants an	d Other Assistance to hat received more than \$	Domestic Organiz	ations and Domestic	c Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BOYS & GIRLS CLUE 4309 E BELLEVIEW PHOENIX, AZ 85008	STREET	86-0550646	501(C)(3)	493,140.	0.			OPERATIONS	
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line 1	l table	e line 1 table			1	1. 	
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021	

132101 10-26-21

BOYS	&	GIRLS	CLUBS	OF	THE	VALLEY
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FOUNDATION

Schedule I (Form 990) 2021

94-2876537

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MANAGEMENT OF THE BOYS AND GIRLS CLUB OF THE VALLEY ATTEND THE FOUNDATION'S

BOARD MEETINGS AND REPORT HOW THE FOUNDATION'S GRANTS ARE SPENT. GRANTEE

MONTHLY FINANCIAL STATEMENTS ARE ALSO MONITORED FOR COMPLIANCE WITH GRANT

PROVISIONS.

SCHEDU	EJ Compensation Information	ON	IB No. 1	545-004	17
(Form 990	•		יחכ	04	
•	Compensated Employees		20 ′	Z I	1
Description and of th	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Or	oen to	Publi	ic
Department of th Internal Revenue	, including		Inspe	ction	
Name of the	organization BOYS & GIRLS CLUBS OF THE VALLEY Er	mployer identi	ficatio	n nur	nber
	FOUNDATION	94-28765	37		
Part I	Questions Regarding Compensation				
		-		Yes	No
1a Check	he appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	D,			
Part VII	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
📃 Fi	st-class or charter travel Housing allowance or residence for personal	use			
Tr	avel for companions Payments for business use of personal reside	ence			
🔄 Ta	x indemnification and gross-up payments Health or social club dues or initiation fees				
📃 Di	cretionary spending account Personal services (such as maid, chauffeur, c	chef)			
-	the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
reimbu	sement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2 Did the	organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustee	e, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		L
	which, if any, of the following the organization used to establish the compensation of the organization's				
CEO/E	ecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to			
establis	h compensation of the CEO/Executive Director, but explain in Part III.				
	mpensation committee Written employment contract				
L In	lependent compensation consultant				
E Fo	rm 990 of other organizations Approval by the board or compensation com	mittee			
4 During	he year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organiz	ation or a related organization:				
a Receive	a severance payment or change-of-control payment?	·····	4a		x
-	ate in or receive payment from a supplemental nonqualified retirement plan?	····· -	4b		X
-	ate in or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes'	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	ent on the revenues of:				v
a The org	anization?	····· -	5a		X
	ted organization?	····· -	5b		X
	on line 5a or 5b, describe in Part III.				
	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	ent on the net earnings of:		-		v
	anization?		6a		X
	ited organization?	····· h	6b		X
	on line 6a or 6b, describe in Part III.				
	sons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	I	-		v
	cribed on lines 5 and 6? If "Yes," describe in Part III	····· h	7		X
	ny amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	I			v
	ontract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	····· h	8		X
	on line 8, did the organization also follow the rebuttable presumption procedure described in				
	ions section 53.4958-6(c)?		9	0000	
LHA FOR Pa	perwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	ı 990)	2021

132111 11-02-21

FOUNDATION

Schedule J (Form 990) 2021

94-2876537

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable 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) MARCIA MINTZ	(i)	281,599.	75,000.	5,769.	14,500.	21,507.	398,375.	0.
TRUSTEE/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SWATI WEBB	(i)	130,899.	12,000.	0.	7,485.	14,745.	165,129.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

COMPENSATION FOR MARCIA MINTZ AND SWATI WEBB WAS PAID BY BOYS & GIRLS

FOUNDATION

CLUBS OF THE VALLEY, AN UNRELATED ORGANIZATION.

Schedule J (Form 990) 2021

Page 3

(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization		Employer id	dentification number
	FOUNDATION	94-287	6537
FORM 990, PART VI,	SECTION A, LINE 3:		
THE BOYS AND GIRLS	CLUB OF THE VALLEY PROVIDES MANAGEMENT AND		
ADMINISTRATIVE SER	VICES TO THE FOUNDATION. THE FOUNDATION REIMBURSES THE		
CLUB FOR THESE SER	VICES.		
FORM 990, PART VI,	SECTION A, LINE 4:		
THE FOUNDATION'S E	YLAWS WERE AMENDED DURING THE YEAR, TO INCREASE THE		
MAXIMUM NUMBER OF	PERSONS ON THE BOARD OF DIRECTORS FROM 9 TO 20.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 WAS P	REPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE		
BOARD OF TRUSTEES	BEFORE FILING.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE CONFLICT OF IN	TEREST POLICY COVERS OFFICERS, DIRECTORS, MEMBERS OF A		
COMMITTEE WITH BOA	RD-DELEGATED POWERS, AND VOLUNTEERS. IF A COVERED PERSON		
HAS AN ACTUAL OR P	OSSIBLE CONFLICT OF INTEREST, HE OR SHE MUST DISCLOSE THE		
EXISTENCE AND NATU	RE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND		
MEMBERS OF COMMITT	EES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED		
TRANSACTION OR ARR	ANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE		
INTERESTED PERSON	MUST LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE		
FINANCIAL INTEREST	IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR		
COMMITTEE MEMBERS	SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. ANNUALLY,		
THE CONFLICT OF IN	TEREST POLICY IS REVIEWED BY THE TRUSTEES AND ALL		
TRUSTEES COMPLETE	A CONFLICT OF INTEREST STATEMENT.		

Supplemental Information to Form 990 or 990-EZ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

OMB No. 1545-0047

1001

SCHEDULE O

Name of the organization BOYS & GIRLS CLUBS OF THE VAL	LEY		Employer identification number
FOUNDATION			94-2876537
FORM 990, PART VI, SECTION C, LINE 19:			
THE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL S	STATEMENTS AND CON	IFLICT OF	
INTEREST POLICY ARE AVAILABLE TO THE PUBLIC BY REC	DUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE		2,041.	
132212 11-11-21	37		Schedule O (Form 990) 202