Smith, Schafer and Associates, Ltd. Certified Public Accountants 220 South Broadway, Suite 102 Rochester, Minnesota 55904
Boys and Girls Club of Rochester 1026 East Center Street Rochester, MN 55904
Enclosed is the organization's 2019 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.
Specific filing instructions are as follows.
FORM 990 RETURN:
This return has been prepared for electronic filing. Please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.
MINNESOTA ANNUAL REPORT:
The Minnesota Annual Report should be mailed as soon as possible to:
Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Enclose a check or money order for \$25.00, payable to State of Minnesota. Include the organization's Federal Employer Identification Number and 2019 Annual Report on the remittance.
The report should be signed and dated by the authorized individual(s).
Your Minnesota Nonprofit Corporation Annual Renewal has been filed and electronically transmitted.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Smith, Schafer and Associates, Ltd.

Form E	3879	9-1	ΕO
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IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

, 2019, and ending

2019

Employer identification number

20

BOYS AND GIRLS CLUB OF ROCHESTER

41-1945875

Name and title of officer CHAD CAMPBELL CHIEF PROFESSIONAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,596,382.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize SMITH, SCHAFER AND ASSOC., LT	to enter my PIN 55555
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on indicated within this return that a copy of the return is being filed with a program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	41037981123 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 ⁻ confirm that I am submitting this return in accordance with the requirements of P <i>e-file</i> Providers for Business Returns.	,
ERO's signature JASON P. BOYNTON	Date 11/16/20
ERO Must Retain This Forn	- See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990
(Rev. January 2020)
Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	2019 calendar year, or tax year beginning and	ending	_			
B c	heck if pplicable	c Name of organization		D Employer identifie	cation number		
	Addres	BOYS AND GIRLS CLUB OF ROCHESTER					
	Name Doing business as			41-1945875			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1026 EAST CENTER STREET	Room/suite	E Telephone number (507)287			
L	⊥return/ termin- ated			G Gross receipts \$	1,664,971.		
	Amenc return	ROCHESTER, MN 55904		H(a) Is this a group re			
	Applic:	F Name and address of principal officer: CIIAD CAME DELL		for subordinates? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No		
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)		
		e: NWW.BGCLUBROCH.ORG		H(c) Group exemption			
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year	of formation: 1999 N	State of legal domicile: MN		
Pa		Summary					
ø	1	Briefly describe the organization's mission or most significant activities: ${{ m TO}}$ E	MPOWEF	ALL YOUNG	PEOPLE,		
anc		ESPECIALLY THOSE WHO NEED US MOST, TO RE	ALIZE	THEIR FULL	POTENTIAL		
Activities & Governance	2	Check this box $ig > igsquart$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as			
Ň					21		
ن مە		Number of independent voting members of the governing body (Part VI, line 1b)			21		
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a) \ldots			77		
iviti		Total number of volunteers (estimate if necessary)			100		
Act	7 a `	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		1,595,959.	1,560,902.		
ent		Program service revenue (Part VIII, line 2g)		99,322.	32,705.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-95,976.	37.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,366.	2,738.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,691,671.	1,596,382.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,031,254.	834,805.		
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 🕨 181, 2		640.005	1 (22 200		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		640,285.	1,673,399.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,671,539.	2,508,204.		
, ()	19	Revenue less expenses. Subtract line 18 from line 12		20,132.	-911,822.		
t Assets or d Balances			Be	ginning of Current Year	End of Year		
b c c c c c c c c c c c c c c c c c c c				6,365,617.	5,345,477.		
Net As Fund E		Total liabilities (Part X, line 26)		219,332.	111,014.		
ŽĒ		Net assets or fund balances. Subtract line 21 from line 20		6,146,285.	5,234,463.		

Part II Signature Block

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

Sign Here	Signature of officer CHAD CAMPBELL, CHIEF I Type or print name and title	PROFESSIONAL OFFICER	Date			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	JASON P. BOYNTON		11/16/20 if P0002	9979		
Preparer	Firm's name SMITH, SCHAFER A		Firm's EIN 🕨 41-1489	071		
Use Only						
	ROCHESTER, MN 55904 Phone no. (507) 288-3277					
May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form	990 (2019)		
S	EE SCHEDULE O FOR ORGANIZ	LATION MISSION STATEM	IENT CONTINUATION			

	BOYS AND GIRLS CLUB OF ROCHESTER 41-1945875 Page	2
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	THE BOYS & GIRLS CLUB OF ROCHESTER IS A YOUTH DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO EMPOWER ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO	
	NEED US MOST, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE,	
	RESPONSIBLE, AND CARING COMMUNITY MEMBERS.	—
2	Did the organization undertake any significant program services during the year which were not listed on the	-
-	prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		
	YOUTH DEVELOPMENT ORGANIZATION TO SERVE UNDERPRIVILEGED YOUTH AGES 6 TO	
	18 IN THE SOUTHEAST MINNESOTA AREA. CLUB ACTIVITIES ARE BASED ON 5 CORE	
	AREAS: (1) CHARACTER AND LEADERSHIP DEVELOPMENT, (2) EDUCATION AND	
	CAREER DEVELOPMENT, (3) HEALTH AND LIFE SKILLS, (4) THE ARTS, AND (5)	_
	SPORTS, FITNESS AND RECREATION. CURRENT MEMBERSHIP IS APPROXIMATELY 1,000 YOUTH.	
	<u>1,000 1001H.</u>	
		—
		—
		—
		-
		-
4b	(Code:) (Expenses \$104,290 • including grants of \$) (Revenue \$))
	MEAL SERVICE FOR YOUTH AND THEIR FAMILIES.	
		_
		-
		-
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		—
		-
		-
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,140,913.	

Form	aan	(2019)
гош	990	(2019)

 Form 990 (2019)
 BOYS
 AND
 GIRLS
 CLUB
 OF
 ROCHESTER

 Part IV
 Checklist of Required Schedules
 Checklist
 Checkli

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3	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	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		- 23
f	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			
12a	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

1a 7 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Inn 3, 4, or 5 about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the last day of the year, that was situed atter December 31, 2002 HT Yes, "answer line 24 brough 24 and complete Schedule L, HT Wo," to bine 25a 24a Did the organization invest my proceeds of taxesempt bonds beyond a temporary period exception? 24a Did the organization invest my proceeds of taxesempt bonds beyond a temporary period exception? 24a X Did the organization marks my proceeds of taxesempt bonds beyond a temporary period exception? 24a Zeto 24a Zeto 24a Zeto Zeto <td>22</td> <td></td> <td></td> <td></td> <td></td>	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete' 2 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the satidary of the year, that was issued after December 31, 2002? If 'Yes, 'answer insee 2db through 2dd and complete' 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25a Section \$01(c)(3), 601(c)(4), and \$01(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person using the year? 24d 25a Section \$01(c)(3), 601(c)(4), and \$01(c)(2) organizations. Did the organization signal in an excess benefit transaction with a disqualified person using the year? 24d 25a X b is the organization avare that the engaged in an excess benefit transaction with a disqualified person using the year? 25e X 25a 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 \$9% 26i X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or \$9% 26i X 27 Did the organization provide a grant or other assistance to any current o		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 2a X Value the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the start that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 23a X Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a C Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24d Zes Section 50(16)(3), 501(44), and 501(220) organizations. But the organization engage in an excess bonefit transaction with a disqualified person during the year? 24d Zes Section 50(16)(3), 501(44), and 501(220) organizations. But the organization engage in an excess benefit transaction with a disqualified person during the year? 24d Zes Section 50(16)(3), 501(44), and 501(220) organizations. But the organization's prior Forms 980 or 980-627 if 'Yes,' complete Schedule L, Part I 25b Zes Did the organization are that the angapt in an excess benefit transaction with a disqualified person during the generol? If 'Yes,' complete Schedule L, Part I 26 Zes Did the organization are prior the organization approxement or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or a say grant selection contribution? If 'Yes,' complete Schedule L, Part I Zes Did the organization are prior than y member of any of these person? If 'Yes,' complete Schedule L, Part II 28a Zi Did the organization reqere met than 325,000 in non-cash c	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are verse start for the organization area as no behaf of "issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization repage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bern reported on any of the organization profees Schedule L, Part I 25a X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former offore, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of number of any of these persons? If "Yes," complete Schedule L, Part I 26a X 27 Did the organization provide a grant or other assistance to any current or former offore, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part I 26a X 28 Was the organization provide agrant or thera assistance to any current or former offore, dincotor, trustee, key employee, creator or founde					
is tady of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d d Did the organization addition and the organization. Did the organization angle in an excess benefit transaction with a disqualified person during the year? 24d z Section 50(163), 50(164), 40(164), 400 50(1620) organization. Did the organization angle in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization schedule L, Part I 25a X b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete 5Achedule L, Part II 25b X 27 Did the organization provide a grant or them continse, and exceptions; 27b X 28 Was the organization or port and y anotypice thereof or family member of any of these persons? If "Yes," complete 5Achedule L, Part II 28b X 29 Did the organization necelve more from 325 (000 in non-cash contributions of arc 28b or 28b?If Yes, complete 5Achedule L, Part IV 28b X			23		X
Schedule K. If 'We' got to fine 25a 24b b Did the organization meantain an escrew account ofthe than a refunding escrew at any time during the year to defease any tax exempt bonds? 24c 24b 24c 25a Schedule K. If 'We', 'got to fine 25a'. 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess bendit 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization in a proxy year, and that the transaction with a disqualified person in a proxy year, and that the transaction with a disqualified person in a proxy year, and that the transaction any of the organization's prior Poms 900 or 900 £27. If 'Yes,' complete Schedule L, Part I 25b X 25b Did the organization reveal again or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I 26 X 26 Did the organization reveal egrant or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor or sol48. Controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I 27 X 27 Did the organization reveal emergin themese transaction with one of the following parties (see Schedule L, Part I) 28a X 28a X <t< th=""><td>24a</td><td></td><td></td><td></td><td></td></t<>	24a				
b Def the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24b c Did the organization maintian an escow account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outring the year? If 'Yes,' complete Schedule L, Part I 25a 25b Dis the organization axyee that it engaged in an excess benefit transaction with a disqualified person in a prior year. 25b X 25c Did the organization axyee that it engaged in an excess benefit transaction with a disqualified person in a prior year. 25b X 25c Did the organization report any amount on Part X, line S or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founder, substantial contributor, a grant selection committe member, or to a 35% controlled entity or founder, substantial contributors or employee thereol; or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 27 26 Was the organization receive mee than 825,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28b X 27 Did the					
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	с				
		(gambling) winnings to prize winners?	1c		

Form 990	
Part V	Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

932006	01-20-20

b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
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	Х	
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		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MN}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(8)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHAD CAMPBELL - (507)287-2300			
	1026 EAST CENTER STREET, ROCHESTER, MN 55904			
932000	5 01-20-20	Form	990	(2019)

BOYS AND GIRLS CLUB OF ROCHESTER

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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

Section A. Governing Body and Management

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

1a

21

Х

Yes No

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compens	sated
	Em	nployees, and	d Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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	1 than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trustee		yee	mpen		(** 2/1000 10100)		and related
	below	id ual t	Institutional t	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Form			
(1) TAMARA BERG	1.00									
DIRECTOR		X						0.	0.	0.
(2) AMY EICH	1.00									
DIRECTOR		X						0.	0.	0.
(3) LEON CLARK	1.00									
DIRECTOR		X						0.	0.	0.
(4) SCOTT HOSS	1.00									
DIRECTOR		X						0.	0.	0.
(5) MALACHI JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JIM KELLY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHAD MURRAY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) JOHN PACCHETTI	1.00								_	_
DIRECTOR		х						0.	0.	0.
(9) BRIAN SCHUMACHER	1.00								_	_
DIRECTOR		х						0.	0.	0.
(10) JILL ROCK	1.00									_
TREASURER		X		х				0.	0.	0.
(11) CLAUDIA TABINI	1.00									
PRESIDENT		X		х				0.	0.	0.
(12) JEFF MAXSON (RESIGNED)	1.00									
PRESIDENT		X		X				0.	0.	0.
(13) JAMIE ROTHE	1.00									•
VICE PRESIDENT		Х						0.	0.	0.
(14) JOHN BEATTY	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(15) JOHN WALD	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) PATRICK SEXTON	1.00								^	<u>^</u>
VICE PRESIDENT	1 00	X					<u> </u>	0.	0.	0.
(17) LES KOPPENDRAYER	1.00	.,,							^	
DIRECTOR		Х						0.	0.	0.

Form 990 (2019) BOYS AND	GIRLS (СГГ	JΒ	OI	FI	ROC	CH	ESTER	41-194	58	75	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) (E) Reportable Reportable compensation compensation from from related			(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compen from organiz and rel organiza	the ation ated
(18) MICHAEL BRENNEN	1.00	x						0.).		0.
DIRECTOR (19) MELISSA MURPHY	1.00	<u> </u>						0.		•		0.
VICE PRESIDENT	1.00	x		x				0.	0).		0.
(20) CHAD CAMPBELL	40.00									╈		
CHIEF EXECUTIVE OFFICER		1		x				116,183.	0).	10,	381.
										\perp		
1b Subtotal								116,183.).	10,	381.
c Total from continuation sheets to Part V								0.).	10	0. 381.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 									-	•	10,	501.
compensation from the organization		1000	, 11011	Julu		.,						1
											Ye	s No
3 Did the organization list any former officer,	· · ·							, , ,	,			
line 1a? If "Yes," complete Schedule J for s										· _	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			-					-	-		4	x
5 Did any person listed on line 1a receive or									idual for services	•	-	
rendered to the organization? If "Yes," con	-				-			-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	ensati	ion from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.			
(A) (B) Name and business address NONE Description of services (C)								Cor	(C) npensat	ion		
							_					
	a a la callar de la					*		1 - 1) d- · · ·				
2 Total number of independent contractors (including but n	not li	mite	d to	tho	se lis	stec	a above) who received r	nore than			

rotal number of independent contractors (including but not innited to		u
\$100,000 of compensation from the organization	0	

	Form 990 (20	19)	BOYS	AN
Ì	Part VIII	Statemen	t of Reve	nue

BOYS AND GIRLS CLUB OF ROCHESTER

Check if Schedule O contains a response or note to any line in this Part VII (B) (B) <th colsp<="" th=""><th></th><th></th><th></th><th>any line in this Part VIII</th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th>any line in this Part VIII</th> <th></th> <th></th> <th></th>				any line in this Part VIII			
sector 1 a Federated campaign 1 a 1 a 1 b 1 a 1 b 1 a 1 b 1 a 1 b 1 a 1 b 1 a <th1 a<="" th=""> <th1 a<="" th=""> <th1 a<="" th=""></th1></th1></th1>				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under	
But mess Code C	àifts, Grants ar Amounts		b Membership dues 1b c Fundraising events 1c	31.			sections 512 - 514	
But mess Code C	ntributions, (d Other Simil		e Government grants (contributions) 1e 690,84 f All other contributions, gifts, grants, and similar amounts not included above 1f 520,92	25. 08.				
2 a OTHER INCOME 624110 25,032. 25,032. 624110 b MEMBER DUES 624110 7,673. 7,673. 624110 c <t< td=""><th>an Co</th><td></td><td>h Total. Add lines 1a-1f</td><td>▶ 1,560,902.</td><td></td><td></td><td></td></t<>	an Co		h Total. Add lines 1a-1f	▶ 1,560,902.				
Be MEMBER DUES 624110 7,673. 7,673. e								
9 Total. Add lines 2a? 32,705. 3 Investment income (including dividends, interest, and other similar amounts). 37. 4 Income from investment of tax exempt bond proceeds 37. 5 Royattes 6a 6 a Gross rents 6a 2,738. 9 C Rental income or (loss) 6b 0. c Rental income or (loss) 2,738. 2,738. 7 a Gross amount from sales of asses of or ther basis and sales expenses. 10 2,738. 2,738. a Gross income from fundrating events (not including \$	e	2						
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		12	Total revenue. See instructions	▶ Ц,596,382.	32,705.	0.	2,775	

BOYS AND GIRLS CLUB OF ROCHESTER

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 respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	126,563.	83,119.	21,775.	21,669
	ustees, and key employees	120,303.	05,119.	21,113.	21,009
	ompensation not included above to disqualified				
	ersons (as defined under section $4958(f)(1)$) and				
	ersons described in section 4958(c)(3)(B)	609,939.	400,569.	104,941.	104,429
	ther salaries and wages	• • • • • • • • • • •	-00,002.	, <u>74</u> _•	107,443
	ension plan accruals and contributions (include	367.	241.	63.	63
	ection 401(k) and 403(b) employer contributions)	22,871.	15,020.	3,935.	63 3,916
	ther employee benefits	75,065.	49,298.	12,915.	12,852
		75,005.	±,2,0,	12,515.	12,052
	ees for services (nonemployees):				
	lanagement				
		41,287.	26,280.	7,587.	7,420
		41,207.	20,200.	7,507.	7,420
	obbying				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	blumn (A) amount, list line 11g expenses on Sch O.)				
	dvertising and promotion	8,812.	6,570.	1,062.	1.180
	ffice expenses	16,935.	10,853.	3,070.	1,180 3,012
	formation technology				• / • = =
	oyalties				
		310,116.	290,894.	13,731.	5,491
	ravel				- ,
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings	21,192.	13,128.	4,104.	3,960
	iterest	3,341.	2,023.	674.	644
	ayments to affiliates	,			
	epreciation, depletion, and amortization	17,921.	16,667.	896.	358
	Isurance	16,290.	15,291.	714.	285
	ther expenses. Itemize expenses not covered				
at	bove (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule O.)				
	ONTRIBUTION OF ASSETS	575,713.	575,713.		
bΙ	NVESTMENT LOSS	461,372.	461,372.		
	ROG SUPPLIES/TRANSPORT	80,091.	80,091.		
	BAD DEBT	64,135.	58,371.	0.	5,764
	Il other expenses	56,194.	35,413.	10,534.	10,247
	otal functional expenses. Add lines 1 through 24e	2,508,204.	2,140,913.	186,001.	181,290
	pint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

|--|

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		Check if Schedule O contains a response or i	note to an	IV line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			768,227.		341,132.
	2	Savings and temporary cash investments		17,155.		1,662.	
	3	Pledges and grants receivable, net			91,590.		45,500.
	4	Accounts receivable, net		37,049.	4	18,788.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			23,465.	9	1,992.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		115,212.			
	b	Less: accumulated depreciation		110,667.	45,289.	10c	4,545.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,382,842.	15	4,931,858.	
	16	Total assets. Add lines 1 through 15 (must e			6,365,617.	16	5,345,477.
	17	Accounts payable and accrued expenses	77,895.	17	47,514.		
	18	Grants payable		18			
	19	Deferred revenue		41,437.	19	63,500.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ŝ	22	Loans and other payables to any current or fo	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of the				22	
1	23	Secured mortgages and notes payable to un			100,000.	23	0.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			219,332.	26	111,014.
		Organizations that follow FASB ASC 958, o					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	6,115,580.	27	5,222,801.		
Ва	28	Net assets with donor restrictions		30,705.	28	11,662.	
pur		Organizations that do not follow FASB ASC					
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			6,146,285.	32	5,234,463.
-	33	Total liabilities and net assets/fund balances			6,365,617.		5,345,477.
	-					-	

Form **990** (2019)

932012 01-20-20	

1		.,59		
2	Total expenses (must equal Part IX, column (A), line 25) 2	2,50		
3	Revenue less expenses. Subtract line 2 from line 1		1,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5,14	6,2	85.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
		5,23	4,4	63.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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		Х
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	Зb		

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

Form **990** (2019)

[

41-1945875 Page 12

Part XI	Reconciliat	tion of Net	Assets
Form 990 (BOYS	

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

			e Treasury Service		► Go to w		Attach to Form 990 (//Form990 for instru			nformation.		Inspection
Nam	ne of	the	organizati		0.0101						Employer	identification number
					AND	GIRLS	CLUB OF RO	CHESTE	R			1-1945875
Pa	rt I		Reason 1				All organizations mus			ee instruction		
							For lines 1 through 1	-				
1				-			on of churches descri					
2	\square						Attach Schedule E (F			• / • / • / • /		
3							anization described ir			ii)		
4	F				•	•	njunction with a hosp				Viiii) Enter	the hospital's name
-			ity, and state	-	ation opt							the hospital s hame,
5				-	or the her	nefit of a co	llege or university ow	ned or opera	ited by a d	overnmental	init describ	ned in
5				b)(1)(A)(iv). (0					lice by a g	overnmentar		
6						,	nental unit described	in soction 1	70(6)(1)(4)	(A)		
7	X					°				• •	ha gaparal	nublic described in
'	_ 23		-		•		intial part of its suppo	n non a gov	ennenta		ne general	
8			-	b)(1)(A)(vi). (C	-	-	(1)(A)(vi). (Complete F	Dort II)				
9	\square								od in ooniu	upotion with a	land grant	collogo
9							in section 170(b)(1)(
					grant com	ege of agric	ulture (see instruction	is). Enter the	manne, cit	y, and state o	r the colleg	
10			niversity:	on that narma		aa: (1) mare	than 22 1/20/ of its	upport from	oontributi	ana mambar	bin face o	and areas respired from
10												and gross receipts from
												t from gross investment
							e (less section 511 tax) from busine	esses acqu	lired by the o	rganization	aner June 30, 1975.
11				509(a)(2). (Co	-	-	ively to toot for public	anfaty Can	agation Fl	O(a)(4)		
12			-	•	-		ively to test for public	-			orn out the	purpassa of one or
12			-	-			ively for the benefit o				-	
							ed in section 509(a)(1					
_				-		• •	of supporting organization		-		-	(diving
а							supervised, or control					
				-		-	gularly appoint or ele	ct a majority	or the dire	clors or truste	es or the s	supporting
L.			-		-		ections A and B.				na (a) hu ha	u dia a
b			••			•	d or controlled in conr			0		•
				-	-		anization vested in th	e same pers	ons that co	ontrol or mana	age the sup	ported
_			-		-		Sections A and C.	a al factoria a seconda a			II !	
С				-	-		g organization operat				illy integrate	ed with,
							s). You must comple					
d			••				orting organization o				Ū.	
				-	-	-	zation generally must	-		-	d an attent	iveness
			•		,		nplete Part IV, Secti		-			
е				-			written determination			а Туре I, Туре	II, Type III	
			-	-	• •		nally integrated supp	orting organi	zation.			
f				of supported	0							
g			ame of suppo			ne supporte) EIN	ed organization(s). (iii) Type of organizatio	n (iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		(1)	organization		("	<i>,</i> –	(described on lines 1-1		ing document? No	support (see in	-	support (see instructions)
			•				above (see instructions)) Yes	NO			
					 							
								_				

Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,551,805.	1,541,497.	2,171,843.	1,595,959.	1,560,902.	8,422,006.
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	1,551,805.	1,541,497.	2,171,843.	1,595,959.	1,560,902.	8,422,006.
	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)						
6	Public support. Subtract line 5 from line 4.						8,422,006.
	tion B. Total Support						,,,
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,551,805.	1,541,497.	2,171,843.	1,595,959.	1,560,902.	8,422,006.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	48.707.	110,694.	122,994	92,366.	2,775.	377,536.
9	Net income from unrelated business	2077070			52,0000		
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						8,799,542.
12	Gross receipts from related activities,	oto (soo instructi	one)			12	287,222.
	First five years. If the Form 990 is for			d fourth or fifth to			20,7222
13	organization, check this box and stor						
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2019 (-	olumn (f))		14	95.71 %
15	Public support percentage from 2018					15	95.52 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
u	more, and if the organization meets the						
	organization meets the "facts-and-cire				•		
10							
IÖ	Private foundation. If the organization	n diu not check a		a, 100, 17a, or 170	, check this box a	ind see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)) 2019	(f) Total
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					1		
Ū	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-					1		
-	ization's benefit and either paid to							
5	The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6								
	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the growth on line 12 for the upor							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(0)	2019	(f) Total
		(a) 2013	(b) 2010	(0) 2017	(u) 2018	(6)	2019	(1) 101ai
	Amounts from line 6 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							
	Net income from unrelated business activities not included in 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.)							
	First five years. If the Form 990 is for	the organization'	s first. second. thi	d. fourth. or fifth t	tax vear as a section	n 501(c)(3) organiz	ation.
	check this box and stop here	0	, ,	, ,		``	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sec	ction C. Computation of Publi							······
	Public support percentage for 2019 (li			column (f))		15		%
	Public support percentage from 2018					16		%
	ction D. Computation of Invest							,,
	Investment income percentage for 20				1	17		%
	Investment income percentage from 2					18		%
	1 33 1/3% support tests - 2019. If the				e 15 is more than		and line 1	
190	more than 33 1/3%, check this box ar	-					, and interi	
F	33 1/3% support tests - 2018. If the						1 33 1/204	🚩 📖
C								
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	п иш пот спеск а	box on line 14, 19	a, or 190, check t	inis box and see in	SITUCTIO	15	🕨 📖

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
30		
3c		
4a		
4b		
ч		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER Part IV Supporting Organizations (continued)

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

Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
_	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A	(Form 990 or 990-EZ) 2019	BOYS AN	D GIRLS	CLUB	OF RC	CHESTER	41-1945875 _{Pag}	je 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explana c, 5a, 6, 9a, 9l art IV, Section	ations requi b, 9c, 11a, E, lines 1c,	ired by Par 11b, and 1 , 2a, 2b, 3a	t II, line 10; Part II, 1c; Part IV, Sectio , and 3b; Part V, lii	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.	

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

41-1945875

Name of the organizat	ion	Employer identifie
	BOYS AND GIRLS CLUB OF ROCHESTER	41-19458
Organization type (ch	eck 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	
, ,	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		

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

Special Rules

X 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 or 990-EZ), 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, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

41-1945875

BOYS AND GIRLS CLUB OF ROCHESTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	MN ALLIANCE OF BOYS & GIRLS CLUBS 690 JACKSON ST ST. PAUL, MN 55130	\$63,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THINK MUTUAL BANK 221 1ST AVE SW, #101 ROCHESTER, MN 55902	\$ <u>65,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF OLMSTED COUNTY 903 W CENTER ST, #100 ROCHESTER, MN 55902	\$31,239.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MINNESOTA DEPARTMENT OF EDUCATION		Person X
4	1500 HIGHWAY 36 WEST ROSEVILLE, MN 55113	\$69,920.	Payroll Noncash (Complete Part II for noncash contributions.)
 (a) No.	1500 HIGHWAY 36 WEST	\$ <u>69,920.</u> (c) Total contributions	Payroll Noncash (Complete Part II for
 (a)	1500 HIGHWAY 36 WEST ROSEVILLE, MN 55113 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No.	1500 HIGHWAY 36 WEST ROSEVILLE, MN 55113 (b) Name, address, and ZIP + 4 ROCHESTER PUBLIC SCHOOLS - ISD 535 615 7TH ST SW	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

41-1945875

BOYS AND GIRLS CLUB OF ROCHESTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OTTO BREMER TRUST 30 E 7TH ST, #2900 ST. PAUL, MN 55101	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	\$63,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SCHULZE FAMILY FOUNDATION 3033 EXCELSIOR BLVD, STE 525 MINNEAPOLIS, MN 55416	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

41-1945875

BOYS AND GIRLS CLUB OF ROCHESTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4					
Name of c	organization			Employer identification number					
BOYS	AND GIRLS CLUB OF ROCHE	STER		41-1945875					
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	v For organization), or (10) that total more than \$1,000 for the year s					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter t	this info. once.) \$					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.			1						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee					
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1 art 1									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee					
		[
		[

SCHEDULE D

(Form 990)

932051 10-02-19

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS CLUB OF ROCHESTER

Employer identification number 41-1945875

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements		······································
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conservation	a casemonts during the year
'			reasements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
-	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.	5	
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
	(ii) Assets included in Form 990, Part X		• •
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		• •
	Assets included in Form 990, Part X		► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2019

Sche		D GIRLS CL							4587		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at make s	ignificant u	se of its			
-	collection items (check all that apply):	ام				.					
a		d			hange progr						
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit or		-						7		1
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990,	Part IV,	line 9, or	•	
	reported an amount on Form 990, Par					<u> </u>					
1 a	Is the organization an agent, trustee, custodi		•						٦.,		1
_	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete if				1				() [
		(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(d) Three yea	ars dack	(e) Four	years	раск
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	he organiza	ition			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• • •	t or other (other)		ccumulated preciation		(d) Bool	k value	÷
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			11	5,212.	1	L10,66	7.		4,54	45.
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line i	10c.)					4,54	45.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" of			
(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.	n Faun 000 Dart IV line	11d Cas Farm 000 Dark V line 15	
Complete if the organization answered "Yes" (Description	TTd. See Form 990, Part X, line TS.	(b) Book value
(1) INVESTMENT IN REAL ESTATE		-THROUGH ENTITY	4,931,858.
(2)			1,001,0000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		4,931,858.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T to the sector of the	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	🕨	

BOYS AND GIRLS CLUB OF ROCHESTER

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

41-1945875 Page 3

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2019 BOYS AND GIRLS CLUB OF RC	CHESTER		41-	1945875 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With F	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,628,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b			32,568.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	32,568.
3	Subtract line 2e from line 1			3	1,596,382.
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			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,596,382.
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,540,772.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	32,568.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	32,568.
3	Subtract line 2e from line 1			3	2,508,204.
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. (<i>This must equal Form 990, Part I, line 18.</i>)			5	2,508,204.
Pa	rt 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.

SCHEDULE G Supp	leme	ental Information Regarding	Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complet		e organization answered "Yes" on organization entered more than \$1				or 19, or if the	2019
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.		Open to Public
Internal Revenue Service Name of the organization	► Go	o to www.irs.gov/Form990 for instr	uction	is and	the latest informat		Inspection identification number
e e	S AN	D GIRLS CLUB OF RC	CHE	STE	R	41-19	
Part I Fundraising Activ		Complete if the organization answe t.	ered "Y	es" oi	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and address of individ or entity (fundraiser)	ual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total		1		•			
	anizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt fro	m registration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List ((b) Event #2	events with gross receip (c) Other events	-
				CHILI	.,	(d) Total events
			CHAIR AFFAIRCHALLENGE		1	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	326,701.	27,408.	63,611.	417,720
	2	Less: Contributions	273,947.	22,646.	52,538.	349,131
	3	Gross income (line 1 minus line 2)	52,754.	4,762.	11,073.	68,589
	4	Cash prizes	500.			500
<i>"</i>	5	Noncash prizes				
pense	6	Rent/facility costs	1,622.	901.	650.	3,173.
Direct Expenses	7	Food and beverages	19,571.		2,820.	22,391.
ā	8	Entertainment	1,784. 29,277.			1,784
		Other direct expenses		3,861.	7,603.	40,741.
		Direct expense summary. Add lines 4 throug			🕨	68,589 0
_	rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		1 990, Part IV, line 19, or		0
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b If "No," explain:		

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Sch	hedule G (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER 41-1	945	875	Page 3					
11	Does the organization conduct gaming activities with nonmembers?		Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?		Yes	🗌 No					
13	Indicate the percentage of gaming activity conducted in:								
a	a The organization's facility	13a		%					
	An outside facility	13b		%					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	-							
	Name								
	Address								
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No					
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount								
	of gaming revenue retained by the third party ▶\$								
c	If "Yes," enter name and address of the third party:								
	Name								
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation > \$								
	Description of services provided 🕨								
	Director/officer Employee Independent contractor								
	Mandatory distributions:								
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vac	🗆 No					
L	retain the state gaming license? D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	162						
L	organization's own exempt activities during the tax year > \$								
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	rt III li	nes 9	9b 10b					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,					
_									

SCHEDULE L		Tra	nsactior	ıs V	Vith	Inte	erested	Ρ	ersons			01	MB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	the o							, line 25a, 25b, 2	26, 27,	28a,		20	10	2
D			28b, or 28c, o ► Atta				art V, line 38a Form 990-E2		40b.			-	pen T		-
Department of the Treasury Internal Revenue Service	▶ 0	io to v	•						est information.			_	spect		
Name of the organization					_						-			on ni	umber
Dort I Execce Po			GIRLS CL					- 1'-	501(-)(00) - ····			458	75		
									n 501(c)(29) orga r Form 990-EZ, P						
1			Relationship bet									JD.	(d)	Corre	ected?
(a) Name of disqualifie	d person	(-)	person and or				(0	c) De	escription of tran	sactic	n			es	No
2 Enter the amount of ta	-		-	-		-	-	-	-						
											► \$ ► \$				
3 Enter the amount of ta	ax, if any, on ii	ne∠, a	above, reimburs	ea by	the or	ganizat	.ion				▶ ⊅				
Part II Loans to a	nd/or Fron	n Int	erested Per	sons	-										
Complete if th	e organizatior	n ansv	vered "Yes" on	Form §	990-EZ	, Part V	/, line 38a or l	Forn	n 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
			, Part X, line 5, 6	-								Kh) An	provec		
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	an to or n the) Original ipal amount	(f) Balance due	(g) defa) In ault?	bý bo	h) Approved by board or committee? (i) Writte		
			er realit	organi To	zation? From							COIIIII		Yes	
										103			No		
															
Total Part III Grants or A	Assistance	Ber	nefiting Inter	reste	d Pe	rsons	> \$								
			vered "Yes" on												
(a) Name of intereste	v		b) Relationship			<u> </u>	Amount of		(d) Type	of		(e) Purp	ose c	of
			interested pers		d		assistance		assistan	се			assist	ance	
		_	the organiza												
		_													
		_													
		_													

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUB OF ROCHESTER Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(e) Sha organiz rever	aring of zation's nues?	
				Yes	No
CHAD MURRAY, SENIOR VP OF	BOARD OF DIRECTORS	0.	LINE OF CRE		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

CHAD MURRAY, SENIOR VP OF MARKETING AT THINK MUTUAL BANK

(D) DESCRIPTION OF TRANSACTION: LINE OF CREDIT ADVANCE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

19

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the organization BOYS AND G

AND GIDI C CLUD OF DOCUECHED

Employer identification number 41 - 1945875

20

YS AND GIRLS CLUB OF ROCHESTER	
--------------------------------	--

Par	rt I Types of Property							
		(a)	(b)	(C)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	•
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ationa	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	X	95	52,508.	FAIR MARKET	' VA	LUE	
26	Other ► (
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ration during	l the tax year for c	ontributions				
23	for which the organization completed Form 828							
	for which the organization completed form oze	, i ait iv, i	Bolice Acknowledg				Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rer	orted in Part L lines 1 throu	ah 28 that it		103	
004	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			•		30a		Х
h	If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance p	olicy that re	oquires the review	of any ponstandard contribu	utions?	31		х
						31		
52 d	Does the organization hire or use third parties of contributions?		-			32a		х
h						SZa		
	If "Yes," describe in Part II.	olumn (a) fr	rotupo of property	v for which column (a) is the	akad			
33	If the organization didn't report an amount in co		a type of property	y for which column (a) is che	JUNEU,			
	describe in Part II.			•		A / E		

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

Schedule M (Form 990) 2019

41-1945875 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

BOYS AND GIRLS CLUB OF ROCHESTER

Employer identification number 41 - 1945875

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS PRODUCTIVE, RESPONSIBLE, AND CARING COMMUNITY MEMBERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DISSOLUTION OF BOYS & GIRLS CLUB OF MANKATO BRANCH IN NOVEMBER OF 2019.

FORM 990, PART VI, SECTION A, LINE 2:

SCOTT HOSS, DIRECTOR, AND JOHN PACHETTI, DIRECTOR, ARE EQUAL OWNERS OF SEAR

LLC, A REAL ESTATE FOR-PROFIT PARTNERSHIP. THIS ENTITY DOES NOT TRANSACT

ANY BUSINESS WITH THE NONPROFIT ORGANIZATION.

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

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE PRESENTING

TO THE FULL BOARD OF DIRECTORS.

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

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

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

THE BOYS AND GIRLS CLUB OF AMERICA RECOMMENDS COMPENSATION LEVELS THROUGH

COMPARATIVE LOCAL DATA WHEN ESTABLISHING ADMINISTRATIVE SALARY SCALES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AND ANNUAL REPORT AVAILABLE UPON

REQUEST.

			90 or 9	90-EZ)	(2019)															Page 2
Name	of the o	rganiz	zation	воч	SA	ND	GIR	LS	CLU	во	FR	ОСН	EST	ER				Em	ployer 41-1	dentifica	tion number 75
																		•			
FORM	<u> 199</u>	0,	PART	r vi	, s	SECT	ION	ſĊ,	LI	NE	19:										
THE	ORG	ANI	ZAT	ON	MAK	ES	ITS	GO	VER	NIN	IG D	OCU	MEN	TS,	COI	IFL]	СТ	OF	INTI	EREST	POLICY
AND	FIN	ANC	IAL	STA	TEW	IENT	'S A	VAI	LAB	\mathbf{LE}	то	THE	PU	BLIC	UI CI	PON	REÇ)UES	т.		

SCH	EDUL	ΕR

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

41-1945875

Department of the Treasury Internal Revenue Service

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

Name of the organization

BOYS AND GIRLS CLUB OF ROCHESTER

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLUB VENTURES, LLC - 82-1688316					
1026 EAST CENTER STREET	PUBLIC ICE CREAM SALES				
ROCHESTER, MN 55904	USING YOUTH WORKFORCE	MINNESOTA	77,810.	0.	
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) 512(b)(13) trolled ntity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2019

Page 2

Schedule R (Form 990) 2019 BOYS AND GIRLS CLUB OF ROCHESTER 41-1945875 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part III organizations treated as a partnership during the tax year. (b) (i) (j) (k) (a) (d) (e) (f) (h) (c) (g) Legal Predominant income (related, unrelated, General or Percentage Name, address, and EIN Primary activity Direct controlling Share of total Share of Code V-UBI Disproportionate domicile amount in box 20 of Schedule K-1 (Form 1065) Yes No end-of-year assets of related organization entity income ownership (state or allocations? excluded from tax under sections 512-514) foreian country) Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	i) tion b)(13) rolled ity?
		country)						Yes	No
	1								
	1								

Schedule R (Form 990) 2019 BOYS AND GIRLS CLUB OF ROCHESTER

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
			165	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		<u> </u>
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	•	•	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(</u> 4)				
(5)				
(6)				

Schedule R (Form 990) 2019 BOYS AND GIRLS CLUB OF ROCHESTER

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are a partners 501(c) orgs) all s sec.	(f) Share of	(g) Share of		h) ropor- nate	(i) Code V-UBI	(j) General	(k) ^{or} Percentage													
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c) orgs. Yes I)(3) .? No	total income	end-of-year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	or Percentage ownership o													
								-																	
				$\left \right $				-																	
								-			$\left \right $														
											$\left \right $														

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	Name of exempt organization or other filer, see instru	instructions.			ridentification	n number (TIN)
print	INT BOYS AND GIRLS CLUB OF ROCHESTER 41-194587					45875
File by the due date for filing your 1026 EAST CENTER STREET						13073
return. See instructions. instructions. ROCHESTER, MN 55904						
Enter t	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form §	990-BL	02	Form 1041-A			08
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09
Form §	990-PF	04	Form 5227			10
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form §	990-T (trust other than above)	06	Form 8870			12
• If th box • 1	request an automatic 6-month extension of time until the organization named above. The extension is for the org \mathbf{X} calendar year 2019 or	Group Exe and atta NOVEI anization's	emption Number (GEN) I ch a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending	f this is fo all memb	r the whole g vers the exter npt organizati	roup, check this nsion is for.
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 any nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
-	If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	34	Ψ	
	estimated tax payments made. Include any prior year over	· ·		Зb	\$	0.
•	Balance due. Subtract line 3b from line 3a. Include your pa				¥	
	using EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	n: If you are going to make an electronic funds withdrawal			453-EO ai	nd Form 8879	9-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Mail To: Minnesota Attorney General's Office **Charities Division** 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization BOYS AND GIRLS CLUB OF ROCHESTER

Federal EIN: 41-1945875

Fiscal Year-End:	12312019

mm/dd/yyyy

Did the organization's fiscal year-end change?

Mailing Address:	Physical Address:
CHAD CAMPBELL	CHAD CAMPBELL
Contact Person	Contact Person
1026 EAST CENTER STREET	1026 EAST CENTER STREET
Street Address	Street Address
ROCHESTER, MN 55904	ROCHESTER, MN 55904
City, State, and ZIP Code	City, State, and ZIP Code
(507)287-2300	(507)287-2300
Phone Number	Phone Number
Email Address	Email Address

1. Organization's website: WWW.BGCLUBROCH.ORG

List all of the organization's alternate and former names	

		Alternate
3.	List all names under which the organization solicits contributions (attach list if more space is needed). BOYS AND GIRLS CLUB OF ROCHESTER	

4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	
5.	Total amount of contributions the organization received from Minnesota donors:	\$ 1,494,940.
6.	Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7.	Has the organization significantly changed its purpose(s) or program(s)?	

X No If yes, attach explanation. C2

X No

Former

Former

Yes

Alternate

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government \square Yes \boxed{X} No If yes, attach explanation.	ernment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? \Box Yes X No	consultant) to	
	If yes, provide the following information for each (attach list if more space is needed):		
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Cod	e
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold.	LPA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:	s) receive total	
	Name and title	Compensation*	Other compensation
	CHAD CAMPBELL	116 100	10 001
	CHIEF EXECUTIVE OFFICER	116,183.	10,381.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. \S 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	4
5.	TOTAL INCOME	\$	5
EXPI	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSI	ETS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	17
18.	TOTAL LIABILITIES	\$	18
FUN	D BALANCE/NET WORTH	\$	
/l im a 4	14 minus Line 10)	*	

(Line 14 minus Line 18)

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colui	mns B, C, and D must equal Column A. The amou			IRS Form 990-EZ or Line	e 26 of IRS Form 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
a.	Management				
	Legal				
	Accounting				
d.	Lobbying				
e.	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	· _ · _ · / · _ ·				
b.					
c.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a combined educational campaign and				
	fundraising solicitation				
-					

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and	
We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the	
CHIEF EXECUTIVE OFFICER (Title) and TREASU	JRER (Title) respectively, and
that we execute this document on behalf of the organization pursuant to the resolution of the	
BOARD OF DIRECTORS (Board	d of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the document, and do hereby certify that the	
BOARD OF DIRECTORS (Board	d of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume responsibility for determining matters of policy, and have supe	ervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.	
CHAD CAMPBELL	JILL ROCK
Name (Print)	Name (Print)
Signature	Signature
CHIEF EXECUTIVE OFFICER	TREASURER
CHIEF EXECUTIVE OFFICER	TITLE
Date	Date