

Form	990
Form	990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2022 calendar year, or tax year beginning and	ending			
	Check if pplicab			D Employer identific	cation number	
	Addr	BOYS CLUB OF GREATER KANSAS CITY				
	Name		ER KC	43-60720	65	
	Initia		Room/suite	E Telephone number		
	 	4001 MARTIN LUTHER KING BLVD	102	816-361-3		
	termi ated			G Gross receipts \$	11,031,509.	
	Amer returr	Maded VANCAC CTOV NO 64120		H(a) Is this a group re		
	Appli tion	^{ca-} F Name and address of principal officer: JASON ROTH		for subordinates		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
11	Tax-e>	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527		list. See instructions	
J٧	Nebs	ite: WWW.BGC-GKC.ORG		H(c) Group exemption	n number	
ΚF	orm o	f organization; 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1967 N	I State of legal domicile: MO	
Pa	art I	Summary				
-	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O.		
Governance						
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			48	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>48</u> 281	
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	als employed in calendar year 2022 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)		6	1374	
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		10,502,842.	9,911,124.	
Revenue	9	Program service revenue (Part VIII, line 2g)		572,406.	572,237.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5.	-84,962.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-687,305.	-798,364.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,387,938.	9,600,035.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,812,481.	5,613,709.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		32,868.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 856,76	50.			
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,975,848.	3,944,790.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,821,197.	9,558,499.	
	19	Revenue less expenses. Subtract line 18 from line 12		566,741.	41,536.	
OC				ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		19,659,774.	20,219,920.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,043,357.	1,884,096.	
INe	22	Net assets or fund balances. Subtract line 21 from line 20		18,616,417.	18,335,824.	
Pa	art II					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	ROGER MCCOY, VP ADMIN/CFO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	KEVIN ENSMINGER	KEVIN ENSMINGER	10/16	/23 self-employed P01310558			
Preparer	Firm's name RSM US LLP			Firm's EIN 42-0714325			
Use Only	Firm's address 4622 PENNSYLVANIA	AVE, STE 1100					
	KANSAS CITY, MO 6	4112		Phone no. 816 - 753 - 3000			
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) BOYS CLUB OF GREATER KANSAS CITY	13-6072065	Page 2
	rt III Statement of Program Service Accomplishments		<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE ORGANIZATION PROMOTES THE PERSONAL DEVELOPMENT OF BOYS	AND GIRLS	
	AGES 5-18, WITH SPECIAL CONCERN FOR THE DISADVANTAGED BY H	ROVIDING	
	SERVICES THAT BUILD SELF-ESTEEM, VALUES AND SKILLS DURING	CRITICAL	
	PERIODS OF GROWTH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, an	nd
	revenue, if any, for each program service reported.	100	0
4a	(Code:) (Expenses \$1,813,107. including grants of \$) (Revenue \$		257.)
	SUMMER SCHOOL PROGRAM: COMPREHENSIVE PROGRAMS INCLUDING EI		
	CAREER DEVELOPMENT, THE ARTS, PUBLIC SPEAKING, CHARACTER A		HT P
	DEVELOPMENT, HEALTHY LIFESTYLE AND TECHNOLOGY. HOURS IN TH		
	PROGRAM ARE MORE EXPANSIVE THAN DURING SCHOOL YEAR. PROGRA		
	MENTORING AND OTHER NON-CLUB PROGRAMS AND FIELD TRIPS. ALT		
	PROGRAMS REMAINED CONSISTENT WITH PRIOR YEARS, OUR CAPACIT ATTENDANCE WAS REDUCED TO ACCOMMODATE ALL LOCAL, STATE ANI		
	GUIDELINES RELATING TO SOCIAL DISTANCING.	<u> </u>	
	GOIDEDINES REDAIING TO SOCIAL DISTANCING.		
4b	(Code:) (Expenses \$5,612,968. including grants of \$) (Revenue \$	145,	980.)
	SCHOOL YEAR PROGRAM: AFTER SCHOOL COMPREHENSIVE PROGRAMS		,
	EDUCATION AND CAREER DEVELOPMENT, THE ARTS, PUBLIC SPEAKIN		ER
	AND LEADERSHIP DEVELOPMENT, HEALTHY LIFESTYLE AND TECHNOLO	GY. PROGRAM	N
	INCLUDES MENTORING AND OTHER NON-CLUB PROGRAMS. ALTHOUGH H	PROGRAMS	
	REMAINED CONSISTENT WITH PRIOR YEARS, OUR CAPACITY FOR ATT	ENDANCE WAS	S
	REDUCED TO ACCOMMODATE ALL LOCAL, STATE AND FEDERAL GUIDE	JINES RELAT	ING
	TO SOCIAL DISTANCING.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	§)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,426,075.	, ,	
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 Form 990 (2022)
 BOYS
 CLUB
 OF
 GREATER
 KANSAS
 CITY

 Part IV
 Checklist of Required Schedules
 Checklist
 CITY
 Comparison
 CITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	<u></u>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11	- 23	
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
U	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 aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the energy institution of a first energy in a second state of the Links of Okata O	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>.</u> -а		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part 1	31		- 23
32		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	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?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Chapter if School up O contains a reconcision or note to any line in this Dart V			
	Check in Schedule O contains a response of note to any line in this Part V		Ver	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		•		
Ø	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	0 (2022) BOYS CLUB OF GREATER KANSAS CITY		43-
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	,	
2 a E	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		
fi	ad for the calendar year ending with or within the year covered by this return	22	

					Yes	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		201			
	filed for the calendar year ending with or within the year covered by this return	2a	281	2b	х	
						x
						<u></u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					х
b	If "Yes," enter the name of the foreign country	oooun		<u>4a</u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· · ·	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-		х
لم	to file Form 8282?	1		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u>ا</u> ۰۰	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f		X
' a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
9 h	h If the organization received a contribution of qualinea interioritation property, and the organization mer of the organization file a Form 1098-C?					
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۱	I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	1041	}	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		<u> </u>			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
47	If "Yes," complete Form 4720, Schedule O.	LI. ,ILI -				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative under section 4951, 4952 or 49532			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

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

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 48	3		
	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 48	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROGER MCCOY - 816-361-3600			
	4001 MARTIN LUTHER KING BLVD, 102, KANSAS CITY, MO 64130			

Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	compensated
		iployees, and	-	-	-		•	•

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

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	ox, unless pe		person is both an			compensation	compensation	amount of
	week		officer and a di					from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	ndividual trustee or director	nstitutional trustee	_	Key employee	st cor	ar	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) DR. DRED SCOTT	40.00									
PRESIDENT/CEO (UNTIL 8/31/22)				х				217,938.	Ο.	17,208.
(2) JASON ROTH	40.00									
VP RESOURCE DEVELOPMENT						X		132,256.	0.	23,196.
(3) ROGER MCCOY	40.00									
CAO				Х				144,193.	0.	8,765.
(4) WAYMOND KING	40.00									
SENIOR DIRECTOR-OPERATIONS						X		106,204.	0.	24,609.
(5) CHARLES HUNTER	4.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(6) DAMON BRYANT	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) JO ANNE GABBERT	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) SYLVIA HAVERTY	4.00									
SECRETARY		Х		Х				0.	0.	0.
(9) SCOTT MCVICKER	4.00									
CHAIR ELECT - TREASURER		Х		Х				0.	0.	0.
(10) CHARLES HUNTER	4.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(11) JOY JOHNSON	4.00									
CHAIR MEMBER BENEFITS COMMITTEE		Х		Х				0.	0.	0.
(12) RYAN MATTHEWS	4.00									
CHAIR-RESOURCE DEVELOPMENT COMMITTEE		Х		Х				0.	0.	0.
(13) STEVEN J. SESTAK	4.00									
CHAIR BOARD DEVELOPMENT		Х		Х				0.	0.	0.
(14) CATHY BEAHAM	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ANDREW BRUMMEL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KEVIN BRYANT	4.00									
BOARD MEMBER		х						0.	0.	0.
(17) ANDREW BURCZYK	4.00							_	_	
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022)
Dart VII		

BOYS CLUB OF GREATER KANSAS CITY

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Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C		· ,	. 		
(A)	(B)				C) itior	,		(D)	(E)		(F)	
Name and title	Average		not cł	heck	more	than o		Reportable	Reportable		Estimat	
	hours per week					is botł or/trus		compensation	compensation from related		amount other	
	(list any	tor						- from the	organizations		onner ompensa	
	hours for	· direc				b B		organization	(W-2/1099-MISC/		from th	
	related	Individual trustee or director	nstitutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	0	organizat	tion
	organizations	al trus	nal tri		oyee	e compe		1099-NEC)		;	and relat	ted
	below line)	ividua	tit utio	Officer	Key employee	hest of	Former			0	rganizati	ions
(10)	,	Ind	lns	Off	Key	e <u>Fi</u> g	Б			+		
(18) FRANK CARO	4.00								0			^
BOARD MEMBER	1 00	Х				-		0.	0.	–		0.
(19) ROB CLEAVINGER	4.00								0			~
BOARD MEMBER	1 00	Х				-		0.	0.	–		0.
(20) CHRIS COX	4.00								0			~
BOARD MEMBER	1 00	Х				-		0.	0.	–		0.
(21) STEPHANIE DE LA TORRE	4.00								•			•
BOARD MEMBER	1 0 0	X						0.	0.	–		0.
(22) HOLLY DOERING-POWELL	4.00								•			•
BOARD MEMBER	1 0 0	X						0.	0.	–		0.
(23) MARGARET DONNELLY	4.00											•
BOARD MEMBER		Х						0.	0.	–		0.
(24) ABIGAIL EDEN	4.00											•
BOARD MEMBER	1 0 0	Х						0.	0.	–		0.
(25) ROBERT D. FIRNHABER	4.00											•
BOARD MEMBER		Х						0.	0.	—		0.
(26) PAUL FISCHER	4.00											•
BOARD MEMBER		Х						0.	0.			0.
1b Subtotal								600,591.	0.		73,7	
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								600,591.	0.		73,7	78.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable			
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer				•	-		Ŭ		•			37
line 1a? If "Yes," complete Schedule J for s										3	(X
4 For any individual listed on line 1a, is the su	•							•	•			
and related organizations greater than \$15										4	L X	
5 Did any person listed on line 1a receive or a	•							•	lual for services			37
rendered to the organization? <i>If</i> "Yes." con	nplete Schedule	e J fo	or su	ich į	oers	on				5	1	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										ation	from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin T		ear.			
(A) Name and business	addross	370						(B) Description of s	onvicos	Com	(C) pensatio	n
	audress	NC	ONE	5			_	Description of s	ervices	5011		
							_					
• Table and the local states in the second states i	and a strength of the strength of the											
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			

\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BOYS CLU									43-607	2065
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			nsate		(00 2/1000 10100)		and related
	organizations	trust	al tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	ner			-
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MIKE HAGGERTY	4.00									-
BOARD MEMBER		Х						0.	0.	0.
(28) TRUDIE HALL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(29) DANIEL HECKMAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(30) DR. ROBERT JACKSON	4.00									
BOARD MEMBER		Х						0.	0.	0.
(31) JOHN JANUARY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(32) ZALMAN KOHEN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(33) MICHAEL LEIKAM	4.00									
BOARD MEMBER		Х						0.	0.	0.
(34) DR. BRANDON MARTIN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(35) MICHAEL NAATZ	4.00									
BOARD MEMBER		Х						0.	0.	0.
(36) SUSIE OLIVER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(37) ROSHANN PARRIS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(38) ANDY PENCE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(39) DR. MARY ANN QUEEN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(40) JOHN C. ROSE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(41) BILL SCHAFER	4.00									
BOARD MEMBER		Х						0.	Ο.	0.
(42) DANIEL SILVA	4.00									
BOARD MEMBER		х						0.	0.	0.
(43) BESTY SPOTTS	4.00									
BOARD MEMBER		х						0.	0.	0.
(44) MARY SWANSON	4.00	1								
BOARD MEMBER		х						0.	0.	0.
(45) SHANI TATE ROSS	4.00	1								
BOARD MEMBER		х						0.	0.	0.
(46) SEAN TOOHIG	4.00	1								
BOARD MEMBER		х						0.	0.	0.
									-	-

Form 990 BOYS CLUE										
Part VII Section A. Officers, Directors, Tru	Compensated Employe	es (continued)								
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c			that		lv)	compensation	compensation	amount of
	per	(0)			I	upp I	·,,,	from	from related	other
	week					9		the	organizations	compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(11 2/1000 1000)	organization
	related	e or	tee			sate		(W 2/1000 10100)		and related
	organizations	ruste	1 trus		/ee	nper				organizations
	below	lual t	tion	Ι.	oldu	st co	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) TIM WALTRIP	4.00	-	-	0	×	Ŧ	ц			
BOARD MEMBER		х						0.	0.	0.
(48) DR. MAJORIE WILLIAMS	4.00									
BOARD MEMBER		х						0.	0.	0.
(49) VANESSA ZAMBO	4.00									
BOARD MEMBER		х						0.	0.	0.
(50) DR. NATHAN GAUSE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(51) JILL GRAY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(52) BRANDY JOHNSON	4.00									_
BOARD MEMBER	4 00	Х						0.	0.	0.
(53) IVAN NUGENT	4.00							0	0	0
BOARD MEMBER (54) KRISTIN TYSON	4 00	Х						0.	0.	0.
BOARD MEMBER	4.00	х						0.	0.	0.
BOARD MEMBER		Λ						0.	0.	0.
				-						
										ļ
Total to Part VII, Section A, line 1c	<u></u>									<u> </u>

						B OF	GREATER I	KANSAS CITY	Z	43-6072	065 Page 9
Pa	rt ۱	VII									_
			Check if Schedule O	cont	ains a re	esponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
							492 015				Sections 512 - 514
ints	1		Federated campaigns			1a 1b	483,015.				
Gra			Membership dues			10 1c	2,840,624.				
fts, An			Fundraising events			1C 1d	2,040,024.				
Gif			-			1a 1e	3,654,426.				
ons, Sim			Government grants (contr		· · ·	1e	5,054,420.				
utio		T	All other contributions, gifts,			1f	2,933,059.				
0th Oth		~	similar amounts not included Noncash contributions included in			1g \$	334,010.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f	ines		ΊΫΙΨ		9,911,124.			
0 0			Total: Add lines faith		<u></u>		Business Code	-,,			
•	2	2 a	SUMMER SCHOOL PROGRA	AM			900099	426,257.	426,257.		
vice	2	. u h	MEMBERSHIP DUES				900099	101,431.	101,431.		
Ser		č	EMERGING LEADERS				900099	36,290.	36,290.		
m Sver		b b	CONCESSIONS				900099	6,146.	6,146.		
Program Service Revenue		e	KEYSTONE				900099	2,113.	2,113.		
Pro		f	All other program service	reve	nue			,	,		
			Total. Add lines 2a-2f					572,237.			
	3		Investment income (inclue					,			
								38,226.			38,226.
	4	ŀ	Income from investment of								
	5 Royalties										
					(i)	Real	(ii) Personal				
	6	i a	Gross rents	6a	3:	15,508.		1			
		b	Less: rental expenses	6b	3	35,391.					
		b c d	Rental income or (loss)	6c	- (59,883.					
		d	Rental income or (loss) 6c -69,883.		. <u>.</u>	-69,883.			-69,883.		
	7	'a	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a		1,228.					
		b	Less: cost or other basis								
anı			and sales expenses	7b		24,416.					
venue		С	Gain or (loss)	7c	-12	23,188.					
Re			Net gain or (loss)					-123,188.			-123,188.
Other R	8	8 a	Gross income from fundraisi								
ō			including \$ 2,								
			contributions reported on		,		05 200				
			Part IV, line 18								
			Less: direct expenses				921,667.	-836,367.			-836,367.
	~		Net income or (loss) from				Τ	-030,307.			-830,307.
	9	<i>i</i> a	Gross income from gamin								
		L	Part IV, line 19								
			Less: direct expenses Net income or (loss) from								
	10		Gross sales of inventory,								
	10	<i>,</i> a	and allowances			10;					
		h	Less: cost of goods sold								
			Net income or (loss) from				7				
				2410	////		Business Code				
sno	11	a	ENDOWMENT DISTRIBUT	ION			900099	80,081.			80,081.
nec			FACILITY RENTAL				900099	14,838.			14,838.
ella		c	MISC REVENUE				900099	12,967.			12,967.
Miscellaneous Revenue		d	All other revenue				900099				
2			Total. Add lines 11a-11d					107,886.			
	12	2	Total revenue. See instruction	ons				9,600,035.	572,237.	0.	-883,326.

BOYS CLUB OF GREATER KANSAS CITY

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		скренеев	general expenses	CAPCINGES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	390,341.	284,518.	58,019.	47,804
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	4,290,808.	3,156,752.	626,143.	507,913
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	81,951.	58,040.	13,202.	<u>10,709</u> 152,524
9	Other employee benefits	850,609.	540,230.	157,855.	152,524
D	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal	27,916.		27,916.	
С	Accounting	34,178.		34,178.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	595.		595.	
g	Other. (If line 11g amount exceeds 10% of line 25,			04 407	10 400
	column (A), amount, list line 11g expenses on Sch 0.)	349,570.	244,663.	94,487.	10,420
2	Advertising and promotion	62,466. 241,210.	2,937.	5,732. 101,143.	<u>53,797</u> 1,158
3	Office expenses	241,210.	138,909.	101,143.	1,150
4	Information technology				
5	Royalties	1,532,348.	1,450,027.	49,134.	33,187
6		228,717.	208,823.	11,663.	8,231
7	Travel	220,/1/.	200,023.	11,003.	0,231
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	103,817.	90,817.	10,053.	2,947
9	Conferences, conventions, and meetings	56,714.	444.	56,186.	2,947
0	Interest	50,714.		50,100.	04
1 2	Payments to affiliates Depreciation, depletion, and amortization	749,632.	705,961.	19,342.	24,329
2 3		1 = 2 , 0 3 4 •	,05,5010	±,5,5±2•	47,545
3 1	Other expenses. Itemize expenses not covered				
*	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) FOOD AND BEVERAGE	517,517.	509,283.	6,444.	1,790
a ⊾	EQUIPMENT RENTAL/MAINTE	25,022.	20,578.	2,577.	1,790
b	MISCELLANEOUS	15,022.	14,093.	995.	,00/
с С		IJ,000.	,UJJ•		
d					
	All other expenses	9,558,499.	7,426,075.	1,275,664.	856,760
5	Total functional expenses. Add lines 1 through 24e	5,550,455.	1,740,013.	<u> </u>	0.00,700
5	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

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BOYS	CLUB	\mathbf{OF}	GREATER	KANSAS	CITY
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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			790,027		2,289,807.
	2	Savings and temporary cash investments			2,662,498	• 2	1,709,057.
	3	Pledges and grants receivable, net			1,511,492	• 3	1,124,912.
	4				3,224	• 4	-2,683.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				163,973	• 9	102,097.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,079,414.			
	b	Less: accumulated depreciation			12,417,819	• 10c	12,250,618.
	11				2,069,711	• 11	1,752,247.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			41,030		993,865.
	16	Total assets. Add lines 1 through 15 (must equa			19,659,774		20,219,920.
	17	Accounts payable and accrued expenses			461,909	• 17	466,590.
	18	Grants payable				18	
	19	Deferred revenue			581,448	• 19	366,938.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
ş	22	Loans and other payables to any current or form	er office	r, director,			
litie		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	l parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	_		
		of Schedule D				• 25	1,050,568.
	26	Total liabilities. Add lines 17 through 25			1,043,357	• 26	1,884,096.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions		······ _	15,985,761	• 27	16,227,470. 2,108,354.
Ba	28			L	2,630,656	• 28	2,108,354.
pun		Organizations that do not follow FASB ASC 9	58, cheo	k here			
чЕ		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			10 616 445	31	10 225 201
Ne	32	Total net assets or fund balances			18,616,417	• 32	18,335,824.

Total liabilities and net assets/fund balances

20,219,920. Form **990** (2022)

33

19,659,774.

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990 (2022)	
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Form 9 Part X Balance Sheet

	990 (2022) BOYS CLUB OF GREATER KANSAS CITY	43-6	072065	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,600		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,558		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,610		
5	Net unrealized gains (losses) on investments	5	-322	2,1: 2,1:	<u>29.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,335	5,82	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
					(

Form **990** (2022)

SC	HED	DULE A		Dublic Cho	rity Status on		lia Ci	unnart		OMB No. 1545-0047
(Form 990)					rity Status an					つりつつ
			Co		nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
		f the Treasury			ttach to Form 990 or Fo					Open to Public
Internal	Reven	nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Nam	e of t	the organization	on							identification number
					REATER KANSA				4	3-6072065
Par	tl	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The c	rgani	ization is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1 [A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(⁻	1)(A)(i).		
2 [A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)				
3 [A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4 [A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5 [An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersł	nip fees, and	d gross receipts from
		activities related	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the or	ganization a	fter June 30, 1975.
		See section	5 09(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ugh 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A si	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or n	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
			.,	t complete Part IV,						
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		_ its supporte	ed organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		J Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rea	quirement and	an attentiv	reness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III									
	functionally integrated, or Type III non-functionally integrated supporting organization.									
f		er the number of		-						
g				about the supporte		(iv) is the orac	anization listed	() A	f	() A man with a first a
	(1	 i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	Support (See 1	1311 4010113)	
						l		1		

Total

BOYS CLUB OF GREATER KANSAS CITY

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10740400.	8435437.	11046454.	10502842.	9911124.	50636257.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10740400.	8435437.	11046454.	10502842.	9911124.	50636257.
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)						3937986.
6	Public support. Subtract line 5 from line 4.						46698271.
	ction B. Total Support	·		•	•		•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10740400.	8435437.	11046454.	10502842.	9911124.	50636257.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	62,837.	306,844.	358,079.	252,366.	353,734.	1333860.
9	Net income from unrelated business		-		-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,656.	7,642.	752.	50,050.	107,886.	178,986.
11	Total support. Add lines 7 through 10						52149103.
	Gross receipts from related activities,	. etc. (see instructic	ons)		•	12	
	First 5 years. If the Form 990 is for the			fourth. or fifth tax	vear as a section 5	01(c)(3)	
	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	89.55 %
	Public support percentage from 2021					15	89.48 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
<u>1</u> 8	Private foundation. If the organization						s
							(Form 990) 2022

Schedule A	Form 9	90) 202	2
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BOYS CLUB OF GREATER KANSAS CITY 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

Section A. I upile Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 business 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 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support		1		1			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 							
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)					01/-)/		
14 First 5 years. If the Form 990 is for the	U U		-				и ,
check this box and stop here							
· · · · ·			(f)		45		0/
15 Public support percentage for 2022 (I					15		<u>%</u>
16 Public support percentage from 2021 Section D. Computation of Invest					16		%
· · · · · ·			20.12 column (f))		17		04
17 Investment income percentage for 20					18		<u>%</u>
18 Investment income percentage from 119a 33 1/3% support tests - 2022. If the						6 and line 17	% Z is pot
more than 33 1/3%, check this box ar						o, and lifte 17	
b 33 1/3% support tests - 2021. If the	-	•		•••		n 33 1/3% a	և
line 18 is not more than 33 1/3%, che							
20 Private foundation. If the organization							
	T GIG HOL GHEUK A	557 011 1110 14, 196		113 DUN ALIU SEE IIIS			

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

Section A. All Supporting Organizations

Part IV | Supporting Organizations

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

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

1

2

3a

Yes

No

BOYS CLUB OF GREATER KANSAS CITY

BOYS CLUB OF GREATER KANSAS CITY Schedule A (Form 990) 2022

Yes No

No

Yes

1

F a	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

			GREATER			43
onally In	tegrate	d 509	9(a)(3) Suppo	orting Orga	nizations	

	dule A (Form 990) 2022 BOYS CLUB OF GREATER K.			43-6072065 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

E		La constante	1 500			
	BOYS	CLUB	OF	GREATER	KANSAS	CITY

_		GREATER KANSAS		4	3-6072065	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)		
Sect	on D - Distributions		I		Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	r		10		
		(i)	(ii)		(iii)	_
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributabl Amount for 2	
			F16-2022			<u> </u>
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	BOYS	CLUB	OF	GREAT	ER	KANSA	S CI	TY		43-60	072065	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	nation. 2, 3b, 3c, ines 2 and	Provide th 4b, 4c, 5a 3; Part IV,	e expl , 6, 9a Secti	lanations re a, 9b, 9c, 1 ion E, lines	equire 1a, 11 1c, 2a	d by Part I b, and 11 a, 2b, 3a, a	I, line 1(c; Part I and 3b;	0; Part II, li V, Section Part V, line	B, lines 1 e 1; Part V	17b; Part I and 2; Par , Section E	II, line 12; t IV, Sectior , line 1e; Pa	۱C,

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

43-6072065

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	s covered by the General Rule or a Special Rule.

BOYS CLUB OF GREATER KANSAS CITY

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

43-6072065

BOYS CLUB OF GREATER KANSAS CITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 430,788. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 252,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 415,620. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 650,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 204,129. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 352,622. Noncash \$ (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule E	3 (Form	990)	(2022

Name of organization

BOYS CLUB OF GREATER KANSAS CITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 440,661. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 660,215. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 483,015. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

43-6072065

Part I

	3 (Form 990) (2022) rganization	Em	Pa ployer identification numb
Name of o	ganzation		ployer identification numb
BOYS	CLUB OF GREATER KANSAS CITY	· · · · · · · · · · · · · · · · · · ·	43-6072065
Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 (a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

(See instructions.)

\$

Page 3

ation number

Schedule	B (Form 990) (2022)		Page		
Name of o	organization		Employer identification number		
BOYS	CLUB OF GREATER KANSAS (СІТҮ	43-6072065		
Part III		ons to organizations described in se through (e) and the following line entri- charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	t		
	Transferee's name, address, a	Relationship of transferor to transferee			

(Form	990)
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232051 09-01-22

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



Department of the Treasury Internal Revenue Service Name of the organization

BOYS CLUB OF GREATER KANSAS CITY

Employer identification number 43-6072065

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line 6		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa	Tt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreatio	n or education) 🛛 🗌 Preservation c	of a historically important land area
	Protection of natural habitat	Preservation c	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation easer	nent is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he	olds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above s	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statem	ents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	rt Historiaal Traggurag or O	thar Similar Acasta
Fai			the Simia Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958,	•	
	of art, historical treasures, or other similar assets held for public		
_	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	whibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasu		al gain, provide
	the following amounts required to be reported under FASB ASC	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 202

		UB OF GREAT						43-6	07206	5 р	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	Simila	r Asse	ts _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, checł	k any of the f	ollowing tha	t make sigr	nificant u	use of its	3		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exemp	ot purpos	se in Pa	rt XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma							Г	Yes		No
Par	t IV Escrow and Custodial Arran							. Part IV			
	reported an amount on Form 990, Par			5				,	, , , , ,		
1 a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for	contributions	s or other as	sets not ind	cluded				
	on Form 990, Part X?							Г	Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· L		L	
			lowing						Amoun	t	
~	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f							1f				
20	Ending balance Did the organization include an amount on Fe						·	Г	Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		L			
Par							<u></u>				
		(a) Current year		Prior year	(c) Two yea		d) Three y	ears bac	k (e) Fou	r vears	back
10	Reginning of year balance	1,215,528.	(2)!	610,051.		6,924.		25,754			,290.
	Beginning of year balance	55,000.		518,874.		1,854.		720			,000.
b		-191,665.		110,738.		3,028.		81,213			,990.
C	Net investment earnings, gains, and losses	191,003.		110,750.		5,020.		01,213	•	<i>2</i> ,	, , , , , , , , , , , , , , , , , , , ,
	Grants or scholarships								_		
е	Other expenditures for facilities	40 252		04 12E		1 766		20 762		200	FAC
	and programs	48,353.		24,135.		1,755.		20,763	•	599,	,546.
f	Administrative expenses	1 020 510		015 500		0 0 5 1		00.004		505	
g	End of year balance	1,030,510.		,215,528.		0,051.	5	86,924	•	525,	,754.
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
а	Board designated or quasi-endowment	99.0000	_%								
	Permanent endowment .0000	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held ar	nd administer	red for the					T
	organization by:									Yes	No
	(i) Unrelated organizations										X
	(ii) Related organizations								. <u>3a(ii)</u>		X
b	If "Yes" on line 3a(ii), are the related organization								3 b		
4	Describe in Part XIII the intended uses of the		wment 1	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost or o		(b) Cost	or other		cumulate	ed	(d) Boo	k valu	ie
		basis (investn	nent)		(other)	depr	reciation				
1a	Land				8,869.						69.
b	Buildings			27,98	3,257.	16,9	71,5:	38.	11,01	1,7	<u>19.</u>
с	Leasehold improvements										
	Equipment			2,13	7,288.	1,8	57,2	58.	28	0,0	30.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part .	X. colur	nn (B). line 1	0c.)				12,25	0,6	18.
									le D (Forr	n 990)) 2022

Schedule I		F GREATER KAN	SAS CITY	43-6072065 Page 3
Part VI	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, li	ine 12.
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financ	ial derivatives			
(2) Closel	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>	//>			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V li	ing 13
	(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(4)	(a) Description of investment			. Cost of end-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		1	1	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, li	ine 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	PERATING LEASE LIABILITY			1,050,568.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T atal (5)				
i otal. <u>(Co</u> l	lumn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		1,050,568.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

	edule D (Form 990) 2022 BOYS CLUB OF GREATER KANS				6072065 Page	4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,662,702	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-322,129.			
b	Donated services and use of facilities	2 b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	385,391.			
е	Add lines 2a through 2d			2e	63,262	•
3	Subtract line 2e from line 1			3	9,599,440	•
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	595.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	595	•
С						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	9,600,035	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ments With			n.	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With ^{2a.}	Expenses per R			•
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With ^{2a.}	Expenses per R	leturi	n.	•
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With	Expenses per R	leturi	n.	•
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	Expenses per R	leturi	n.	•
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	Expenses per R	leturi	n.	•
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c	Expenses per R	leturi	n. 9,943,295	•
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per R	leturi	n. 9,943,295 385,391	•
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per R	1	n. 9,943,295	•
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per R	eturi 1 2e	n. 9,943,295 385,391	•
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	Expenses per R	eturi 1 2e	n. 9,943,295 385,391	•
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	Expenses per R	eturi 1 2e	n. 9,943,295 385,391	•
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d 2d 4a 4b	Expenses per R 385,391. 595.	eturi 1 2e	n. 9,943,295 385,391 9,557,904 595	· ·
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per R 385,391. 595.	1 2e 3	n. 9,943,295 385,391 9,557,904	· ·

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 USES ITS ENDOWMENT FUNDS FOR GENERAL OPERATIONS AND

SCHOLARSHIPS FOR GRADUATING HIGH SCHOOL MEMBERS.

PART X, LINE 2:

THE CLUBS HAVE ADOPTED ASC SUBTOPIC 740-10 AS IT MIGHT APPLY TO THE CLUBS'

FINANCIAL TRANSACTIONS. THE CLUBS' POLICY IS TO RECORD A LIABILITY FOR ANY

TAX POSITION THAT IS BENEFICIAL TO THE CLUBS, INCLUDING ANY RELATED

INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION

TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF THAT

TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION.

MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2022

ART XI, LINE 2D - OTHER ADJUSTMENTS:	
ENTAL EXPENSES	385,391
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	385,391

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

AND 2021, AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545	-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	202	2		
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Pu	blic		
Internal Revenue Service	Go t		Inspection								
Name of the organization Employer identification BOYS CLUB OF GREATER KANSAS CITY 43-6072065											
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	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 (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		<u> </u>	Yes	Νο		
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount pai or retained b fundraiser red in col. (i)	y) to (or retain	ned by)		
			Yes	No							
Total			<u></u>								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration			

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

Schedule G (Form 990) 2022

BOYS CLUB OF GREATER KANSAS CITY

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	2,340,466. 71,100.	177,637. 7,350.	1 (total number) 329,371. 322,521. 6,850.	2,840,624
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	(event type) 2,411,566. 2,340,466. 71,100. 157,213.	(event type) <u>184,987.</u> <u>177,637.</u> 7,350.	(total number) 329,371. 322,521.	col. (c))
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	2,411,566. 2,340,466. 71,100. 157,213.	184,987. 177,637. 7,350.	329,371. 322,521.	2,925,924 2,840,624 85,300
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	2,340,466. 71,100. 157,213.	177,637. 7,350.	322,521.	2,840,624 85,300
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	71,100.	7,350.		85,300
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	157,213.		6,850.	
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses	157,213.			157 010
Rent/facility costs Food and beverages Entertainment Other direct expenses	157,213.			167 010
Food and beverages Entertainment Other direct expenses	157,213.			167 010
Entertainment Other direct expenses	0.55 0.00			157 010
Other direct expenses	275,000.	I		157,213
Other direct expenses				275,000
		33,953.	84,811.	489,454
				921,667
Net income summary. Subtract line 10 from	line 3, column (d)			-836,367
	n answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
\$15,000 on Form 990-EZ, line 6a.				<u> </u>
	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
		biligo/progressive biligo		
Cash prizes				
Noncash prizes				
Other direct evenences				
		Yes %	Yes %	
Volunteer labor	No //	□ No	No	
Direct expense summary. Add lines 2 throug	ah 5 in column (d)			
Net gaming income summary. Subtract line	7 from line 1, column (d)			
		-+-+-0		
		states?		Ves N
ere any of the organization's gaming licenses i	revoked, suspended, or te	erminated during the tax ve	ear?	Yes N
	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line nter the state(s) in which the organization cond the organization licensed to conduct gaming invo, " explain:	Direct expense summary. Add lines 4 through 9 in column (d)	Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or re \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue	Direct expense summary. Add lines 4 through 9 in column (d)

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	BOYS	CLUB	OF	GREATER	KANSAS	CITY	43-60	720	065	Page 3
11	Does the organization conduct ga	ming activ	ities with r	nonme	mbers?				<u>ו</u>	/es	No
12	Is the organization a grantor, bene	eficiary or t	rustee of a	a trust	, or a member o	f a partnership	or other entity formed				
	to administer charitable gaming?								<u> </u>	/es	No
	Indicate the percentage of gaming							1			
	The organization's facility								<u>13a</u>		%
	An outside facility								13b		%
14	Enter the name and address of the	e person w	ho prepar	es the	organization's g	gaming/specia	l events books and records	S:			
	Nama										
	Name										
	Address										
15a	Does the organization have a cont	tract with a	third part	y from	n whom the orga	nization receiv	ves gaming revenue?		ו 🗌	f es	No No
ł	If "Yes," enter the amount of gami	ing revenue	e received	by the	e organization	\$	and the amo	unt			
	of gaming revenue retained by the					·					
c	If "Yes," enter name and address										
	Name										
	Address										
40											
10	Gaming manager information:										
	Name										
	Gaming manager compensation	\$									
		·									
	Description of services provided										
	Director/officer	Emp	loyee		Indepen	dent contracto	Dr				
17	Mandatory distributions:										
	Is the organization required under	state law t	o make cł	haritat	ole distributions	from the gami	na proceeds to				
-						•			<u> </u>	/es	No No
t	Enter the amount of distributions r										
	organization's own exempt activiti				\$		-				
Pa							e 2b, columns (iii) and (v); a	and Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as	applicable	e. Also pro	vide a	ny additional inf	ormation. See	instructions.				

Schedule G	à (Form 990
Dort IV	Sumple

Part IV	Supplemental Information (continued)

SCH	IEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(For	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	20	
		Compensated Employees		20	22	-
Depart	ment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer id			mber
		BOYS CLUB OF GREATER KANSAS CITY	43-6	07206	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	<u> </u>				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, chef)			
	If any of the barries					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
0		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if or	ny, of the following the organization used to establish the compensation of the organization's				
5		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.	SHIO			
	Compensation					
	· ·	ompensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation compens	ommittoo			
			Uninitiee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:				
а	The organization?			. 5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. DRED SCOTT	(i)	170,119.	47,278.	541.	8,618.	9,363.	235,919.	0.
PRESIDENT/CEO (UNTIL 8/31/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON ROTH	(i)	131,884.	0.	372.	6,780.	17,136.	156,172.	0.
VP RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROGER MCCOY	(i)	143,076.	0.	1,117.	7,230.	3,000.	154,423.	0.
CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public

. Inspection

Employer identification number

43 - 6072065

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

BOYS CLUB OF GREATER KANSAS CITY

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art			<u></u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
- - 5								
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	8	70 705	FAIR MARKET	777	ים דד	
9	Securities - Publicly traded		0	19,105.	FAIR MARKEI	VA.	LOF	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FNDR SUPPLIES)	X	534	254,045.	FAIR VALUE			
26	Other (PRGM SUPPLIES)	X	3	260.	FAIR VALUE			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
			•	·····		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.	()	, , , , , , , , , , , , , , , , , , ,	()	,			

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

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTORS.

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



BOYS CLUB OF GREATER KANSAS CITY

Employer identification number 43-6072065

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

THE ORGANIZATION PROMOTES THE PERSONAL DEVELOPMENT OF BOYS AND GIRLS

AGES 5-18, WITH SPECIAL CONCERN FOR THE DISADVANTAGED BY PROVIDING

SERVICES THAT BUILD SELF-ESTEEM, VALUES AND SKILLS DURING CRITICAL

PERIODS OF GROWTH.

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

THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990 AND PROVIDED TO

THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING THE RETURN.

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

ALL BOARD MEMBERS COMPLETE THE CONFLICT OF INTEREST POLICY ANNUALLY AND ANY ISSUES ARE ADDRESSED WITH BOARD CHAIRMAN AND EXECUTIVE COMMITTEE OF THE BOARD. IF A DIRECTOR HAS A CONFLICT OF INTEREST, HE RECUSES HIMSELF FROM ANY DECISIONS CONNECTED WITH THAT INTEREST.

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

THE ORGANIZATION'S BOARD DETERMINES THE EXECUTIVE DIRECTOR'S SALARY AND

DOCUMENTS THE DECISION IN THE MEETING MINUTES. SALARY IS EVALUATED FOR

REASONABLENESS USING COMPARABLE DATA.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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· File a	separate	application	tor each	i return.

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

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

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

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

Type of	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)		
print	BOYS CLUB OF GREATER KANSAS CITY			43-6072065		
File by the due date f filing your return. Se	e for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructio						
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870		12	
Form 990-T (corporation)		07				
Telephone No. ▶ 816-361-3600 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2022 or • tax year beginning						
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
b lf	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
<u> </u>	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns	3c	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE an	d Form 8879-TE fo	r payment

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

Form 8868 (Rev. 1-2022)