	_		Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047
For	_m 🖸	390	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2010
	-	nuary 2020)	Do not enter social security numbers on this form as it n		Open to Public
Dep Inter	artmen mal Re	t of the Treasury venue Service	► Go to www.irs.gov/Form990 for instructions and the la		Inspection
				g MAR 31, 2020	•
в	Check	if C Name of	organization	D Employer identificati	on number
	applica	BOYS	AND GIRLS CLUB OF THE		
	Adc	nge RIVE	R REGION, INC.		
	Nar cha	ne nge Doing bu	isiness as	63-0302108	
	Initi retu	al Number	and street (or P.O. box if mail is not delivered to street address) Room/	/suite E Telephone number	
	Final Final				
	tern ateo	711,151.			
	retu		GOMERY, AL 36101	H(a) Is this a group return	า
	tion		nd address of principal officer: KIM JACKSON	for subordinates?	Yes X No
			AS C ABOVE	H(b) Are all subordinates include	ed? Yes No
-		exempt status:		527 If "No," attach a list.	(see instructions)
			BGCMALA.ORG	H(c) Group exemption nu	
		of organization:	X Corporation	Year of formation: 1946 M St	ate of legal domicile: AL
P	art I				
a	1		e the organization's mission or most significant activities: PROVIDE	ACTIVITIES AND	
Governance			ING TO AREA YOUTH		
ern	2		if the organization discontinued its operations or disposed of		
202	3				<u>25</u> 25
8	4		ependent voting members of the governing body (Part VI, line 1b)		25
ies	5		of individuals employed in calendar year 2019 (Part V, line 2a)		27
Activities &	6		of volunteers (estimate if necessary)		0.
Ac			business revenue from Part VIII, column (C), line 12		0.
				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	600 410	668,347.
anc	9		ce revenue (Part VIII, line 2g)	0	0.
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	01 005	17,172.
å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,413.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	FC0 014	689,932.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	2 100	6,580.
	14		o or for members (Part IX, column (A), line 4)	0	0.
c,	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	440 004	494,286.
lse	16	a Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expense			ng expenses (Part IX, column (D), line 25) 57,149.		
ŵ	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	291,031.	295,622.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		796,488.
	19	Revenue less	expenses. Subtract line 18 from line 12	33,901.	-106,556.
s or	C ES			Beginning of Current Year	End of Year
sets	20	Total assets (F	art X, line 16)	593,875.	501,272.
Net Assets or	21		(Part X, line 26)	80,316.	103,526.
			und balances. Subtract line 21 from line 20	513,559.	397,746.
	art I	-			
			declare that I have examined this return, including accompanying schedules and st		owiedge and belief, it is
true	e, corr	ect, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer nas any knowledge.	
C		Signature	of officer	Date	
Sig		, -	JACKSON, TREASURER	Suit	
He	E.		rint name and title		

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date		PTIN					
Paid	CHRISTINE K. COOK	CHRISTINE K.	COOK 02/	'11/21 self-employe	P00537690					
Preparer	Firm's name JACKSON THORNTON	& CO., PC		Firm's EIN 🕨	53-1035228					
Use Only										
	MONTGOMERY, AL 3	6101-0096		Phone no. 334	1-834-7660					
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)			. X Yes No					

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	BOYS AND GIRLS CLUB OF THE
Form	990 (2019) RIVER REGION, INC. 63-0302108 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:
	TO PROVIDE PROGRAMS AND OPPORTUNITIES WHICH ENCOURAGE YOUNG PEOPLE
	ESPECIALLY THOSE WHO NEED US MOST TO MAXIMIZE THEIR POTENTIAL AND
	BECOME CARING AND PRODUCTIVE CITIZENS OF OUR COMMUNITY.
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
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$209,165. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$209,165. including grants of \$) (Revenue \$) SPORTS, FITNESS & RECREATION - HELPS YOUTH TO ACHIEVE AND MAINTAIN
	FITNESS, AND TO ACQUIRE A BROAD RANGE OF PHYSICAL SKILLS. ALSO PROVIDES
	OPPORTUNITIES FOR FUN AND CONSTRUCTIVE USE OF LEISURE TIME.
	OTTORIONITIED FOR FOR AND CONDIRACTIVE ODE OF EDIDORE TIME:
4b	(Code:) (Expenses \$124,331. including grants of \$6,580.) (Revenue \$)
	EDUCATION & CAREER DEVELOPMENT - ASSIST YOUTH IN THEIR EDUCATIONAL
	NEEDS AND PROVIDE OPPORTUNITIES FOR CAREER EXPLORATION.
4c	(Code:) (Expenses \$116,989. including grants of \$) (Revenue \$) ARTS - HELPS YOUTH TO ENHANCE SELF-EXPRESSION AND CREATIVITY BY BEING
	EXPOSED TO CRAFTS, VISUAL PERFORMING ARTS AND LITERARY ARTS.
	EXPOSED TO CRAFTS, VISORD PERFORMING ARTS AND DITERART ARTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 151, 107. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 601,592.
	Form 990 (2019)
93200	2 01-20-20
	2

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2019.05040 BOYS AND GIRLS CLUB OF TH 27050__1

RIVER REGION, INC.

Form 990 (2019)

Part IV Checklist of Required Schedules

63-0302108 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V		<u></u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4		v
40	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	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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932003 01-20-20

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RIVER REGION, INC.

Form 990 (2019)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	215		<u> </u>
Ū		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
<u> </u>	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
		0		
		-		
5	(gambling) winnings to prize winners?	1c		
932004	l 01-20-20		990	(2019)
	1			. ,

2019.05040 BOYS AND GIRLS CLUB OF TH 27050__1

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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 27 b It all feast one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b It all feast one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b It all feast one is reported on line 2a, did the organization them 25, you may be neglined to e_die (see instructions) 3a 3b A b It **s, "instat file all form 300 To thin syer?" Yee 1a bit ab 3a X b It **s, "instat file a form 300 To thin syer?" Yee 1a bit ab 3a X b It **s," instat file a form 300 To thin syer?" Yee 1a bit ab X b It **s," instat file a form 300 To thin sysr?" Yee 1a bit ab X b Did any taxend party notify the organization the tax sor is a party to a prohibited tax sheller transaction at sort instat way on the organization neuron and gross respits that are normally greater than \$100,000, and did the organization solid any contributions and party to a prohibited tax sheller transaction at sort instat any time during the tax year? Se Se 5a X It **s,* did the organization the solid tax of the appt ab part bite free anot approns in acobis dif 3 made party ab	Form	990 (2019) RIVER REGION, INC. 63-0302	108	Р	_{age} 5
2a Eart the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 27 b If at least one is reported on line 2a, did the organization file all required foderal employment fax returns? 2b X b If at least one is reported on line 2a, did the organization file all required to <i>a</i> - <i>fle</i> (see instructions) 3a X b If Yes, 'has if filed a form 900 T for this year, of the organization have employment fax returns? 3b X b If Yes, 'has if filed a form 900 T for this year, of dth or organization have employment fax if the argent on the station of the statio station and station station a	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Ited for the calendary year anding with or within the year covered by this return Ize Z2 Z2 Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-site (see instructions) 2a X All of the organization have unrelated basiness greas income of \$1,000 or more during the year? 2a X If "Yes," that it lined a form 990-11 for this year? 4a X at y time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial accelerit, are the name of the foreign country to the site and the accelerit, security or other financial accelerit, are the financial accelerit accelerit. 4a X B' Yes, 'nether the name of the foreign country built as a share accelerit, security or other financial accelerits. 5a X C B' Yes, 'nether the name of the foreign country built as a share accelerit, security or other financial accelerits. 5a X C B' Yes, 'nether the organization that was or is a party to a prohibited tas sheller transaction? 5b X C B' Yes, 'notice Sa or Sb, ddi the organization that was or is a party to a prohibited tas sheller transaction? 5a X D I' Yes, 'notice Sa or Sb, ddi the organization that was or is a party to a prohibited tas sheller transaction? 5a X D I' Yes, 'notice Sa or Sb, ddi the organization that was or is a party to a prohibited tas sheller transaction? 5a X </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
b If a bast one is reported on line 2a, did the organization file all required fourial employment that returns? 2b. X 3a Dod the organization have unrelated business gross income of 51,000 or more during the valence value of the sub provide an explanation on Schedule O 3b 4a At any time the name of the region country is used an explanation on Schedule O 3b b If "Yes," has it field a form 500 T for the year? If We' to the 3b, provide an explanation or schedule O 3b b If Yes," has it field a form 500 T for the year? 4a X b If Yes," has it field a form 500 T for the year? 5a X See instructions for timing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5a Vast on field any taxable party notify the organization fact from 8867 T2 5a X 6a X 11 "Yes," (in the organization natule wear) schedulation and a putty to a prohibited tax shelter transaction? 5a X 6a If Yes," (id the organization natule exploration and y time during the tax year? 5a X 7 Organization natule argue tax deductible contributions for foreign during the tax year? 5a X 7 Organization networe and tax deductible contributions onder sectors prohibled tax shelter transaction	2a				
Note: If the sum of the star and 2 is ignetier than 250, you may be required to a-site (see instructions) Image:		filed for the calendar year ending with or within the year covered by this return 2a 27			
3a Def the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes, "has if field a Form 980-F for this year? (f /Wo to line 3b, provide an explanation on Schedule O 3b X bit "Yes," has if field a Form 980-F for this year? (f /Wo to line 3b, provide an explanation on Schedule O 3b X bit "Yes," has if field a Form 980-F for this year? (f /Wo to line 3b, provide an explanation on Schedule O 3b X bit "Yes," has if field a Form 980-F for this year? (f /Wo to line 3b, provide an explanation on Schedule O 3a X bit "Yes," has if field a Form 980-F for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X bit of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X bit "Yes," this if the organization include with every solication an expose statement that such contributions or gifts were not tax deductible as charitable contributions. 5c 7a X bit "Yes," the during requirement field as charitable contribution and party for goots and services provided to the payor? 7a X bit "Yes," the during requirement in excess of \$57 mate party as a contribution of a care 7a X bit Wes, during requirement field as contributions under section 170(c). 8b 8 8 9a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes", "fail if field a Form 900-T for this yea", <i>d</i> / Yes' to line 20, provide an explanation on Schedule 0 90 4 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 (such as a bank account, securities account, or other financial accounts (FBAR). 5a 5a 5a was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5a X 60 Dod any taxable party notify the organization that was or is a party to a prohibited tax shetter transaction? 5c X 61 Tyes," totic the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit are organization near activate deductible contributions or gifts were not tax deductible contributions under section 170(c). 6b X 70 Organization near activate subspace that section 170(c). 7a X 71 Yes," did the organization notify the donor of the value of the gods are seriese provided? 7b 7a X 71 Yes," did the organization notify the donor of the value of the gods are seriese provided? 7b 7a X 71 Yes," did the organiz		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendary year, did the organization have an interest III, or a signature or other suthority over, a financial accountly a torigon country (but as a bank account, securities account); or other financial accounts; 4a X b If "Yes," enter the name of the foreign country b Securities account; or other financial accounts; (FBAR). 5a X b Was the organization approximation that it was or is a party to a prohibited tax shefter transaction? 5a X b Did any taxable party notify the organization finat it was or is a party to a prohibited its schefter transaction? 5a X c If "Yes" to ine Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X D If "Yes," did the organization notify the done of the value of the goods or sarvices provided? 7a X D If "Yes," did the organization contify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X D If "Yes," idd the organization include or the value of the goods or sarvices provided? 7a X D If "Yes," idd the organization include accorbing the goods or sarvices provided? 7a X <t< th=""><th>3a</th><th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th><th>3a</th><th></th><th>X</th></t<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
trancat account in a torwign country (such as a bark account, securities account) or other financial account)? 4a X b If Yes, ' enter the name of the forsign country See instructions for fining requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax sheft transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that twas or is a party to a prohibited tax sheft transaction? 5b X 5b Did any taxable party notify the organization that twas or is a party to a prohibited tax sheft transaction? 5b X 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a X 7 Organization settal may receive deductible contributions under section 170(c). 7a X 7 U'res, ' indicate the number of forms 8282 filed during the year 7d 7a X 7 U'res, ' indicate the number of forms 8282 filed during the year? 7d 7a X 9 Did the organization neceve any funds, directly or indirectly, to nay premiums on a personal benefit contract? 7a X 11 the organization neceve any funds, directly or indirectly, to any aresonal benefit contract? 7a X 12 Did the organization neceve any funds, directly or indirectly, to any aresonal benefit contract? 7a 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		
b If "Yes," enter the name of the foreign county. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Se Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? Sa V Did any taxable party notify the organization file form 88867? Sa X Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that trees that aceleucible is acharitable contributions? Sa X O Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit are yountributions that tree not tax deductible contributions and erar to groods and services provided 1 Sa X D If "Yes," did the organization inotify the donor of the value of the goods or services provided 7 To To D If "Yes," did the organization notify the donor of the value of the goods or services provided 7 To To D If "Yes," did the organization notify the donor advised funding the year Td Td To D If "Yes," did the organization core is any data function of the value of the services provided 7 To X D If the organization neceive a payment in excess of \$75 made party the goods or services provided 7 To X D If "Yes," indicate the number of For	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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16 X 16 X					
	16	Is the experimentian and the time of the time of the the experimentation of the time terms of the time	16		x
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

RIVER REGION, INC.

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

Form 990 (2019)

X

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.

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	25			
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?	L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	I	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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	····			
a	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ŀ	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		23
	(Inis Section B requests information about policies not required by the internal Revenue Code.)			Yes	No
10-	Did the exercitation have lead charters, branches, ar officiates?	٢	10-	162	X
	Did the organization have local chapters, branches, or affiliates?	····	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	?	11a		X
	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
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		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	[15a	Х	
	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		Х
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 NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501	(c)(3)s	only)	availa	ble
10	for public inspection. Indicate how you made these available. Check all that apply.	0)(0)0	ony)	avana	
19	Own website Another's website Image: Constraint of the cons	and	finan	ial	
13		, anu	11110110	nai	
00	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 RICK JACKSON - 334-832-4288				
	412 NORTH HULL STREET, MONTGOMERY, AL 36104				
				990	

BOYS	AND	GIRLS	CLUB	OF	THE

Form 990 ((2019)		RI	EVER	RI	EGI	ON	,]	INC.				60	3 –
Part VII	Cor	npensation	of	Office	ers,	Dir	ecto	ors,	Trustees,	Key	Employees,	Highest	Compensa	ted

Employees, and Independent Contractors

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

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

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

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

List all of the organization's current key employees, if any. See 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 Т

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RIVER REGION INC.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (continued) (A) Name and tile Average Name and tile (b) (c)	Form 990 (2019) RIVER RE	GION, IN	IC.							63-03	021	108	Page 8
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? /f 'Yes," complete Schedule J for such individual 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? /f 'Yes," complete Schedule J for such individual	c Total from continuation sheets to Part V	I, Section A											
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) 1 Complete this table or your five highest address NONE Description of services Compensation 2 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (includ	2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a, receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) None Description of services Compensation 1 None Image: Compensation Image: Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2	compensation from the organization												
1 1 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											г	Y	es No
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	č			-	•					•			37
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Complete Schedule J for such approximation of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2												3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 1 Over the organization of services Compensation Compensation (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1													v
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete to the complete to the complete services Image: Compensation Image: Compensation Image: Complete to the complete services Image: Compensation Image: Compensation Image: Complete to the complete services Image: Compensation Image: Compensation Image: Complete to the complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete services Image: Complete serv												4	A
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												-	v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation (B) (C) Compensation Compensation Compensation (A) NONE Description of services Compensation (B) (C) Compensation Compensation (C) (C) Compensation Compensation (C) (C) (C) Compensation Compensation (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)		nplete Schedule	e J f	or su	ch i	oers	son .					5	<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with organization of the calendar year ending with organization Image: Compensation Image: Compensation Image: Compensation of the calendar year ending with organization of the calendar year ending with organization Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: Compensation Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: C	· · · · · · · · · · · · · · · · · · ·	mpensated inc	lono	ndor		ontr	acto	re th	nat received more than \$	100 000 of compe		ion from	
(A) Name and business address (B) NONE (C) Description of services Image: Compensation Image: Compensation Image: Compensa		•	•								iisai		1
Name and business address NONE Description of services Compensation			Jure		<u>g w</u>		51 111					(C)	
		address	N	ONE						ervices	С		ation
	O Total as well as a first second sector of the first sector of th	n al calina este sut	-+ !'		14-	4le -		I					
		0	ut IIr	IIITEC	1 (0)			rea	above) who received mo	ภะ เกลก			

Form **990** (2019)

			2019) RIVER REGION,	INC.			63-0302	108 Page 9
Pa	rt V	(
			Check if Schedule O contains a response	or note to any line		(B)	(C)	[] (D)
					(A) Total revenue	Related or exempt		Revenue excluded
					1 otal 1010hdo		business revenue	from tax under
				100 000				sections 512 - 514
nts				180,269.				
Gra			Membership dues 1b	6,115.				
Am Am			Fundraising events 1c	37,560.				
lar Gift			Related organizations 1d					
js,				233,090.				
er Co		f	All other contributions, gifts, grants, and					
-je				211,313.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		660 247			
<u>o</u> ē		h	Total. Add lines 1a-1f	>	668,347.			
	_			Business Code				-
Program Service Revenue	2							
er v		b						
n S /en		с						
Jrar Be∖		d						
ŗ		е						
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		5,492.			5,492.
			other similar amounts)		5,492.			J,492.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	•			(ii) Personai				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	-		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	а		11,680.				
		L	assets other than inventory 7a Less: cost or other basis	11,000.				
¢		D		0.				
evenue		~	and sales expenses 7b Gain or (loss) 7c	11,680.				
eve			Net gain or (loss)		11,680.			11,680.
er Re	8		Gross income from fundraising events (not		11,000.			11,000.
Other	0	u	including \$37,560. of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	7,560.				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-13,659.			-13,659.
			Gross income from gaming activities. See	F				
	-		Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
suo e	11	а	MISCELLANEOUS	900099	18,072.			18,072.
ane		b						
eve		с		ļ				
Miscellaneous Revenue			All other revenue					
-		е	Total. Add lines 11a-11d		18,072.			04 ====
	12		Total revenue. See instructions	►	689,932.	0.	0.	21,585.
93200	9 01-	20-	20					Form 990 (2019)

15240211 792680 27050

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BOYS AND GIRLS CLUB OF THE RIVER REGION, INC.

Form 990 (2019) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response	(A)		(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	6,580.	6,580.		
3 Grants and other assistance to foreign		0,0001		
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	113,525.	86,506.	15,666.	11,353
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	277,342.	211,335.	38,273.	27,734
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	73,201.	55,779.	10,102.	7,320.
0 Payroll taxes	30,218.	23,026.	4,170.	3,022
1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	32 778		32 778	
column (A) amount, list line 11g expenses on Sch 0.)	32,778.		32,778.	
12 Advertising and promotion	65,424.	54,150.	9,892.	1,382.
13 Office expenses	05,424.	54,150.	5,052.	1,502
14 Information technology 15 Royalties				
16 Occupancy	125,972.	104,632.	17,672.	3,668.
I7 Travel	9,988.	8,410.	1,578.	5,000
8 Payments of travel or entertainment expenses	2,200	• /• •	_,	
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	17,802.	10,163.	4,969.	2,670.
20 Interest		·		•
21 Payments to affiliates	5,137.	4,592.	545.	
22 Depreciation, depletion, and amortization	26,495.	25,170.	1,325.	
23 Insurance				
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	10,365.	9,588.	777.	
b CAMP EXPENDITURES	1,661.	1,661.		
c				
d				
e All other expenses		<u> </u>		
25 Total functional expenses. Add lines 1 through 24e	796,488.	601,592.	137,747.	57,149.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

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Form	990	(2019)	

BOYS AND GIRLS CLUB OF THE RIVER REGION, INC.

	990 (2			63-0302108 Page
Par	tΧ	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	101,756.	1 30,33
	2	Savings and temporary cash investments		2 127,58
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	42,574.	4 22,88
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined		
				6
ts	7	Notes and loans receivable, net		7
Assets	8	Inventories for sale or use		8
4	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D10a771,38Less: accumulated depreciation10b558,69	2.	010 60
	b			10c 212,69
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12 25,00
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15 82,78
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 501,27
	17	Accounts payable and accrued expenses		17 78,72
	18	Grants payable		18
	19	Deferred revenue		19 12,30
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
es	22	Loans and other payables to any current or former officer, director,		
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		controlled entity or family member of any of these persons		22
-	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X	12,500.	12 50
	26	of Schedule D Total liabilities. Add lines 17 through 25	80,316.	25 12,50 26 103,52
	26	Organizations that follow FASB ASC 958, check here X	00,510.	20 103,32
ŝ		and complete lines 27, 28, 32, and 33.		
ů.	27	Net assets without donor restrictions	259,417.	27 157,71
sala	28	Net assets with donor restrictions		27 157,71 28 240,03
Ыd	20	Organizations that do not follow FASB ASC 958, check here		
Γu		and complete lines 29 through 33.		
p	29	Capital stock or trust principal, or current funds		29
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31
Net Assets or Fund Balances	32	Total net assets or fund balances		32 397,74
			593,875.	33 501,27

Form 990 (2019)

	BOYS AND GIRLS CLUB OF THE						
Forn	1 990 (2019) RIVER REGION, INC.	63	-0302108	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
			6.0	~ ~	2 2		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>32.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		<u>56.</u> 59.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	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	-	9 <u>,2</u>	57.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				46.		
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir						
	Act and OMB Circular A-133?	-	3a		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red auc	lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2019)

Conception (Form 990 or 990-EZ)			omplete if the organ 494 A	Public Charity Status and Public Support mplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Name o	of the organizati			CLUB OF THE					identification number	
Dort			R REGION,						3-0302108	
Part				All organizations must co			e instructions	S.		
1 2 3 4 5	A church, con A school des A hospital or A medical res city, and stat An organizati	nvention of ch cribed in sect a cooperative search organiz e: on operated fo	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor or the benefit of a col	For lines 1 through 12, cl n of churches described Attach Schedule E (Form Inization described in se hjunction with a hospital lege or university owned	in section 990 or 99 ection 170 described	n 170(b)(1 0-EZ).) (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A			
	section 170	(b)(1)(A)(iv). ((Complete Part II.)							
8	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	0		-	in section 170(b)(1)(A)(i	· ·			°,	•	
10 🗌	university: An organizati activities rela	on that norma ted to its exen	ally receives: (1) more	ulture (see instructions). than 33 1/3% of its supp t to certain exceptions,	oort from c and (2) no	ontribution more than	ns, membersh 33 1/3% of it	nip fees, an	d gross receipts from rom gross investment	
11 12 a										
ь [the suppor organizatio Type II. A s control or r	ted organization. You must of supporting orgonanagement of management of the support of the	on(s) the power to rec complete Part IV, Se panization supervised of the supporting orga	or controlled in connect anization vested in the sa	majority of	f the direc	tors or trusted	es of the sunn(s), by hav	ing	
c [Type III fur	nctionally inte		Sections A and C. g organization operated . You must complete F				ly integrate	d with,	
d [Type III no that is not t requiremen	n-functionally functionally inf t (see instruct	y integrated. A supp tegrated. The organiz ions). You must con	orting organization oper ation generally must sati nplete Part IV, Sections	ated in con sfy a distri A and D, a	nection w bution req and Part V	ith its suppor uirement and /.	an attentiv	()	
e		-		vritten determination from			Туре I, Туре	II, Type III		
fΕ	nter the number			nally integrated supporting						
		••	n about the supporte	d organization(s).						
_ 9 '	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organ in your governin	nization listed Ig document?	(v) Amount of	-	(vi) Amount of other	
	organizatior			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Total										
	r Paperwork Re	duction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	932021 09-2	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019	

Schedule A (Form 990 or 990 EZ) 2019 RIVER REGION, INC.

Part II

63-0302108 Page 2

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.)

Se	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.")	777,752.	813,894.	825,072.	692,410.	668,347.	3777475.
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						
	Total. Add lines 1 through 3	777,752.	813,894.	825,072.	692,410.	668,347.	3777475.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15,155.
	Public support. Subtract line 5 from line 4.						3762320.
	ction 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	777,752.	813,894.	825,072.	692,410.	668,347.	3777475.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,018.	4,289.	5,763.	6,051.	5,492.	23,613.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			38,970.	38,652.		77,622.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,532.	8,306.	6,583.	16,527.	18,073.	53,021.
11	Total support. Add lines 7 through 10						3931731.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	128,377.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	bhere					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I		•			14	95.69 %
	Public support percentage from 2018					15	95.56 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies	, , ,	Ũ				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 RIVER REGION, INC.

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.)

Section A. Public Support						
Calendar 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 are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses 						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	janization,
check this box and stop here						>
Section C. Computation of Publ					<u> </u>	
15 Public support percentage for 2019 (-	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box as b 33 1/3% support tests - 2018. If the						▶∟
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
932023 09-25-19	and not oneon a	50A OFFICE 14, 18				n 990 or 990-EZ) 2019
302020 03-20-13		1 5		30		1 550 01 550-EZ / 2019

2019.05040 BOYS AND GIRLS CLUB OF TH 27050_1

Schedule A (Form 990 or 990 EZ) 2019 RIVER REGION, INC.

Part IV | Supporting Organizations

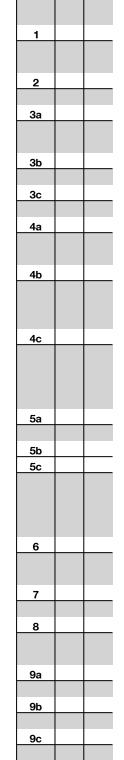
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

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10a

10b

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Yes No

Sche	dule A (Form 990 or 990-EZ) 2019 RIVER REGION, INC.	63-0302108	Pa	ige 5
Par	t IV Supporting Organizations (continued)			
			Y es	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		
	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		
Sec	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		•	
			Y es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			/es	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 year (see ins	structions).		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity.	ty (see instructions)		
2	Activities Test. Answer (a) and (b) below.		/es	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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	24		
5	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	2b		
2	activities but for the organization's involvement.	20		
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	2.		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	– – – – – – – – – –	0040
932025	5 09-25-19 Schedule	A (Form 990 or 990	-⊏∠)	2019

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2019.05040 BOYS AND GIRLS CLUB OF TH 27050_1

Schedule A (Form 990 or 990 EZ) 2019 RIVER REGION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2019

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			(a)(3) Supporting Organizations	
) or 990-EZ) 2019	RTVER	REGION.	TNC	

	dule A (Form 990 or 990 EZ) 2019 RIVER REGION,			<u>3-0302108</u> р	'age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
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	e organization is responsive			
	(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		I		
		(i)	(ii)	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 201	9
_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				
	From 2014				
b	From 2015				
	From 2016				
d	From 2017				
e	From 2018				
	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
<u> i</u>	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
	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				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
e	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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				S CLUB	OF THE			
Schedule A	(Form 990 or 990-EZ) 2019	RIVER	REGION,	INC.			63-0302108	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4t ines 2 and 3	o, 4c, 5a, 6, 9a ; Part IV, Secti	i, 9b, 9c, 11a, 1 on E, lines 1c, :	11b, and 11c; I 2a, 2b, 3a, and	Part IV, Section B, li d 3b; Part V, line 1; l	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; Pa	n C, art V,
932028 09-25-1	9					Sci	hedule A (Form 990 or 990	-EZ) 2019
				20				

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.			2019					
Name of the organization	BOYS AND GIRLS CLUB OF THE	Em	ployer identification number					
	RIVER REGION, INC.	6	3-0302108					
Organization type (chec	k one):							
Filers of:	Section:							
Form 990 or 990-EZ	\fbox 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							
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See	e instructions.					
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	•						
Special Rules								
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the EZ, line 1. Complete Parts I and II.	16a, or 16b	o, and that received from					

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 religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Name of organization

BOYS AND GIRLS CLUB OF THE RIVER REGION, INC.

63-0302108

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 45,128. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. **Total contributions** 2 X Person Payroll 60,155. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. 3 X Person Payroll 86,105. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. 4 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (c) No. **Total contributions** Type of contribution 5 X Person Payroll 22,500. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) No. **Total contributions** Type of contribution 6 X Person Payroll 20,225. Noncash \$ (Complete Part II for noncash contributions.)

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923452 11-06-19

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

2019.05040 BOYS AND GIRLS CLUB OF TH 27050_1

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

Name of organization

BOYS AND GIRLS CLUB OF THE RIVER REGION, INC.

63-0302108

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. **Total contributions** 8 X Person Payroll 18,950. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. 9 X Person Payroll <u>13,5</u>75. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

923452 11-06-19

15240211 792680 27050

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



YS A	ganization		Employer identification num
	REGION, INC.		63-0302108
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	[
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
— [

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90, 990-EZ, or 990-PF) (2019) B (Forr

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Page 3

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of o	rganization			Employer identification number				
	AND GIRLS CLUB OF THE							
	REGION, INC.			63-0302108				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a			10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this i	nfo. once.) > \$				
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
Part I			(0)	beschption of now girt is held				
-								
		(e) Transfer of g	ft					
	Transferrado nome address a		Deletienskin e	6 hun - 6 - un - 6 - un - 6 - un -				
ŀ	Transferee's name, address, a		Relationship o	f transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a		Relationship o	f 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 7ID / 4	Relationship of transferor to transferee					
-								
(a) No. from	(h) Durness of sift		(a) [Description of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift	(0)	Description of now gift is held				
ŀ		/ · · · · ·	I					
		(e) Transfer of g	n					
	Tropofores's name address	nd 7ID / 4	Dolotionahia -	f transforor to transforos				
ŀ	Transferee's name, address, a	liu ZIP + 4	relationship o	f transferor to transferee				
		<u> </u>						
923454 11-06	3-19		Sche	dule B (Form 990, 990-EZ, or 990-PF) (2019)				
		0 5						

15240211 792680 27050

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2019		
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection		
	I Revenue Service e of the organization	DOVA NOD ATDLA ALI	90 for instructions and the latest information.	Employor	identification number		
Inalli	e of the organizatio	RIVER REGION, INC.			3-0302108		
Par	rt I 🛛 Organiza		d Funds or Other Similar Funds or Ac				
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	b) Funds an	d other accounts		
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised func		Yes No		
6							
0	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible priva			U U	Yes No		
Par			ganization answered "Yes" on Form 990, Part IV,				
1		servation easements held by the organization					
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a histo	prically impor	tant land area		
	Protection o	f natural habitat	Preservation of a certi	fied historic	structure		
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation ea	asement on the last		
	day of the tax year			Held	at the End of the Tax Year		
а				2a			
b				2b			
			ucture included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
•				2d			
3			eased, extinguished, or terminated by the organi	zation during	j the tax		
4	year	 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
5	Ũ	orcement of the conservation easements it	0 , 1 , 0		Yes No		
6			handling of violations, and enforcing conservatio				
-	•	3 , 1 , 3 ,	5		3		
7	· · · · · · · · · · · · · · · · · · ·	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements duri	ing the year		
	▶\$						
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)			
	and section 170(h)	(4)(B)(ii)?			Yes No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense statem	ent and			
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial statements that	at describes	the		
Dec		ounting for conservation easements.	Aut Historical Traccourses or Other C	initer Acc			
Par			Art, Historical Treasures, or Other S	imilar Ass	sets.		
		the organization answered "Yes" on Form					
а	•	· ·	8, not to report in its revenue statement and bala		Orks		
			blic exhibition, education, or research in furtheran	ice of public			
h	· •		ncial statements that describes these items. 8, to report in its revenue statement and balance	shoot work	of		
D D	-		exhibition, education, or research in furtherance				
		ng amounts relating to these items:			11100,		
	•	0		▶ \$			
				► \$			
2			asures, or other similar assets for financial gain, p	· · ·			
		unts required to be reported under FASB A					
а	-			▶ \$			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2019		
932051	1 10-02-19						
			26				

	BOYS AN	D GIRLS CLU	JB OF THE							
		EGION, INC.				6	3-03	<u>02108</u>	Pa	.ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other \$	Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that m	nake sigr	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	I					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization'	s exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o				similar a	ssets		-		
D.	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi						_	٦.,		
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
t	Ending balance					1f		7		
	Did the organization include an amount on F					/?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u></u>				
1 41							ana haali	(-) [
4.	De sinsis e fasses halanaa	(a) Current year 257,163.	(b) Prior year	(c) Two years b 228 , 4	`	d) Three ye		(e) Four		
	Beginning of year balance	257,103.	261,819.				0,402.		157,8	<u>.</u>
	Contributions	-3,770.	2 442		144.		6,228.		1 0	
	Net investment earnings, gains, and losses	-3,770.	3,442.	0,3	522.		8,213.		4,0	380.
	Grants or scholarships									
е	Other expenditures for facilities	0 111	0 0 0 0		007		6 254		2 0	240
	and programs	8,222.	8,098.	5,5	987.		6,354.		3,0	340.
	Administrative expenses	245,171.	257,163.	225	169		0 400		1 5 0 0	0 E 1
	End of year balance	,	,	,	100.	22	8,489.		158,8	. 100
2	Provide the estimated percentage of the curr	·) held as:						
a	Board designated or quasi-endowment	4.98	_%							
b	Permanent endowment ► 95.02	%								
С										
•	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	id administered	i for the	organizat	ion	Г		
	by:								Yes X	No
	(i) Unrelated organizations								^	x
	(ii) Related organizations							3a(ii)		<u> </u>
-	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	<u>u</u>	vment tunds.							
1 41	Complete if the organization answere		Dort IV line 11e S	aa Earm 000 R	ort V lir	aa 10				
									value	
	Description of property	(a) Cost or of basis (investm	• •	or other (other)	• •	cumulated reciation	1	(d) Book	value	
4-	Land	· · · ·	,	7,950.	uepi	Solation		17	,95	0
	Land			5,224.	2	58,34	0		,95 ,88	
	Buildings			4,618.		<u>58,34</u> 11,72		102		
	Leasehold improvements			1,580.		<u>11,72</u> 50,75		102		26.
	Equipment			2,010.		37,87		1	,14	
	Other							212		
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>x, column (B), line 1(</u>	JC.)			ebodul-		-	
						3	chequie	D (Form	ອອບງ່	2019

932052 10-02-19

BOYS	AND	GIRLS	CLUB	OF	THE
RIVER	REG	SION, I	ENC.		

Schedule D (Form 990) 2019 RIVER REG Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN PERPETUAL TRUST	82,781.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	82,781.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) REFUNDABLE ADVANCES	12,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	12,500.

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

Schedule D (Form 990) 2019

932053 10-02-19

	BOYS AND GIRLS CLUB OF THE					
Sche	dule D (Form 990) 2019 RIVER REGION, INC.			63-0	0302108	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	760	,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	80,000.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-9,257.			
е	Add lines 2a through 2d			2e	70	<u>,743.</u>
3	Subtract line 2e from line 1			3	689	,932.
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	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,932.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	876	,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	80,000.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	796	,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	796	,488.
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO APPROPRIATE AND ACCUMULATE

FUNDS THAT ARE RESTRICTED BY THE DONOR.

IN ACCORDANCE WITH THE NEW FINANCIAL STATEMENT REPORTING STANDARDS, THE

PERCENTAGE FOR BOARD DESIGNATED REPRESENTS THE PERCENTAGE OF THE ENDOWMENT

WITH NO DONOR RESTRICTIONS AND THE PERCENTAGE FOR TEMPORARILY RESTRICTED

REPRESENTS THE PERCENTAGE OF THE ENDOWMENT WITH DONOR RESTRICTIONS.

THE PRIOR YEAR OTHER EXPENDITURE FOR FACILITIES AND PROGRAMS WAS RESTATED

IN THE FINANCIAL STATEMENTS. MADE THE CHANGE IN THE PRIOR YEAR COLUMN TO

29

REFLECT THE RESTATEMENT.

932054 10-02-19

BOYS AND GIRLS CLUB OF THE	
Schedule D (Form 990) 2019 RIVER REGION, INC. Part XIII Supplemental Information (continued)	63-0302108 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNREALIZED LOSS ON PERPETUAL TRUSTS HELD BY OTHERS	-9,257.
	Schedule D (Form 990) 2019

SCHEDULE G	Suppleme	/ities	OMB No. 1545-0047					
(Form 990 or 990-EZ)	Complete if the	, or if the	2019					
Department of the Treasury		organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr		s and	the latest informati	on.		Inspection
Name of the organizatior	BOYS AN RIVER R	Employer id 63-0302	entification number 2108					
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	tees	Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò ((v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form §	990 or	990-E	Z. 9	Sche	edule G (Form	990 or 990-EZ) 2019

932081 09-11-19

63-0302108 Page 2

Schedule G (Form 990 or 990-EZ) 2019 RIVER REGION, INC. 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) Revenue 45,120. 45,120. Gross receipts 1 37<u>,560.</u> 37,560. 2 Less: Contributions 7,560. 7,560. Gross income (line 1 minus line 2) 3 4 Cash prizes 5 Noncash prizes Direct Expense: 14,915. 14,915. Rent/facility costs 6 3,521. 3,521. 7 Food and beverages Entertainment 8 2,782. 2,782. 9 Other direct expenses 21,218. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -13,658. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

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BOYS	AND	GIRLS	CLUB	OF	THE
DOID	11111	OTICED	CHOD	U 1	

Sch	edule G (Form 990 or 990-EZ) 2019 RIVER REGION, INC. 63-	0302108	Page 3
11		Yes	No
	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:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v);	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93208	83 09-11-19 Schedule G (For	m 990 or 990	-EZ) 2019

RTVER	REC	SION, I	TNC.		
D T 1 7 D D			TNO		
BOYS	AND	GIRLS	CLUB	OF	\mathbf{THE}

Schedule G	G (Form 990 or 990-EZ)	RIVER REGION,	INC.	63-0302108 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
				Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States							OMB No. 1545-0047	
			ete if the organization					2019
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection
RIVER REGION, INC.								Employer identification number $63 - 0302108$
Part I General Information on Grants and Assistance								
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selectio criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 								
	nd Other Assistance to					anization answered "Y	es" on Form 990. Parl	IV. line 21. for any
	hat received more than S	•			0			,
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line 1	table					

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

Schedule I (Form 990) (2019)

019) RIVER REGION, INC.

63-0302108

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					TUITION ASSISTANCE TO TROY
TUITION ASSISTANCE	1	1,645.	0.	FMV	UNIVERSITY
					BOOK AND TUITION ASSISTANCE TO
BOOKS AND TUITION ASSITANCE	1	4,935.	0.	FMV	TUSKEEGEE UNIVERSITY

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

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990. 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.	-EZ
Name of the organization	BOYS AND GIRLS CLUB OF THE RIVER REGION, INC.	Employer identification number 63-0302108
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	05 0502100
HEALTH & LIF	E SKILLS - HELPS YOUTH TO DEVELOP AN AWARENESS	, AND
KNOWLEDGE OF	DRUG ABUSE, THE HUMAN BODY, AND GANG ACTIVITY	•
EXPENSES \$ 7	8,183. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
CHARACTER & I	LEADERSHIP DEVELOPMENT - PROVIDES OPPORTUNITIE	S IN
PLANNING, DE	CISION-MAKING, CONTRIBUTING TO THE CLUB AND CO	MMUNITY IN
ORDER TO DEVI	ELOP LEADERSHIP SKILLS.	
EXPENSES \$ 7	2,924. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PA	RT VI, SECTION B, LINE 11B:	
FORM 990 IS	REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TRE	ASURER.
FORM 990, PA	RT VI, SECTION B, LINE 15:	
THE COMPENSA	TION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYE	ES ARE APPROVED
BY THE BOARD	OF DIRECTORS.	
FORM 990, PA	RT VI, SECTION C, LINE 19:	
THE ORGANIZA	TION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIA	L STATEMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PA	RT XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED G	AIN ON PERPETUAL TRUSTS HELD BY OTHERS	-9,257.
FORM 990, PA	RT XI, LINE 9, CHANGES IN NET ASSETS:	
	HAS NOT CHANGED FROM THE PRIOR YEAR.	
LHA For Paperwork Ro 932211 09-06-19	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	lule O (Form 990 or 990-EZ) (2019)

15240211 792680 27050

37 2019.05040 BOYS AND GIRLS CLUB OF TH 27050_1

Schedule O (Form 990 or 9 Name of the organization	BOYS AND GIRLS CLUB OF	THE	Page 2 Employer identification number 63-0302108
	RIVER REGION, INC.		63-0302108
932212 09-06-19		38	Schedule O (Form 990 or 990-EZ) (2019)