Form **990** 

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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury

	1101110101	So to www.ns.govn ormsso for instructions and the latest h	normation.		moposion
<u>A</u>	For the	e 2022 <u>calendar year, or tax year beginning</u> , and ending			
В	Check if ag	oplicable: C Name of organization BOYS AND GIRLS CLUB OF HENDERSON		D Employer	Identification number
П	Address cl	hange COUNTY/HENDERSONVILLE, INC.			
$\equiv$		Doing husiness as		56-18	303125
$\sqcup$	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
	Initial retur			828-	693-9444
	Final return				
	terminated	HENDERSONVILLE NC 28793		G Gross rece	ipts\$ 3,196,462
Ш	Amended	return F Name and address of principal officer:			
П	Application	n pending NICOLA BARKSDALE	H(a) Is this a gro	oup return for s	ubordinates? Yes X No
		P.O. BOX 1460	H(b) Are all sub	ordinates incl	uded? Yes No
		HENDERSONVILLE NC 28793-1460			See instructions
_			-		
		npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	4		
	Website:		H(c) Group exe		
Service Control	NAME OF TAXABLE PARTY.	rganization: X Corporation Trust Association Other L	ear of formation: 1	993	M State of legal domicile: NC
P	art I	Summary			
	1 B	Briefly describe the organization's mission or most significant activities:			
Ce		TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY T	HOSE		
Governance		WHO NEED US MOST, TO REALIZE THEIR FULL POTENTIAL	AS PRODUC	TIVE,	
ern		RESPONSIBLE AND CARING CITIZENS.			
ŏ	2 0	Check this box if the organization discontinued its operations or disposed of more than 25	% of its not ass	ets	
Ö				1 .	20
S		lumber of voting members of the governing body (Part VI, line 1a)			18
Activities &		lumber of independent voting members of the governing body (Part VI, line 1b)			
ţį	1	otal number of individuals employed in calendar year 2022 (Part V, line 2a)			84
Ac	1	otal number of volunteers (estimate if necessary)			182
	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	bΛ	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
		1	Prior Yea		Current Year
re	8 0	Contributions and grants (Part VIII, line 1h)	2,478	3,935	2,911,558
Revenue	9 P	Program service revenue (Part VIII, line 2g)			0
ě	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0,078	71,416
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,791	86,310
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,603	1,804	3,069,284
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
		Benefits paid to or for members (Part IX, column (A), line 4)			0
S		State of the state	1.440	0,375	1,535,338
se	1600	Professional fundraising fees (Part IX, column (A), line 11e)		70.0	0
Expenses	loar	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  197,004			
×	1-01	otal fundraising expenses (Part IX, Column (D), line 25)		7,992	835,227
	111	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,367	2,370,565
L 0	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cur	3,437	698,719 End of Year
Net Assets or Fund Balances			8,628		9,153,205
SSe	20 1	otal assets (Part X, line 16)			
et A	21 T	otal liabilities (Part X, line 26)		6,088	115,346
		let assets or fund balances. Subtract line 21 from line 20	8,532	2,239	9,037,859
	art II				
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to th	e best of my	knowledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	er nas any knowi	eage.	
Sig	gn	Signature of officer		Date	
He		BRETT SHAFFER TREASURER			
-vertical (	. or 14940	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id	TERRY B ANDERSEN CPA 144 5. How CPA	07/31	/23 self-em	ployed P00932175
	parer	CARLAND C ANDEDCENT TAKE		irm's EIN	04-3729830
	e Only	PO BOX 179			
		MENDEDCONSTITE NC 20702	١.	lhone c-	828-692-2583
<u></u>		Firm's address HENDERSON VILLE, NC 20193		hone no.	▼ Yes No.

	-orm 990 (2022) BOYS AND GIRLS CLUB OF HENDERSON 56-1803.	125	Page 2
Pa	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	. 111	
1	1 Briefly describe the organization's mission:		
T	TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY	Y THOSE	
	WHO NEED US MOST, TO REALIZE THEIR FULL POTENTIA	AL AS PRODUCT:	IVE,
	RESPONSIBLE AND CARING CITIZENS.		
2	2 Did the organization undertake any significant program services during the year which were not listed	d on the	
	mior Form 000 or 000 F72		Yes X No
	If "Yes," describe these new services on Schedule O.		
	services?		Yes X No
	If "Yes," describe these changes on Schedule O.		les M
		The state of the s	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
757		38, 1000	
	4a (Code: ) (Expenses \$ 2,035,486 including grants of \$ PROVIDES DIVERSE ACTIVITIES AND PROGRAMS TO MEET ! INTERESTS OF ALL YOUTH AND THEIR PHYSICAL, EMOT CULTURAL, AND SOCIAL NEEDS. PROGRAMS ARE MODEL! ACTIVITIES BASED UPON THE BOYS & GIRLS CLUBS OF CORE AREAS: EDUCATION & CAREER DEVELOPMENT, CHAIAND LEADERSHIP DEVELOPMENT, HEALTH & LIFE SKILLS THE ARTS, SPORTS, FITNESS AND RECREATION.	IONAL, ED AND AMERICA RACTER	
	THE ARTS, SPORTS, FITNESS AND RECREATION.		
	,		
	4b (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	
N	N/A		
	(**************************************		
	(1201144114411414114141141414141414141414		
	THE SAME OF THE SAME SAME SAME SAME SAME SAME SAME SAM		
4c	4c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
N	N/A		
		THE THE THE THE PERSON ASSESSED.	
	(4) 6 (4) 6 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
	***************************************		
	\$21.263.2431.1453.2151.1551.1551.1551.1551.1551.1541.1541		
	11.0h		
4d	4d Other program services (Describe on Schedule O.)	- ¢	
	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue 4e Total program service expenses 2,035,486	e \$	)

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

X

21

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	122		**
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
242	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2.5		
24a	\$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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
ď	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?	200000		0.000
	If "Yes," complete Schedule L, Part I	25b		х
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%	Total		1000
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27	- Int	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			OHER S
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	411514	10.2	the state of
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
0280	"Yes," complete Schedule L, Part IV	28b	_	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		- 21
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			70.1000
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	022.000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	A4070		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		1	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	_
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
121	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1 1 5 - 1	105	140
1a	Effect the flamber reported in control of the minimum and the second of the minimum and the second of the second o	rgille.	(Jan	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  Did the organization comply with backup withholding rules for reportable payments to vendors and	1100	1	
С	reportable gaming (gambling) winnings to prize winners?	1c	x	Harmon Marie
_	reportable garning (garnoling) withings to prize withers?			0 (202

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (cont	tinue	d)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			*	4	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		*******	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	3333		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					2020
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acc	ount)?	4a		_X_
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Acco	unts (FBAR).	6HQ.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control	iction's		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ine		60		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	one o		6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution in the state of	10115 0		6b		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			- 00		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	anod	2	· v	ř.	
а	and services provided to the payor?	good		7a	x	ppp make and
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas				
·	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			4 4	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta			111	9.4	
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Cition and
10	Section 501(c)(7) organizations. Enter:	(	4			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			et.	
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:	الممدا		* 113		
а	Gross income from members or shareholders	11a		- 1	1.7	24 £
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441			1	
2200	against amounts due or received from them.)	11b	1412	12a	16, 11,0	
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	12b	~ · · · · · · · · · · · · · · · · · · ·	128	Made	7
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	120			Pis a	
13				13a		0.04000000
а	Note: See the instructions for additional information the organization must report on Schedule O.					1115-11
b	Enter the amount of reserves the organization is required to maintain by the states in which				P	
	the organization is licensed to issue qualified health plans	13b				11. 7
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	er 1,555			la i	F
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.				1 17	and 1
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any ac	ctivitie	S	111111		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	tial name	
	If "Yes," complete Form 6069.			445	00	1

Form 990 (2022) BOYS AND GIRLS CLUB OF HENDERSON 56-1803125 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 Enter the number of voting members included on line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c 13 X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records CAROLYN ASHWORTH

and financial statements available to the public during the tax year.

HENDERSONVILLE

P.O. BOX 1460

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(A) Name and title	(B) Average hours per week	box	unle	heck ss pe	ition more rson	than on is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
28	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)THOMAS J. FAZIO	5.00 0.00	x		х				0	0	0
(2) NICOLA BARKSDAL										
PRESIDENT	5.00	x		x				0	o	0
(3) JAN KING	0.00	1		1						
VICE PRESIDENT	5.00 0.00	x		x				0	0	0
(4) ADAM SHEALY SECRETARY	5.00 0.00	x		x				0	0	0
(5) BRETT SHAFFER	5.00									
TREASURER	0.00	X		X	_	$\vdash$	_	0	0	0
(6) DAVE E. ADAMS ASSISTANT TREASURER	5.00 0.00	x		x				o	0	0
(7) LAURIE BAKKE	1.00	x						0	0	0
(8) LAURA BELANGER	1.00									(60)
DIRECTOR	0.00	X			-	$\vdash$	_	0	0	0
(9) JENNY BROWN DIRECTOR	1.00	x						0	0	0
(10)BLAIR CRAVEN DIRECTOR	1.00	x						o		0
(11) JOREECA DINNALL										
DIRECTOR	0.00	X						C	0	Form <b>990</b> (2022)

Part VII Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees	, and Highest Compensa	ated Employees (continu	ed)
(A) Name and title	(B) Average hours per week	offi	, unle	Pos heck ss pe	rson	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) DAVID EASTER	LING 1.00									
DIRECTOR	0.00	х						0	0	0
(13) DIANEICE ELD	RIDGE 1.00									
DIRECTOR	0.00	x						0	0	0
(14) SUSAN FAZIO										
	1.00							0	o	o
(15) STEPHEN GWAL	0.00	X	_			-	_	0	0	0
(15) BIBINER GREE	1.00									
DIRECTOR	0.00	x						0	0	0
(16) RANDY HUNTER	1.00									
DIRECTOR	0.00	x						0	0	0
(17) JOHNNY JOHNS	TON									
	1.00	x						0	0	0
DIRECTOR (18) LAYNE KASISO	0.00	^	-	_	$\vdash$	$\vdash$	-			
(10)	1.00									
DIRECTOR	0.00	x	_		-	-		0	0	0
(19) KIMBERLY SIM	1.00									
DIRECTOR	0.00	x						0	0	0
1b Subtotal					100	1 (D.X.)				
c Total from continuation sh		l, Se	ctio	n A	100		(1)			
d Total (add lines 1b and 1c)  Total number of individuals (	including but not	limit	ed to	o the	se I	isted	abo	ove) who received more that	an \$100,000 of	
reportable compensation from	m the organization	on	0							Yes No_
3 Did the organization list any employee on line 1a? If "Yes	former officer, d	lirect	or, to	ruste	ee, k	ey er	nplo	oyee, or highest compensa	ited	3 X
For any individual listed on li organization and related organization and related organization.	ne 1a, is the sun	n of	repo	rtabl	e co	mpe	nsat	tion and other compensation	on from the such	4 X
5 Did any person listed on line for services rendered to the	1a receive or ac	crue	con	nper	nsati	on fro	om a	any unrelated organization  J for such person	or individual	5 X
Section B. Independent Contract	ctors									
Complete this table for your compensation from the orga	five highest com	pens	sated	ind	eper	nden	t cor	ntractors that received more	re than \$100,000 of vithin the organization's tax	k year.
	(A) nd business address							Descri	(B) ption of services	(C) Compensation
							Т			
							+			
							+			
							T			
		291				16	1	Baladaharan Sarka		
Total number of independent received more than \$100,00	t contractors (inc 0 of compensation	cludi on fr	ng b om t	ut no he o	ot lim Irgar	nited nizatio	to th	nose listed above) who	0	The state of the s
DAA										Form 990 (2022)

		AND THE PROPERTY OF THE PARTY O	and the second	a response or no	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Tovarias	function revenue	business revenue	from tax under sections 512-514
1a	Federated camp	aigns	1a	14,761		- "Marine		
		S	1b	5,550			The same	total
c	Fundraising ever	nts	1c	231,394		A A THE	17	
d	Related organiza	itions	1d				to Class	
е	Government grants (co	ntributions)	1e	613,780				
f	All other contributions,	gifts, grants, t included above	1f	2,046,073			M. 5 1 1 1 1 1 1	
g				39, 90-9000	P. Parky	h		4, 1800
Ĭ	lines 1a-1f		1g \$		300			
h	Total. Add lines	1a–1f			2,911,558	P	in The T	34
				Business Code	R 4-1211 31	321		Company of the second
2a								
b								
C				37-10-10-10-10-10-10-10-10-10-10-10-10-10-				
d								
e								
	그러면 없는 아이들이 보고 있다면 하는데 어떻게 되었다.	n service revenue .		PETANTANA M		387 3874	C. Debut on	a tit offerit
1337		ne (including divide		net and			30	A STATE OF S
3	other similar am				63,816			63,81
4		estment of tax-exer	ont bond	proceeds	33,010			
5		estinent of tax-exer						
5	Royaldes	(i) Real		(ii) Personal		West Test	700	
6a	Gross rents	6a		(1)			the state of the	sink bands 5
ba	Less: rental expenses	6b				and the second	67 M	
	Rental inc. or (loss)	6c				the things	Maria Caraca	
4	Net rental incom							
7a	Gross amount from	(i) Securit		(ii) Other	- La 1 740		A	
	sales of assets other than inventory 7a			7,600	Sa de la companya de			
h	Less: cost or other							
	basis and sales exps.	7b	1		93			
c	Gain or (loss)	7c		7,600		TO THE RESERVE	High Control of the C	
	- 1 FFFFFFFF FFF 1 FFFFFFFFF FF	s)			7,600			7,60
	Gross income from				le with	Mary Said		10 Page 1
34		231,39	1		159	100	Time?	1 3 " - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	of contributions rep	oorted on line			15 1	the second	161	
	1c). See Part IV, li		8a	170,821		The second second	4	1 10 5
b	Less: direct exp		8b	127,178		The sale of the		n is it.
		oss) from fundraisir	ng events		43,643	111111111111111111111111111111111111111		43,64
	Gross income fr				A SECTION	7 N	1111	# 1
437	activities. See P	100	9a		24 d	Whi i	(-112)	The second
b	Less: direct exp		9b		Sent Company			1 1 may 1
		oss) from gaming a	ctivities .					
	Gross sales of in	9 (7)			17 17 4 3	h hime	100	1
	returns and allow	wances	10a		Ma L	A A THE	to since the	A THE PLANE
b	Less: cost of go	100 000 000 000 000 000 000 000 000 000	10b		" Charles	CONT.	131 ·	
		oss) from sales of i	nventory			6	La LANCESCA CONTRACTOR	
100000				Business Code	21414		1 34	10.00
118	OTHER REVE	NUES	00.0000000000000000	X 12 KK 52	42,667			42,66
b				0.64.6.6.4				
c				777777				
d		e			18.12		The state of the s	18.0.
		11a-11d			42,667	Sec Since	II WHEN ON	
13076	T-4-1	See instructions .			3,069,284	(	0	157,72

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56-1803125

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,293,945 1,093,608 77,528 122,809 Pension plan accruals and contributions (include 29,147 3,876 5,420 38,443 section 401(k) and 403(b) employer contributions) 9,593 85,428 6,056 101,077 Other employee benefits 6,104 9,669 101,873 86,100 10 Payroll taxes Fees for services (nonemployees): Management 2,905 2,179 726 b 2,625 10,500 7,875 Accounting C Lobbying d Professional fundraising services. See Part IV, line 1 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 13,736 5,533 1,615 20,884 (A) amount, list line 11g expenses on Schedule O.) 137 1,201 87 Advertising and promotion 1,425 12 3,459 3,698 12,911 5,754 Office expenses 13 13 7 647 667 Information technology 14 Royalties 15 443 42,990 886 44,319 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 2,177 217,736 211,204 4.355 Depreciation, depletion, and amortization 22 2,138 50,138 13,500 65,776 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 123,055 123,055 PROGRAM SUPPLIES 91,046 91,046 DESIGNATED EXPENSES b 1,219 609 60,928 59,100 REPAIRS AND MAINTENANCE C PROGRAM FIELD TRIPS 32,269 32,269 38,689 12,108 150,806 100,009 e All other expenses 138,075 197,004 2,035,486 2,370,565 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) Form 990 (2022)

THE PERSONS	Balance Sheet  Check if Schedule O contains a response or note	to any lin	e in this Part X							
	CHOCK II CONCOLO C CONTAINE & COPPINS C C			(A) Beginning of year		(B) End of year				
1	Cash—non-interest-bearing			26,917	1	22,579				
2	Savings and temporary cash investments			2,088,004	2	2,397,079				
3	Pledges and grants receivable, net			149,094	3	217,399				
4	Accounts receivable, net	esca e reconstruir de la constanta		14,539	4	6,536				
5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial c controlled entity or family member of any of these person	irector, , or 35%		5						
6	Loans and other receivables from other disqualified per			to My The Transfer						
Š	under section 4958(f)(1)), and persons described in se			A STATE OF THE STA	6	100 may 1 ma				
7	Notes and loans receivable, net		7							
8	TAKEN AND THE PROPERTY OF THE				8					
9	Inventories for sale or use Prepaid expenses and deferred charges			21,129	9	23,377				
w276-	Land, buildings, and equipment: cost or other	.1								
100	basis. Complete Part VI of Schedule D	10a	7,228,971							
h	Less: accumulated depreciation	10b	2,074,195	5,249,808	10c	5,154,776				
11				5,215,000	11	0,101,110				
12	Investments—other securities. See Part IV, line 11	4.1.4.4.1.1.4.4.1.1		1,078,836	12	1,331,459				
13	Investments—program-related. See Part IV, line 11			1,0,0,000	13	1,001,100				
14	- 10 N - 12 N - 13 N -		14							
15				15						
16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line	8,628,327	16	9,153,205						
17	Accounts payable and accrued expenses		90,718	17	108,896					
18	Grants payable and accided expenses		30,710	18	100,000					
	Grants payable Deferred revenue			19						
19	T				20					
20	Escrow or custodial account liability. Complete Part IV	of Cobodi	do D		21					
21				et in						
22	Loans and other payables to any current or former office					The state of the s				
	trustee, key employee, creator or founder, substantial of				22	3 16 1. 1116				
	controlled entity or family member of any of these pers Secured mortgages and notes payable to unrelated thi				23					
23	Unsecured notes and loans payable to unrelated third				24					
24	Other liabilities (including federal income tax, payables		4bird		24					
25	parties, and other liabilities not included on lines 17-24									
	101 11 0			5,370	25	6,450				
20				96,088		115,346				
20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check he	oro X		30,000	20	2804, 11 11 11 11 11 11 11 11 11 11 11 11 11				
	and complete lines 27, 28, 32, and 33.	ele M				14: 1 14: 1				
27	Value of the contract of the c			7,479,855	27	7,581,158				
28				1,052,384	28	1,456,701				
20	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, c	bock bor		Transcript of the latest						
	and complete lines 29 through 33.	STATE OF THE PARTY	E.	photos So						
20	2 역사 전 1 (전 ) 상에 개입하는 이 중에 대한 게임하는 것이 되었다. 전 2 전 2 전 2 전 2 전 3 전 3 전 3 전 3 전 3 전 3		AMERICAN PROPERTY OF THE PROPE	29	10 h 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m					
29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipme			30						
30	r aid-in or capital surplus, or land, building, or equipme			31						
30	Retained earnings endowment accumulated income	요하면 함께 들어왔다면 하면 많다면 ^^ 그렇게 한 점심하면 맛있다면 하면								
30 31 32	Retained earnings, endowment, accumulated income, Total net assets or fund balances		CONTRACTOR OF THE STATE OF THE	8,532,239		9,037,859				

Form 990 (2022)

Form	990 (2022) BOYS AND GIRLS CLUB OF HENDERSON 56-1803125			Pag	e 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	3,06	9,2	284
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,37		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,53		
5	Net unrealized gains (losses) on investments	5	-19	3,0	)99
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,03	7,8	<u> 359</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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		1	4/	
	Schedule O.		ate dian	, Jim	
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				W.
	reviewed on a separate basis, consolidated basis, or both:			. Neger	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		je Ujin I	M.	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		3)	<u> </u>	alli .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	0.000000000
	If the organization changed either its oversight process or selection process during the tax year, explain on				46
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ı
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ĺ
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	10011010	3b	X	
			Form	990	(2022)

Tail VII Section A. Onice	J. Directors, 11	uste	,00,	rey		picy	000	, and riightest compens	ated Employees (comme	100)
(A) Name and title	(B) Average hours per week	box	c, unle	Pos check ess pe	rson	than o	an	(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(20) DOMINIQUE WH	1.00									0
DIRECTOR (21) CAROLYN ASHW	0.00	x	_			$\vdash$		0	0	
(22) CIMODIN IIDIN	40.00									
EXECUTIVE DIRECTOR	0.00			x				0	0	0
C 10300000000000000000000000000000000000	•									
2443 14044 1404 1404 1404 1004 1004										
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c)	eets to Part VI	, Se	ctio	n A	410					
2 Total number of individuals (	including but not	limit	ed to	o tho	se li	isted	abo	ve) who received more that	an \$100,000 of	sit — — — — — — — — — — — — — — — — — — —
reportable compensation from			0000 aV	onee was	0000 400	500 Table 1 ASS	75155Ve		Autor	Yes No
<ul> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on li</li> </ul>	," complete Scho ne 1a, is the sun	eduk n of i	J for	o <i>r su</i> rtable	ch ir e co	ndivio mpe	<i>dual</i> nsat	ion and other compensation	on from the	3
organization and related organization and related organization and related organization.  5 Did any person listed on line for services rendered to the	1a receive or ac	crue	con	npen	sati	on fr	om i	any unrelated organization	or individual	5
Section B. Independent Contract	ctors			12/10/7 ()			-	28 - Res 11	(On the Control of th	
Complete this table for your compensation from the orga	five highest com	pens	atec	d inde	eper	nden	t co	ntractors that received mondar year ending with or w	re than \$100,000 of vithin the organization's ta	x year.
	(A) nd business address						Τ	Descri	(B) ption of services	(C) Compensation
		-	-							
2 Total number of independen	t contractors (inc	cludi	ng b	ut no	ot lim	nited	to th	nose listed above) who	-	41 - 4
received more than \$100,00	0 of compensation	on fr	om t	ne o	rgar	nzati	on			Form 990 (2022)

SCHEDULE A (Form 990) **Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

BOYS AND GIRLS CLUB OF HENDERSON COUNTY/HENDERSONVILLE, INC.

56-1803125

Employer identification number

Pa	art I	Rease	on for Public Charity	Status. (All organization	ons must	complet	te this part.) See instru	ictions.
The	orga	nization is not	a private foundation becau-	se it is: (For lines 1 through 12	2, check on	ly one box	.)	
1		A church, cor	nvention of churches, or ass	ociation of churches describe	ed in section	on 170(b)(	1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (F	orm 990).)			
3	П			ice organization described in		0(b)(1)(A)	(iii).	
4	П			d in conjunction with a hospital				e hospital's name,
	_	city, and state	- N	S				
5	П			of a college or university own	ed or opera	ited by a go	overnmental unit described i	n
-	Ч		b)(1)(A)(iv). (Complete Par	. 1986 - 1980 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 198 Note (1986 - 1986)		, ,		
6	П			jovernmental unit described in	section 1	170(b)(1)(A	۸)(v).	
7	X	An organizati		substantial part of its support				lic
8				170(b)(1)(A)(vi). (Complete F	Part II.)			
9	Н	The State of the Control of the Cont		scribed in section 170(b)(1)(	004707609861751#GH	ated in con	iunction with a land-grant co	ollege
,	ш	or university of university:	or a non-land-grant college	of agriculture (see instruction	s). Enter th	e name, cit	y, and state of the college o	r
10		An organizati	on that normally receives (*	I) more than 33 1/3% of its su	pport from	contributio	ns, membership fees, and g	ross
		receipts from	activities related to its exer	mpt functions, subject to certa	in exceptio	ns; and (2)	no more than 331/3% of its	
		support from	gross investment income a	nd unrelated business taxable	e income (le	ess section	511 tax) from businesses	
92(92)				30, 1975. See section 509(a)				
11	Н			exclusively to test for public s				
12	Ц	An organizati	on organized and operated	exclusively for the benefit of, tions described in section 50	to perform	the function	ns of, or to carry out the pur	poses of
		the box on lin	publiciy supported organiza ses 12a through 12d that de	scribes the type of supporting	organizati	on and con	nplete lines 12e, 12f, and 12	a.
	•			erated, supervised, or contro				
	а	the suppo	orded organization(s) the po	wer to regularly appoint or ele	ct a maiori	ty of the dir	ectors or trustees of the	9
				complete Part IV, Sections		M. BHANDLEY		
	b			upervised or controlled in con		h its suppo	rted organization(s), by havi	ng
		control or	management of the suppo	rting organization vested in th	e same pe	rsons that	control or manage the suppo	orted
		organizat	tion(s). You must complet	e Part IV, Sections A and C				
	С	Type III its suppo	functionally integrated. A rted organization(s) (see in:	supporting organization oper structions). You must compl	ated in con lete Part IV	nection wit /, Sections	h, and functionally integrated s A, D, and E.	d with,
	d	Type III	non-functionally integrate	ed. A supporting organization	operated in	n connectio	on with its supported organiz	ation(s)
		that is no	t functionally integrated. Th	e organization generally must	satisfy a d	istribution i	requirement and an attentive	eness
				must complete Part IV, Sec				
	e	Check th	is box if the organization re	ceived a written determination	from the I	RS that it is	s a Type I, Type II, Type III	
				n-functionally integrated supp	orung orga	mization.		
	1		mber of supported organiza					
-	g	There's construction		he supported organization(s).		manipation.	(v) Amount of manatany	(vi) Amount of
(1		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	other support (see
	o.	gariization		above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)					71.00			
(C)								
-(0)	8							
(D)								
(E)								
-								

Schedule A (Form 990) 2022

56-1803125

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	dar 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.")	1,379,323	2,158,816	2,760,894	2,478,935	2,911,	558	11,689,526
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,379,323	2,158,816	2,760,894	2,478,935	2,911,	558	11,689,526
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)							102,173
6	Public support. Subtract line 5 from line 4		Tardin Jir	10.22				11,587,353
	tion B. Total Support		Care ROUTE - ACC	141 May 201	0			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
7	Amounts from line 4	1,379,323			2,478,935	2,911,		11,689,526
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,784	unava vessus	197000 We 1000	ucerc .8600773	63,	816	160,213
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.)	287,497	198,798	141,016	158,324	213,	, 488	999,123
11	Total support. Add lines 7 through 10		19 FOR PARTIES 45 10		1. f. f. d. 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.860250	42	12,848,862
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's first	second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	12	
Sec	tion C. Computation of Public	Support Perc						
14	Public support percentage for 2022 (line			mn (fl)		- PARTERIAL POR	14	90.18%
15	Public support percentage from 2021 Sci						15	85.27%
16a	33 1/3% support test—2022. If the orga	nization did not cl	neck the box on lin	ne 13, and line 14	is 33 1/3% or mor	e, check this	- 185	
iva	box and stop here. The organization qua							X
b	33 1/3% support test—2021. If the orga				e 15 is 33 1/3% o	r more, check		
~	this box and stop here. The organization							DAYWEST POST OF THE
17a	10%-facts-and-circumstances test—2	022. If the organiz	ation did not chec	k a box on line 13	, 16a, or 16b, and	line 14 is		DESCRIPTION OF THE PARTY OF THE
	10% or more, and if the organization mee							
	Part VI how the organization meets the fa							
	organization							[
b	10%-facts-and-circumstances test—2	021. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, or 17a			
	15 is 10% or more, and if the organizatio							
	in Part VI how the organization meets the							
	organization						9090808181818	
18	Private foundation. If the organization	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box and	i see		2000-0014-000-000-000 A
armatil	instructions							
	*****************	THE CONTRACTOR OF THE CONTRACTOR				220000000000000000000000000000000000000		A (F 000) 0000

Page 3

Schedule A (Form 990) 2022
Part III Support Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	-							=7
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1				
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization'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			A					
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		THE R. P. LEWIS CO., LANSING, MICH.			Halles	75 144		_
8	Public support. (Subtract line 7c from line 6.)		F Kart A			The first			
Sec	tion B. Total Support	AND CONTRACTOR SPACE		(6) (6)		244	in the same of		_
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(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							p-17-1	_
С	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,								
4.4	and 12.) First 5 years. If the Form 990 is for the c	organization's first	second third for	orth or fifth tay you	ar as a section 50	1(c)(3)			_
14	organization, check this box and stop he		, secona, triira, ioc						П
Sec	tion C. Computation of Public							11111111	_
15	Public support percentage for 2022 (line			umn (fl)			15		%
16	Public support percentage from 2021 Sch						16		%
	tion D. Computation of Investm								
17	Investment income percentage for 2022			13, column (f))			17		%
	nvestment income percentage from 2021						18		%
19a	33 1/3% support tests—2022. If the org	ganization did not	check the box on I	ine 14, and line 1	5 is more than 33	1/3%, and lin	ie		
-	17 is not more than 33 1/3%, check this t	oox and stop her	e. The organizatio	n qualifies as a pu	iblicly supported o	rganization			
b	33 1/3% support tests-2021. If the org	ganization did not	check a box on lin	e 14 or line 19a, a	and line 16 is more	e than 33 1/3	%, and		
	line 18 is not more than 33 1/3%, check t	this box and <b>stop</b>	here. The organiz	ation qualifies as	a publicly support	led organizati	ion		
20	Private foundation. If the organization of	did not check a bo	x on line 14, 19a,	or 19b, check this	box and see inst	uctions	+++++++	* 1 + 1 + 1 + 1	L

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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BOYS AND GIRLS CLUB OF HENDERSON 56-1803125

Schedu	e A (Form 990) 2022 BOYS AND GIRLS CLUB OF HENDERSON 56-180312	5	Page 5
Par	Supporting Organizations (continued)		
	20 02 3 C 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 2	Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		ille.
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11111111111111	1. 1 Bu
2	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,	500 I. 11	
Cast	provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations	Va	- I N-
	Did the assessment had a members of the assessment had a efficient acting in their official connectity or membership of one or	Ye	s 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,		1
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	4. 44.	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		Y HAR
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	120
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	A LA	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	J. R 31	
	supervised, or controlled the supporting organization.	2	
Sect	on C. Type II Supporting Organizations		1
		Ye	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Wind.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sect	on D. All Type III Supporting Organizations		
		Ye	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	0.000	500
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	199	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	. The state 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	S of the	
561	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A di
	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		in the second
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Hi,	
	supported organizations played in this regard.	3	e you to the control of the control
Sect	on E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).	
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tructions).	
2	Activities Test. Answer lines 2a and 2b below.	Ye	s No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ALT STA
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1244 1244	1 K
	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	1	
	AND STATE OF THE PROPERTY OF T	2a	400000000000000000000000000000000000000
	that these activities constituted substantially all of its activities.	La	A 1
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		The same
	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	25	2 4 44 5
	have engaged in these activities but for the organization's involvement.	2b	499
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	39 5	100
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ide makes	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Sched	ule A (Form 990) 2022 BOYS AND GIRLS CLUB OF HI	ENDERS	SON 56-1803	3125 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust			
	instructions. All other Type III non-functionally integrated supporting organization	ns must cor	nplete Sections A through	
Sec	tion 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		(CHI)
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	1873年		Maria Maria
	instructions for short tax year or assets held for part of year):		April Dr. S. 198	
	A Average monthly value of securities	1a		Name and American Street, and
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d	Commence of the commence of th	ANA -STITE IN THE RESERVE OF THE ANALYSIS OF T
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	and the		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
.0.67	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Control of the Contro	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Angella 1	
2	Enter 0.85 of line 1.	2	ar to the	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		with the tipe of	
	emergency temporary reduction (see instructions).	6	1049	
7		rated Type	III supporting organization	on

Schedule A (Form 990) 2022

(see instructions).

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 . d From 2020 e 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. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

BOYS AND GIRLS CLUB OF HENDERSON

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### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### 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

Name of the organization

BOYS AND GIRLS CLUB OF HENDERSON COUNTY/HENDERSONVILLE, INC.

Employer identification number

56-1803125

Organization type (check one): Filers of: Section: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See 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 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 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

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

to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

ane 2

Name of organization
BOYS AND GIRLS CLUB OF HENDERSON

Employer identification number

56-1	803	L25	

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 63,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 60,958	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	name, address, and Zir + 4	\$ 211,282	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		<b>\$</b> 125,229	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 66,300	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Name, audress, and zir v v	\$ 58,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

## BOYS AND GIRLS CLUB OF HENDERSON

Employer identification number 56-1803125

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
.7		\$ 62,600	Person X Payroll							
(a)	(b)	(c) Total contributions	(d) Type of contribution							
No. 8	Name, address, and ZIP + 4	\$ 80,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
9		s 200,000	Person X Payroll							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
10		s 125,181	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
.11		\$ 216,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
12		s 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							

Name of organization

### BOYS AND GIRLS CLUB OF HENDERSON

Employer identification number 56-1803125

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 100,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
K. 17 17 17 1	* 1772-1717-171-171-171-171-171-171-171-17	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 93430		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171111		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* 12.751		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BOYS AND GIRLS CLUB OF HENDERSON COUNTY/HENDERSONVILLE, INC. 56-1803125 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pa	art III Organizations Maintaini	ng Collections of	f Art, Historica	l Treasure:	s, or Other S	imilar A	ssets (cor	ntinue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of the	following that r	make significant	use of its			
а	Public exhibition	d 🗌 L	oan or exchange pr	ogram					
b		e 🗌 O	ther						
C	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	how they further th	e organizatior	n's exempt purpo	se in Part			
	XIII.				= 80 SEX				
5	During the year, did the organization solicit								A Date
-	assets to be sold to raise funds rather than		art of the organizati	on's collection	17		Yes	3	No
Pa	Complete if the organization 990, Part X, line 21.	rrangements. on answered "Yes	" on Form 990,	Part IV, lin	e 9, or report	ed an am	ount on F	orm	
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contribution	s or other asse	ets not				
	included on Form 990, Part X?						Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:			200000000000000000000000000000000000000		4.00	_
							Amount		
C	Beginning balance					1c			_
	Additions during the year					1d			
	Distributions during the year					1e			_
f	Ending balance					1f			NI -
	Did the organization include an amount on								No
	If "Yes," explain the arrangement in Part XI art V Endowment Funds.	II. Check here if the ex	kplanation has beer	provided on i	Part Alli				_
Pe	Endowment Funds.  Complete if the organizati	on answered "Yes	" on Form 990	Part IV lin	e 10				
	Complete ii tile organizati	(a) Current year	(b) Prior year	(c) Two yea		ree years back	k (e) Four	years ba	ick
12	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
8	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the co	urrent year end balanc	e (line 1g, column (	a)) held as:					
a	Board designated or quasi-endowment	%							
b	Permanent endowment %								
C	Term endowment %								
3	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.	-1' 111 h-14 -	ad administra	ad for the				
3a	Are there endowment funds not in the pos	session of the organiza	ation that are held a	ind administer	ed for the			Yes	No
	organization by:						0 - (1)	103	110
	(i) Unrelated organizations						0-(11)		_
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organ	izations listed as requi	ired on Schedule R	?					
4	Describe in Part XIII the intended uses of					*******			
-	art VI Land, Buildings, and Eq								
BIO BANCO	Complete if the organizati	on answered "Ye	s" on Form 990	Part IV, lir	ne 11a. See F	orm 990	, Part X, li	ne 10	)
	Description of property	(a) Cost or other b		r other basis	(c) Accumula		(d) Book		
		(investment)	1700	lher)	depreciation	n			
1a	Land	12		72,846				12,8	
b	Buildings			83,627	1,190		4,39		
c	Leasehold improvements			44,836		787		0,0	
d	Equipment			16,240		3,045		50,1 78,2	
	e Other al, Add lines 1a through 1e. (Column (d) mu			211,422			5,15		
Ota	al. Add lines 1a through 1e. (Column (d) mu	si equal Form 990, Pa	rea, column (b), lin	0 100.		THE PARTY OF THE P		/	

(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests	The second secon	
3) Other COMMUNITY FDN OF HENDERSON CTY	1,331,459	MARKET
(A)		0/1
(B)		
(C)		
(D)		
<b>(E)</b>		
(F),		
(G)		
(H)	1 221 /50	hadron Hall Hall to the first the fi
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,331,459	(A)
Part VIII Investments – Program Related.  Complete if the organization answered "Yes" or	Form 990 Part IV	line 11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
<b>V4.</b> = 3-3-1, p. 1, p.	\$70.4079.45790	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.		
Part IX Other Assets.  Complete if the organization answered "Yes" of the Assets of the Other Assets.	n Form 990, Part IV,	
Part IX Other Assets.  Complete if the organization answered "Yes" of a) Description (1)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1)  (2)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1)  (2)  (3)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets.  Complete if the organization answered "Yes" of a) Description  (1)  (2)  (3)  (4)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" of (a) Description (1) (2) (3) (4) (5)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" of a) Description  (1) (2) (3) (4) (5)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes" of (a) Description (1) (2) (3) (4) (5) (6) (7)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.		line 11d. See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" o		line 11d. See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" o  line 25.  (a) Description of liability  (1) Federal income taxes		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" of line 25.  (a) Description of liability		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" of line 25.  1. (a) Description of liability (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" of line 25.  1. (a) Description of liability (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3) (4)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" of line 25.  1. (a) Description of liability (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3) (4) (5)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" o line 25.  1. (a) Description of liability (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3) (4) (5) (6)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" o  line 25.  1. (a) Description of liability  (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3) (4) (5) (6) (7)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" of line 25.  1. (a) Description of liability  (1) Federal income taxes  (2) ASSETS HELD FOR OTHERS  (3)  (4)  (5)  (6)  (7)  (8)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" o  line 25.  1. (a) Description of liability  (1) Federal income taxes (2) ASSETS HELD FOR OTHERS (3) (4) (5) (6) (7)		line 11d. See Form 990, Part X, line 15.  (b) Book value  line 11e or 11f. See Form 990, Part X,  (b) Book value

Schedule D (F	Form 990) 2022	BOYS A	AND GIR	TS CLOB	OF HEN	IDERSON	56-1803125	Page 5
Part XIII	Suppleme	ntal Inforn	nation (cor	tinued)				
timus			•	•				
				110110110110110				
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#### SCHEDULE G (Form 990)

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

➤ Attach to Form 990 or Form 990-EZ.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS CLUB OF HENDERSON

Employer identification number

COUNTY/HENDERSON					56-18031			
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required	f the organizat to complete th	tion a	answ art.	ered "Yes" on Fo	rm 990, Part IV, I	ine 17.		
1 Indicate whether the organization raised funds through	any of the following	ng act	ivities	. Check all that apply.				
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants				
b Internet and email solicitations	F Solicitation	of go	vernm	nent grants				
c Phone solicitations								
d In-person solicitations	<b>5</b> — -,							
2a Did the organization have a written or oral agreement w	vith any individual	(inclu	dina c	officers, directors, trust	ees.			
or key employees listed in Form 990, Part VII) or entity	in connection with	profe	ession	al fundraising services	s?	Yes No		
b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization.	undraisers) pursua	ant to		ements under which th	e fundraiser is to be			
(i) Name and address of individual		raiser	have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) Activity	custo contrib	ol of	from activity	fundraiser listed in col. (i)	organization		
		Yes	No					
1								
2				*.				
						9		
3								
4								
5								
6								
7					*			
8								
		_						
9								
						1		
10								
Total					191			
3 List all states in which the organization is registered or registration or licensing.	licensed to solicit	contr	ibutio	ns or has been notified	It is exempt from			
			e e en re					
	CONTRACTOR AND ARCHITICAL							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		gross receipts	greater than \$5,000.			
			(a) Event #1  GOLF TOURNAMENT	(b) Event #2  SPECIAL EVENTS	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue .			(233.11.3)(2)	,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Revenue	1	Gross receipts	250,182	152,033		402,215
α.		313331713				
	2	Less: Contributions	143,350	88,044		231,394
		Gross income (line 1 minus				
		line 2)	106,832	63,989		170,821
	4	Cash prizes				
	5	Noncash prizes				
	ľ	Nonedan prizes				
Ses	6	Rent/facility costs				
Sens						
Direct Expenses	7	Food and beverages				
ect	_					
۵	8	Entertainment				
		Other direct expenses	81,711	45,467		127,178
	9	Other direct expenses	01//11	10/10/		
	10	Direct expense summary	. Add lines 4 through 9 in column	(d)		127,178
	11	Net income summary. Su	ubtract line 10 from line 3, column	(d)		43,643
P	art		plete if the organization an	swered "Yes" on Form 990	), Part IV, line 19, or re	ported more than
	_	\$15,000 on Fo	orm 990-EZ, line 6a.			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo progressive bingo		(-)
æ	1	Gross revenue				
	Ė	Cidda idventa				
Se	2	Cash prizes				
Direct Expenses						
Εχ	3	Noncash prizes				
ect	١.,					
چ	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary	/. Add lines 2 through 5 in column	(d)		
		Not coming income cum	mary. Subtract line 7 from line 1, o	column (d)		
	8	Net gaming income sum	mary. Subtract line / nontline 1, c	solutilit (d)	name and the second	
9	Fr	nter the state(s) in which th	e organization conducts gaming a	activities:		Lot o being a being a lot of the second and the second
			to conduct gaming activities in each			
	, ,					
		,	n's gaming licenses revoked, susp	ended, or terminated during the ta	ax year?	Yes No
b	lf'	"Yes," explain:				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	10.0					

Sche	dule G (Form 990) 2022 BOYS AND GIRLS CLUB OF HENDERSON 56-1803125		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	**************************************	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	_	. –
а	The organization's facility	13a	%
b		(USS228))	%
14	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-
	Name		e.e.
	Address		7)
15a	Does the organization have a contract with a third party from whom the organization receives gaming		Yes No
•	revenue?		] Tes [] NO
Ь	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
С	amount of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:		
	Name		**
	Address	*********	**
16	Gaming manager information:		
	Name		
	MARINEMAC MADE IN CORN IN TRACTOR AND		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	Г	Yes No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	informati	(v); and on.
11111			
X 1 1 1 1 1			
		eranerri ere	
			4 1 4 4 1 4 4 4 4 4 1 4 4 1 1 1 1

Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Name of the organization BOYS AND GIRLS CLUB OF HENDERSON

Open to Public Inspection

Schedule O (Form 990) 2022

Employer identification number

COUNTY/HENDERSONVILLE, INC.	56-1803125
FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION	N AMONG OFFICERS
THOMAS J. FAZIO SUSAN FAZIO	
CHAIRMAN DIRECTOR	
SPOUSE	
1831631631163163116311631163116311631163	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECT	TORS AND IS REVIEWED BY
THE EXECUTIVE COMMITTEE WHICH HAS BEEN DESIGNATED	BY THE BOARD TO PROVIDE
OVERSIGHT AUTHORITY OVER FORM 990 PRIOR TO ITS FIL	ING.
	.,
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC	TS POLICY
ALL MEMBERS OF THE BOARD OF DIRECTORS, THE EXECUTIVE	DIRECTOR, AND OTHER
KEY EMPLOYEES ARE REQUIRED TO SUBMIT ANNUALLY ACKN	OWLEDGEMENT AND
VERIFICATION THAT THERE ARE NO CONFLICTS OF INTERE	ST WITH THE
ORGANIZATION.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS F	OR TOP OFFICIAL
THE BOARD OF DIRECTORS HAS A POLICY TO REVIEW ALL CO	MPENSATION FOR
EMPLOYEES OF THE ORGANIZATION, INCLUDING THE EXECU	TIVE DIRECTOR AND KEY
STAFF POSITIONS. THIS REVIEW MAY INCLUDE AT THE D	ISCRETION OF THE BOARD,
COMPARABILITY DATA AMONG OTHER FACTORS.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS F	OR OFFICERS
THE BOARD OF DIRECTORS POLICY FOR THE PROCESS OF DET	ERMINING COMPENSATION
FOR OTHER KEY EMPLOYEES IS THE SAME AS THE PROCESS	FOR THE EXECUTIVE

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

Schedule O (Form 990) 2022 Name of the organization	Page 2
BOYS AND GIRLS CLUB OF HENDERSON	Employer identification number 56–1803125
DIRECTOR.	30 1003123
FORM 990, PART VI, LINE 19 - GOVERNING DOCUM	ENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	
STATEMENTS ARE AVAILABLE TO THE PUBLIC AT	THE ORGANIZATION'S BUSINESS
OFFICE DURING REGULAR BUSINESS HOURS.	
(031831103163163163116311631163116311631163163163	
1851651160100100100100100100100100100100100100	
111001101101101101101101101101101101101	011011011011011011011011011011011001001
)3163116316316316316316316316316316316316	011011011001101101101101101101101101101
6110110010010010011011011011011011011011	
A	
	PAGE 1 OF 1

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

ZUZZ

chment 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

BOYS AND GIRLS CLUB OF HENDERSON COUNTY/HENDERSONVILLE, INC.

Identifying number 56-1803125

Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,080,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 3 2,700,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .... 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 216,165 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,571 17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property SIL 25 yrs. 25-year property MM S/L 27.5 yrs. Residential rental 27.5 yrs. MM S/L property MM S/L 39 yrs. Nonresidential real S/L property MM Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. 12-year S/L MM 30-year 30 yrs. S/L MM 40 yrs. d 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 217,736 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

## 56-1803125

# Federal Asset Report Form 990, Page 1

	B	Date	01	Bus Sec	Basis	Day Carry Math	Deles	0
Asset	Description	In Service	Cost	<u>%</u> 179Bonus	for Depr	PerConv Meth	Prior	Current
Prior	MACRS:							
52	2082 CENTER ROLL GYM DIVIDER	8/30/01	11,165		11,165	39 MM S/L	5,833	286
53	RETAINING WALL-LANDSCAPING	6/15/01	1,731		1,731		912	44
121	OUTDOOR A/C UNIT	5/04/15	2,600		2,600	15 HY S/L	1,127	173
122	BUS - 2012 THOMAS SAF-T-LINER C2	12/15/15	81,000		81,000		81,000	0
123	MOSAIC PATIO & BENCHES	5/13/15	9,500		9,500		4,732	561
124	ROOM 8 FLOORING	4/08/15	7,602		7,602	15 HY S/L	3,294	507
			113,598		113,598		96,898	1,571
						•		
Other	Depreciation:	10/01/00			146.061	25 140 07	01.060	4.166
2		12/01/99	145,761		8,834	35 MO S/L 5 MO S/L	91,968 8,834	4,165 0
3 6	PHONE & COMPUTER NTWK ARTS ANNEX/MULTICULTURAL	9/15/00 1/16/00	8,834 10,832			35 MO S/L	6,783	309
22	PERCUSSION INSTRUEMENTS	1/25/00	4,174		4,174		4,174	0
23	GUITARS	6/15/00	4,554		4,554	5 MO S/L	4,554	ŏ
29	LEASEHOLD IMPROVEMENT	8/01/95	340,310		340,310		230,146	8,726
30	LEASEHOLD IMPROVEMENT	1/01/96	2,300		2,300	39 MO S/L	1,533	59
31	LEASEHOLD IMPROVEMENT	1/24/96	113,241		113,241	35 MO S/L	83,851	3,236
32	LEASEHOLD IMPROVEMENT	4/30/98	4,783		4,783		3,203	136
37	DODGE RAM VAN-FCB LEASE	4/13/00	27,058		27,058	5 MO S/L	27,058	0
	Sold/Scrapped: 5/03/22	4/12/02	07.056		27.050	5 340 67	27.050	0
38	DODGE RAM VAN-FCB LEASE Sold/Scrapped: 5/03/22	4/13/00	27,058		27,058	5 MO S/L	27,058	0
41	OVERHEAD PROJECTOR	8/07/01	350		350	7 MO S/L	350	0
42	DRUMMING EQUIPMENT	8/30/01	3,288		3,288		3,288	0
44	CARPET BOWLING TABLE	2/28/01	1,320		1,320		1,320	0
51	TABLES	8/30/01	377		377	7 MO S/L	377	0
54	CHAIRS-LOBBY (10)	1/01/01	2,066		2,066	7 MO S/L	2,066	0
55	BUILDING	12/01/02	158,910		158,910		77,757	4,075
59	TEEN CENTER BUILDING	11/01/04	270,657		270,657		119,135	6,940
60	COMPUTER LAB	10/01/04	10,214			39 MO S/L	4,517	262
61	TEEN CENTER LANDSCAPING	11/01/04	1,160		1,160		1,160	0
62	FURNITURE-TEEN CENTER	11/01/04	2,497		2,497		2,497 2,188	0
63	LOCKERS-TEEN CENTER	11/01/04 11/01/04	2,188 2,582		2,188 2,582	7 MO S/L	2,582	ő
64	8 BENCHES-TEEN CENTER CHAIRS-COMPUTER LAB	10/01/04	700		700	7 MO S/L	700	ő
66 67	CHAIR & 2 FILING CABINITS-TEEN CE		279		279		279	0
69	REFRIGERATOR-TEEN CENTER	11/01/04	713		713		713	0
70	BOOK SHELVES-TEEN CENTER	11/01/04	1,500		1,500		1,500	0
71	70X70 PROJECTION SCREEN-TEEN CE	11/01/04	135		135		135	0
73	TELEPHONE SYSTEM	10/21/04	7,148		7,148		7,148	0
75	'05 FORD ECONOLINE E350 VAN	9/10/04	31,034		31,034		31,034	0
76	'02 FORD CLUB VAN	7/18/02	33,069		33,069		33,069	0
77	2004 THOMAS BUS	4/12/05	43,750		43,750		43,750	0
78	GAMEROOM RENOVATION	9/21/05	10,421 559		10,421 559		4,342 559	267 0
80	FOLDING TABLES FREEZER	5/05/05 11/28/05	641		641		641	ő
81 83	(3) 8' TABLES	6/01/06	2,335		2,335		2,335	Ö
89	SAF-T-LINER C2 310TS '08 BUS	5/21/08	65,000		65,000		65,000	ő
90	2008 FORD E350 VAN	7/10/08	30,072		30,072		30,072	0
93	BUILDING	6/19/09	1,638,773		1,638,773	39 MO S/L	525,248	42,020
94	MAIN OFFICE HVAC REPLACEMENT	4/15/10	4,250		4,250	15 MO S/L	3,329	283
95	COMPUTER FOR FRONT DESK/ADMIN	9/05/10	973		973		973	0
96	HVAC HEAT PUMP, WATER HEATER &	11/22/10	6,606		6,606		4,881	440
97	MEMBER TRACKING SYSTEM	4/01/10	3,000		3,000		3,000	0
98	TWO WHITE REFRIGERATORS	12/05/10	1,276		1,276		1,276 4,211	0 353
99	BUILD WALL & COUNTERS-MIDDLE S	2/03/10 5/25/10	5,300 4,943		5,300 4,943		4,943	0
100	CHAIRS AND TABLE DOLLIES	6/05/10	2,789		2,789		2,789	ŏ
101 102	30 60" ROUND TABLES SOUND SYSTEM FOR SPECIAL EVENT		4,376		4,376		4,376	0
103	CARPETING/ ENTRANCE TILES IN MA		1,096		1,096		1,096	0
104	DELL COMPUTER-MIDDLE SCH CTR	1/01/11	930		930	5 MO S/L	930	0
105	CAMERA-OUTDOORS/SECURITY SYS	4/01/11	915		915	5 5 MO S/L	915	0
106	LAPTOP COMPUTER-SCOTTIE	12/01/11	1,280		1,280	5 MO S/L	1,280	0
107	IMAC & OFFICE- ENTERPRISE PROGRA		2,119		2,119		2,119	0
108	DELL COMPUTER-K-5 PRG DIRECTOR		689		689		689 689	0
109	DELL COMPUTER-ATHLETIC OFFICE	5/01/11	689		689 3,500		3,500	0
110	HP SERVER (DONATED-HI PERFORMA	8/01/12	3,500		3,300	J MOS/L	3,300	U
I								

# 56-1803125

# Federal Asset Report Form 990, Page 1

	December 1	Date	o	Bus Se		Basis	5 O Madb	Diam	2
Asset		In Service	Cost	<u>_% 17</u>	<u>'9Bonu</u> s		PerConv Meth	Prior	Current
111 112	20 PC's for Tech Lab DVR SECURITY SYSTEM-TEEN CENTE	7/29/13 8/13/13	12,324 3,048			12,324 3,048	5 MO S/L 15 MO S/L	12,324 1,711	0 203
113	COMPUTER FOR PROJECT COORDINA		690			690	5 MO S/L	690	0
114	OUTDOOR SIGNS	3/05/13	512			512	15 MO S/L	301	35
115	SONICWALL BOWD FLITE	8/02/13	885			885	3 MO S/L	885	0
116 117	FLOOR MACHINE - POWR FLITE ACCOUNTING OFFICE UPFIT	10/05/13 8/29/13	1,145 7,839			1,145 7,839	5 MO S/L 15 MO S/L	1,145 4,355	0 523
118	2 PCs for ED & Accounting	7/29/13	1,232			1,232	5 MO S/L	1,232	0
119	FLOOR SCRUBBER	1/17/14	2,409			2,409	5 MO S/L	2,409	0
120	RESTROOM RENOVATIONS	4/01/14	23,285			23,285	15 MO S/L	12,031	1,552 0
125 126	LAND 2 BASKETBALL GOALS	9/10/13 12/15/16	62,500 3,736			62,500 3,736	0 Land 7 MO S/L	2,713	534
127	DELL COMPUTER FOR FRONT OFFICE		728			728	5 MO S/L	728	0
128	AIR CONDITIONER	4/01/16	3,232			3,232	7 MO S/L	2,655	462
129	FLOOR BURNISHER	7/05/16 6/05/16	962 1,195			962 1,195	5 MO S/L 5 MO S/L	962 1,195	0
130 131	MICROPHONE EQUIPMENT TEEN CENTER - PHASE I	5/01/17	669,892			669,892	39 MO S/L	80,158	17,177
132	721 WHITE SPARROW DRIVE	11/07/17	110,346			110,346	0 Land	0	0
133	DELL COMPUTER	1/23/17	776			776	5 MO S/L	763	13
134	DELL COMPUTER DELL COMPUTER	1/23/17 1/23/17	776 776			776 776	5 MO S/L 5 MO S/L	763 763	13 13
135 136	DELL COMPUTER	1/23/17	776			776	5 MO S/L	763	13
141	TABLES AND STOOLS	5/01/17	2,986			2,986	7 MO S/L	1,991	427
142	BENCH SEATS - TEEN CENTER	5/01/17	1,365			1,365	7 MO S/L	910	195
143	PHONE SYSTEM TABLES AND STOOLS	5/01/17 5/01/17	1,707 1,163			1,707 1,163	<ul><li>7 MO S/L</li><li>7 MO S/L</li></ul>	1,138 775	243 167
145	WASHER/DRYER UNIT	5/01/17	1,164			1,164	7 MO S/L	776	166
146	TELEVISION WITH MOUNT	5/01/17	508			508	7 MO S/L	339	72
149	HEAT PUMP	3/02/18 1/22/18	5,747 5,000			5,747 5,000	15 MO S/L 5 MO S/L	1,469 3,917	383 1,000
150 151	DELL COMPUTER OPTIPLEX COMPUTER #1	1/22/18	1,103			1,103	5 MO S/L	460	220
152	OPTIPLEX COMPUTER #2	12/11/19	1,103			1,103	5 MO S/L	460	220
153		12/11/19	1,103			1,103	5 MO S/L	460	220
154 155	DELL SERVER FIREWALL	12/31/19 4/25/19	2,692 1,663			2,692 1,663	5 MO S/L 5 MO S/L	1,077 887	538 332
156	WATER HEATER-GYM CLOSET	5/13/19	1,245			1,245	5 MO S/L	664	249
157	LAWNMOWER	8/29/19	669			669	5 MO S/L	312	134
158	LAPTOP #1	12/27/19 12/27/19	826 826			826 826	5 MO S/L 5 MO S/L	330 330	166 166
159 160	LAPTOP #2 LAPTOP #3	12/27/19	826 826			826	5 MO S/L	330	166
161	AC UNITS ROOM 11	7/30/20	11,500			11,500	15 MO S/L	1,086	767
162		11/01/20	9,500			9,500	15 MO S/L	739	633
163	FENCING PARKING LOT	2/01/20 2/01/20	16,750 183,515			16,750 183,515	15 MO S/L 15 MO S/L	2,140 16,548	1,117 12,234
164 165	NEW BUILDING	2/01/20	2,611,371			2,611,371	39 MO S/L	128,337	66,958
166	FURNITURE	2/01/20	79,966			79,966	7 MO S/L	21,895	11,424
167	FENCING FOR ELLIS HOUSE	6/08/21	7,901			7,901 35,224	<ul><li>15 MO S/L</li><li>5 MO S/L</li></ul>	307 2,348	527 7,045
168 169	2019 FORD TRANSIT VAN HVAC TEEN CENTER	8/25/21 10/06/21	35,224 16,226			16,226		2,348	1,082
170	2020 FORD TRANSIT VAN	12/30/21	49,945			49,945	5 MO S/L	0	9,989
171	FACADE PROJECT	6/01/21	7,597			7,597	39 MO S/L	114	194
172	LANDSCAPING PROJECT LEICESTER FLOORING PROJECT	6/16/21 6/01/21	3,255 17,903				15 MO S/L 15 MO S/L	109 696	217 1,194
173 174	HVAC SYSTEM FOR GYM	4/21/22	32,880			32,880	15 MO S/L	0	1,461
175	HVAC UNIT ROOM 4	5/17/22	4,752			4,752	15 MO S/L	0	185
176	2020 CHEVY EXPRESS VAN VIN #88568		42,117			42,117		0	3,510 604
177 178	KITCHEN EXPANSION KITCHEN SINKS & TABLES	6/15/22 6/15/22	40,366 2,588			40,366 2.588	39 MO S/L 10 MO S/L	0	151
178		0/13/22	7,169,490			7,169,490		1,813,680	216,165
	Total Other Depreciation		7,109,490			7,109,490	-	1,615,000	210,103
	Total ACRS and Other Deprec	iation	7,169,490			7,169,490		1,813,680	216,165
	Governal Tradals		7 202 000			7,283,088		1,910,578	217,736
l	Grand Totals Less: Dispositions and Transfe	rs	7,283,088 54,116			54,116		54,116	0
	Less: Dispositions and Transfe Less: Start-up/Org Expense		0					0	0
I	Net Grand Totals		7,228,972			7,228,972		1,856,462	217,736
							•		

Name

Form 990

## **Event Income and Deduction Worksheet**

Description SPECIAL EVENTS

BOYS AND GIRLS CLUB OF HENDERSON

Taxpayer Identification Number 56-1803125

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1	63,989	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.	88 044	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	152 033	
7. Total revenue. Add lines Tullough 6 7.	45 467	Travel & Repairs
8. Cost of Goods Sold 8.	45,407	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.	<u> </u>	Interest
11. Indirect Expense		Insurance
12. Depreciation Expense 12		Total Indirect Expense
13. Exempt Activity Expense 13.		AND THE SHAPE SET INVANTO OF THE STATE OF THE SECOND STATE OF THE STAT
14. Fundraising Expense 14		Expense Details - Depreciation Expense:
<ol><li>Total expenses. Add lines 8 through 145.</li></ol>	45,467	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	106,566	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		VISIONIMA STRUCT PARIS A COLORIO DE TRANS A PROTECTIONINA PARIS A DEL EN ENTENDE DE
Purchases		Expense Details - Exempt Activity Expense:
		Repairs and Maintenance
Labor Section 263A costs		Bad debts
Section 263A costs	45,467	Taxes/licenses
Other costs		Charitable contributions
Ending inventory	45,467	Dividend read deductions
Total Cost of Goods Sold	45,407	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		7 1 1111111111
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
	Cabadula A	Allocation of Expense to Program Service Accomplishments:
Information is indicated for use on Form 990-T		
Schedule A, UBIT Activity Code Seq	·	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Name

Form **990** 

## **Event Income and Deduction Worksheet**

Description GOLF TOURNAMENTS

BOYS AND GIRLS CLUB OF HENDERSON

2022

Taxpayer Identification Number 56-1803125

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1	106,832	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.	143 350	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	250 182	Travel & Panaire
		Travel & Repairs
8. Cost of Goods Sold		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense		
14. Fundraising Expense 14		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145		On investment property
16. Net Income/Loss. Line 7 minus Line 156.	168,471	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
		Charitable contributions
Ending inventory Total Cost of Goods Sold	81,711	Dividend recd deductions
Total Cost of Goods Sold	01,711	
Laster Bridge Pick Control Post Co.		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		For But III For Justician Francis
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising	\$\$	
Investment management		
Other		
Total Fees for Services		
ALTERNATION TO SELECT A STATE OF THE AMERICAN AND AND AND AND AND AND AND AND AND A		
Information is indicated for use on Form 9	90-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	First
Part V, Debt Financing	W V	Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		THE ATTEMPT OF THE PARTY OF THE
Part IX, Advertising Income		
rait in, nevertialing income		

Form **990** 

# Two Year Comparison Report

ending

For calendar year 2022, or tax year beginning , en

2021 & 2022

Name
BOYS AND GIRLS CLUB OF HENDERSON

Taxpayer Identification Number

	COUNTY/HENDERSONVILLE, INC.			56	-1803125
	100000000000000000000000000000000000000		2021	2022	Differences
	1. Contributions, gifts, grants	1.	1,894,842	2,292,2	28 397,386
	2. Membership dues and assessments	2.	5,011	5,5	
	3. Government contributions and grants	3.	579,082	613,7	80 34,698
n e	4. Program service revenue	4.			
e n	5. Investment income	5.	50,078	63,8	16 13,738
V	6. Proceeds from tax exempt bonds	6.			
S e	7. Net gain or (loss) from sale of assets other than inventory			7,6	00 7,600
	8. Net income or (loss) from fundraising events		72,791	43,6	43 -29,148
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	- 1 A LOS   1			
	11. Other revenue	11.		42,6	67 42,667
	12. Total revenue. Add lines 1 through 11	12.	2,601,804	3,069,2	
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.			
S	16. Salaries, other compensation, and employee benefits	16.	1,440,375	1,535,3	38 94,963
e	17. Professional fundraising fees	17.			
ď	18. Other professional fees	18.	24,992	34,2	89 9,297
ш	19. Occupancy, rent, utilities, and maintenance	19.	38,522	44,3	19 5,797
	20. Depreciation and Depletion	20.	196,199	217,7	36 21,537
	21. Other expenses	21.	398,279	538,8	83 140,604
	22. Total expenses. Add lines 13 through 21	22.	2,098,367	2,370,5	65 272,198
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	503,437	698,7	19 195,282
	24. Total exempt revenue	24.	2,601,804	3,069,2	84 467,480
_	25. Total unrelated revenue	25.			
ion	26. Total excludable revenue	26.	122,869	157,7	26 34,857
nat	27. Total assets	27.	8,628,327	9,153,2	05 524,878
10	28. Total liabilities	28.	96,088	115,3	46 19,258
Ξ	29. Retained earnings	20	8,532,239	9,037,8	59 505,620
Other Information	30. Number of voting members of governing body	30.	22	20	The time of the second
ಕ	31. Number of independent voting members of governing body	31.	20	18	
	32. Number of employees	32.	100	84	The second second second
	33. Number of volunteers	33.	125	182	31. 100

Form <b>990</b>		Tax R	Tax Return History			2022
Name BOYS AND COUNTY/	YS AND GIRLS CLUB OF F	HENDERSON E, INC.			Employer 56-1	Employer Identification Number 56–1803125
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,372,948	2,149,342	2,758,465	2,473,924	2,906,008	
Membership dues	6,375		2,429	5,011	5,550	
Program service revenue					009 L	
Capital gain or loss	12 784	15,285	18.250	50.078	63.816	
Fundraising revenue (income/loss)	-	-	7		4 4	
Gaming revenue (income/loss)						
Other revenue	31,559	695			-	
Total revenue		2,222,198	2,843,540	2,601,804	3,069,284	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		- 1		- 1	- 1	
Other compensation	899,991	1,012,772	4	-		
Professional fees	28,783		21,093	-	34,289	
Occupancy costs	36,308	36,173	35,028	-	~	
Depreciation and depletion	110,541	106,668	184,990	٠,	-	
Other expenses	334,904	-	293,743	398,	538,883	
Total expenses	1,410,527	•	1,713,650	-	-	
Excess or (Deficit)	151,482	651,833	1,129,890	503,437	698,719	
					9	
Total exempt revenue	1,562,009	2,222,198	2,843,540	2,601,804	3,069,284	
Total unrelated revenue					- 1	
Total excludable revenue	182,686		82,646	122,	157,	
Total Assets	6,832,332	7,168,638	8,135,034	4	-	
Total Liabilities	613,698	-	120,014	96,	115,	
Net Fund Balances	6,218,634	6,878,903	8,015,020	8,532,239	9,037,859	

7/31/2023 5:23 PM

56-1803125

# **Federal Statements**

# **Taxable Interest on Investments**

Descript	ion						
		Amount	Unrelated Business	Exclusion Code	Postal A	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT INCOME	E .						
	\$	63,816		14			
TOTAL	\$	63,816					

	Federal Statements	atements		//31/2023 5:23 PM
	Form 990, Part IX, Line 11g - Other	Line 11g - Other Fees for Service (Non-employee)	employee)	
Description OTHER CONTRACT SERVICES TOTAL	Total Expenses \$ 20,884	Program Service \$ 13,736 \$ 13,736	Management & General \$	Fund Raising \$ 1,615 \$ \$ 1,615
	Form 990, Part IX, Line 24	24e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
STUDENT TRANSPORTATION RESOURCE DEVELOPMENT BANK SVCE CHGS & MGT FEES MAINTENANCE SUPPLIES DUES & SUBSCRIPTIONS STAFF DEVELOPMENT PROGRAM CAPITAL EQUIPMENT-CAPITAL/LEASE TELEPHONE MISCELLANEOUS EXPENSE BOARD MEETINGS & DEV PROGRAM EQUIPMENT TOTAL	\$ 28,521 26,474 20,646 19,746 19,746 19,728 6,663 2,805 1,037 934 \$ 150,806	\$ 28,521 19,154 17,641 17,537 6,463 2,721 1,006 \$ 100,009	\$ 10,323 395 713 133 56 21 467 \$ 12,108	\$ 26,474 10,323 1,123 1,123 467 889

Federal Statements	7/31/2023 5:23 PM
Schedule A, Part II, Line 8(e) Description	Amount
	\$ 63,816 \$ 63,816