

2020 Exempt Org. Return
prepared for:

**Boys & Girls Clubs of
Southcentral Alaska**
2300 W 36th Ave
Anchorage, AK 99517

ALTMAN ROGERS & CO
3000 C Street Suite 201
Anchorage, AK 99503

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

92-0036082

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	4,393,670	6,299,883	-1,906,213
PROGRAM SERVICE REVENUE.....	2,586,510	2,261,730	324,780
INVESTMENT INCOME.....	127,312	219,327	-92,015
OTHER REVENUE.....	100,323	360,562	-260,239
TOTAL REVENUE.....	7,207,815	9,141,502	-1,933,687
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	261,533	691,184	-429,651
SALARIES, OTHER COMPEN., EMP. BENEFITS...	5,831,131	5,676,581	154,550
OTHER EXPENSES.....	2,023,216	3,623,351	-1,600,135
TOTAL EXPENSES.....	8,115,880	9,991,116	-1,875,236
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-908,065	-849,614	-58,451
TOTAL ASSETS AT END OF YEAR.....	12,410,482	8,915,161	3,495,321
TOTAL LIABILITIES AT END OF YEAR.....	1,013,006	700,696	312,310
NET ASSETS/FUND BALANCES AT END OF YEAR.	11,397,476	8,214,465	3,183,011

2020**FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY****PAGE 1****BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA****92-0036082**

	2020	2019	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	1,501,832	2,284,133	-782,301
NET SALES.....	1,501,832	2,284,133	-782,301
GROSS PROFIT.....	1,501,832	2,284,133	-782,301
OTHER INCOME.....	80,835	0	80,835
 TOTAL REVENUE.....	 1,582,667	 2,284,133	 -701,466
DEDUCTIONS			
OTHER DEDUCTIONS.....	96,730	197,524	-100,794
 TOTAL DEDUCTIONS.....	 96,730	 197,524	 -100,794
UNRELATED BUSINESS TAXABLE INCOME BEFORE	1,485,937	2,086,609	-600,672
UNRELATED BUSINESS TAXABLE INCOME.....	1,485,937	2,086,609	-600,672
 TOTAL UNRELATED BUSINESS TAXABLE INCOME			
SPECIFIC DEDUCTION.....	1,000	0	1,000
 UNRELATED BUSINESS TAXABLE INCOME.....	 0	 0	 0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
 TAX AND PAYMENTS			
TOTAL TAX.....	0	0	0
 TOTAL PAYMENTS AND CREDITS.....	 0	 0	 0
 REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

2020

GENERAL INFORMATION

PAGE 1

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

92-0036082

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH C, SCH D, SCH G, SCH I, SCH J, SCH O, SCH R
8868, 990-T

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

CARRYOVERS TO 2021

NONE

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

92-0036082

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	6,377,750.	6,377,750.	PART IX, LINE 25, COL. B
GRANTS	261,533.	261,533.	PART IX, LINES 1-3, COL. B
REVENUE	2,586,510.	2,586,510.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACT AND PROFESSIONAL FEES	242,254.	163,246.	53,864.	25,144.
TOTAL	<u>\$ 242,254.</u>	<u>\$ 163,246.</u>	<u>\$ 53,864.</u>	<u>\$ 25,144.</u>

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COST OF FUNDRAISING EXPENSES	16,779.	8,081.	2,109.	6,589.
STAFF TRAINING	9,323.	8,885.	403.	35.
FUNDR EXP. REPORTED PART VIII	-43,801.			-43,801.
TOTAL	<u>\$ -17,699.</u>	<u>\$ 16,966.</u>	<u>\$ 2,512.</u>	<u>\$ -37,177.</u>

CLIENT BGCLUBS

**ALTMAN ROGERS & CO
3000 C STREET SUITE 201
ANCHORAGE, AK 99503
(907) 274-2992**

November 6, 2021

Boys & Girls Clubs of
Southcentral Alaska
2300 W 36th Ave
Anchorage, AK 99517

FEDERAL ID: 92-0036082

Dear Stefanie:

Your Federal Return of Organization Exempt from Income Tax, with Submission ID 9203642021309058nhgm, was acknowledged as accepted by the Internal Revenue Service on November 5, 2021. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Please be sure to call if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Tom J. Domagala, CPA".

Tom J. Domagala, CPA

CLIENT BGCLUBS

**ALTMAN ROGERS & CO
3000 C STREET SUITE 201
ANCHORAGE, AK 99503
(907) 274-2992**

November 6, 2021

Boys & Girls Clubs of
Southcentral Alaska
2300 W 36th Ave
Anchorage, AK 99517

FEDERAL ID: 92-0036082

Dear Stefanie:

Your Federal Return of Exempt Organization Business Income Tax Return, with Submission ID 9203642021309058nhgo, was acknowledged as accepted by the Internal Revenue Service on November 5, 2021. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Tom J. Domagala, CPA". The signature is written in a cursive, flowing style.

Tom J. Domagala, CPA

02:56 PM

Altman, Rogers & Company

Client BGCLUBS - Boys & Girls Clubs of EIN: 92-0036082
US Ext. Even Return.....\$0
US Even Return.....\$0
US UBIT Ext. Even Return.....\$0
US UBIT Even Return.....\$0

Activity

Extension - Federal Extension

US - E-FILE COMPLETE 05/13 (Current Status)
Submission ID: 920364202113304wfg3g

Previous Activity

- 05/13 Accepted
- 05/13 Sent to Lacerte
- 05/13 Ready to Send
- 05/13 Passed Validation
- 05/13 Sent to the IRS
- 05/13 Received at Lacerte

US - ACCEPTED 11/05 (Current Status)
Submission ID: 9203642021309058nhgm

Previous Activity

- 11/05 Sent to the IRS
- 11/05 Received at Lacerte
- 11/05 Sent to Lacerte
- 11/05 Ready to Send
- 11/05 Passed Validation

Extension - Federal UBIT Extension

E-FILE COMPLETE 05/13 (Current Status)
Submission ID: 920364202113304wfg4m

Previous Activity

- 05/13 Accepted
- 05/13 Sent to Lacerte
- 05/13 Ready to Send
- 05/13 Passed Validation
- 05/13 Sent to the IRS
- 05/13 Received at Lacerte

Other - Federal 990-T

ACCEPTED 11/05 (Current Status)
Submission ID: 9203642021309058nhgo

Previous Activity

- 11/05 Sent to the IRS
- 11/05 Received at Lacerte
- 11/05 Sent to Lacerte

11/06/2021

2020 e-file Activity Report

Page 2

02:56 PM

Altman, Rogers & Company

- 11/05 Ready to Send
 - 11/05 Passed Validation
-

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

**BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**

Taxpayer identification number

92-0036082

Name and title of officer or person subject to tax

STEFANIE RYAN**CFO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here ▶ ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>7,207,815.</u>
2 a Form 990-EZ check here ▶ ☐	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here ▶ ☐	b Balance due (Form 8868, line 3c)	5 b _____
6 a Form 990-T check here ▶ ☐	b Total tax (Form 990-T, Part III, line 4)	6 b _____
7 a Form 4720 check here ▶ ☐	b Total tax (Form 4720, Part III, line 1)	7 b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ALTMAN ROGERS & CO to enter my PIN 27321 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Stefanie Ryan Date ▶ 11/5/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

92036492036

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Tommy Domagala CPA Date ▶ 11-3-2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**Department of the Treasury
Internal Revenue ServiceName of exempt organization or person subject to tax
**BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**Taxpayer identification number
92-0036082

Name and title of officer or person subject to tax

STEFANIE RYAN**CFO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here	☐	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	☐	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5 b _____
6 a Form 990-T check here	☒	b Total tax (Form 990-T, Part III, line 4)	6 b _____ 0.
7 a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7 b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ALTMAN ROGERS & CO to enter my PIN 27321 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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Signature of officer or person subject to tax ▶ Stefanie Ryan Date ▶ 11/5/2021**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

92036492036
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

11-3-2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA		92-0036082
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	2300 W 36TH AVE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	ANCHORAGE, AK 99517		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► STEFANIE RYAN

Telephone No. ► 907-770-7336 Fax No. ► 907-770-7348

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 20 or
 ► ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVE ANCHORAGE, AK 99517 </td> <td style="width:30%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>92-0036082</td> </tr> <tr> <td>E Telephone number</td> <td>907-770-7336</td> </tr> <tr> <td>G Gross receipts \$</td> <td>8,749,337.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> F Name and address of principal officer: STEFANIE RYAN SAME AS C ABOVE </td> <td style="width:40%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td>☐ Yes ☐ No</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td style="width:50%;"> J Website: ▶ WWW.BGCALASKA.ORG </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> <td style="width:50%;"> L Year of formation: 1966 M State of legal domicile: AK </td> </tr> </table> </td> </tr> </table> </td> </tr> </table>	C BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVE ANCHORAGE, AK 99517	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>92-0036082</td> </tr> <tr> <td>E Telephone number</td> <td>907-770-7336</td> </tr> <tr> <td>G Gross receipts \$</td> <td>8,749,337.</td> </tr> </table>	D Employer identification number	92-0036082	E Telephone number	907-770-7336	G Gross receipts \$	8,749,337.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> F Name and address of principal officer: STEFANIE RYAN SAME AS C ABOVE </td> <td style="width:40%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td>☐ Yes ☐ No</td> </tr> </table> </td> </tr> </table>		F Name and address of principal officer: STEFANIE RYAN SAME AS C ABOVE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td>☐ Yes ☐ No</td> </tr> </table>	H(a) Is this a group return for subordinates?	☐ Yes ☒ No	H(b) Are all subordinates included? If "No," attach a list. See instructions	☐ Yes ☐ No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td style="width:50%;"> J Website: ▶ WWW.BGCALASKA.ORG </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> <td style="width:50%;"> L Year of formation: 1966 M State of legal domicile: AK </td> </tr> </table> </td> </tr> </table>		I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	J Website: ▶ WWW.BGCALASKA.ORG	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> <td style="width:50%;"> L Year of formation: 1966 M State of legal domicile: AK </td> </tr> </table>		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 1966 M State of legal domicile: AK
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	242
	6	Total number of volunteers (estimate if necessary)	413
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	96,730.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,299,883.
	9	Program service revenue (Part VIII, line 2g)	4,393,670.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,261,730.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	219,327.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,312.
	12		360,562.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,141,502.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	7,207,815.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	691,184.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	261,533.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,483.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,676,581.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,831,131.
	19	Revenue less expenses. Subtract line 18 from line 12	3,623,351.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,023,216.
	21	Total liabilities (Part X, line 26)	9,991,116.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,115,880.
	22		-849,614.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here		Signature of officer	Date		
		STEFANIE RYAN	CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	TOM J. DOMAGALA, CPA				P00122688
	Firm's name	Firm's EIN ▶			
	ALTMAN ROGERS & CO	92-0143182			
	Firm's address	Phone no.			
	3000 C STREET SUITE 201	(907) 274-2992			
	ANCHORAGE, AK 99503				

May the IRS discuss this return with the preparer shown above? See instructions		☒ Yes ☐ No
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,212,375. including grants of \$ 147,854.) (Revenue \$ 117,702.)CLUBHOUSES - FILLING THE GAP BETWEEN SCHOOL AND HOME, CLUBS PROVIDE WELCOMING, POSITIVE, SAFE ENVIRONMENTS IN WHICH KIDS AND TEENS HAVE FUN, PARTICIPATE IN LIFE-CHANGING PROGRAMS AND EXPERIENCES, AND BUILD SUPPORTIVE RELATIONSHIPS WITH PEERS AND CARING ADULTS. MENTORING ACTIVITIES PROMOTE PHYSICAL, MENTAL, AND MORAL WELL-BEING AS WELL AS ACADEMIC SUCCESS. (AGES 7-18).**4b** (Code:) (Expenses \$ 1,564,291. including grants of \$ 46,299.) (Revenue \$ 2,362,523.)CHILDCARE - THE CHILD DEVELOPMENT CENTER IS A LICENSED EARLY CHILDHOOD PROGRAM THAT PROVIDES A SAFE, HEALTHY, NURTURING, AND RESPONSIVE ALL-DAY SETTING FOR CHILDREN SIX WEEKS TO FIVE YEARS. THE SCHOOL AGED CHILDCARE PROGRAM MEETS THE NEEDS OF FAMILIES IN CERTAIN SERVICE AREAS BEFORE AND AFTER SCHOOL. (ANCHORAGE ONLY, LIMITED TRANSPORTATION AVAILABILITY.)**4c** (Code:) (Expenses \$ 899,665. including grants of \$ 46,920.) (Revenue \$ 16,734.)COMMUNITY CENTERS - IN ADDITION TO CLUBHOUSE PROGRAMS (AS NOTED ABOVE), COMMUNITY CENTERS ALSO PROVIDE RESOURCES FOR THE COMMUNITY AT LARGE TO ACCESS OUTSIDE OF REGULAR CLUB ACTIVITIES.**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O(Expenses \$ 701,419. including grants of \$ 20,460.) (Revenue \$ 89,551.)**4e** Total program service expenses 6,377,750.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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 controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	13	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 242		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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? 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 the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
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		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15 a	X	
b Other officers or key employees of the organization. 15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
STEFANIE RYAN 2300 W 36TH AVE ANCHORAGE AK 99517 907-770-7336

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALANA HUMPHREY CEO	40 0			X				179,530.	0.	0.
(2) CHARLOTTE DENNIS CFO	40 0			X				121,130.	0.	0.
(3) BRENT TYNER CHAIRMAN	2 0	X		X				0.	0.	0.
(4) ERIC SOBOLIK PAST CHAIR	2 0	X		X				0.	0.	0.
(5) MICHELLE BRUMFIELD TREASURER	2 0	X		X				0.	0.	0.
(6) ELISHA MARTIN SECRETARY	2 0	X		X				0.	0.	0.
(7) JOHN BROWN MEMBER	2 0	X						0.	0.	0.
(8) JACOB CHAMBERS MEMBER	2 0	X						0.	0.	0.
(9) ROB CLEM MEMBER	2 0	X						0.	0.	0.
(10) CHERI GILLIAN MEMBER	2 0	X						0.	0.	0.
(11) HEATHER HORTON MEMBER	2 0	X						0.	0.	0.
(12) BRANDON HUGHES MEMBER	2 0	X						0.	0.	0.
(13) DOUG JOHN MEMBER	2 0	X						0.	0.	0.
(14) KATIE MARQUETTE MEMBER	2 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TOM MARRIAGE MEMBER	2 0	X						0.	0.	0.
(16) JERROD MUSTAIN MEMBER	2 0	X						0.	0.	0.
(17) MARSHALL PICKERING MEMBER	2 0	X						0.	0.	0.
(18) KATHLEEN REDMOND MEMBER	2 0	X						0.	0.	0.
(19) KYLE RODGERS MEMBER	2 0	X						0.	0.	0.
(20) JESSICA ROSTAD MEMBER	2 0	X						0.	0.	0.
(21) JULIE SCHRECENGOST MEMBER	2 0	X						0.	0.	0.
(22) SARAH SHINE MEMBER	2 0	X						0.	0.	0.
(23) TIM SMITH MEMBER	2 0	X						0.	0.	0.
(24) STACIA SUTHERLAND MEMBER	2 0	X						0.	0.	0.
(25) KRISTY WEST MEMBER	2 0	X						0.	0.	0.
1 b Subtotal								300,660.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								300,660.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2										

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

2020

Name of the Organization

Employer Identification number

BOYS & GIRLS CLUBS OF

92-0036082

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a 120,096.					
	b Membership dues	1 b 211,512.					
	c Fundraising events	1 c 32,842.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 3,432,602.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 596,618.					
	g Noncash contributions included in lines 1a-1f.	1 g					
	h Total. Add lines 1a-1f						4,393,670.
Program Service Revenue	2 a FEES & CONTRACTS GOV AGENCIES		Business Code				
	b PROGRAM FEES		900099	1,765,965.	1,765,965.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,586,510.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		127,256.		80,835.	46,421.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		6 a					
		b Less: rental expenses	6 b				
c Rental income or (loss)		6 c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7 a	1,034.				
		b Less: cost or other basis and sales expenses	7 b				
c Gain or (loss)		7 c	56.				
d Net gain or (loss)		56.			56.		
8 a Gross income from fundraising events (not including \$ 32,842. of contributions reported on line 1c). See Part IV, line 18		8 a					
		8 a 126,400.					
		b Less: direct expenses					
c Net income or (loss) from fundraising events		71,793.					
9 a Gross income from gaming activities. See Part IV, line 19		9 a					
	9 a 1,501,832.						
	b Less: direct expenses						
c Net income or (loss) from gaming activities		15,895.		15,895.			
10 a Gross sales of inventory, less returns and allowances.	10 a						
	10 a						
	b Less: cost of goods sold.						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER		Business Code				
	b		900099	12,635.	12,635.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		12,635.				
	12 Total revenue. See instructions		7,207,815.	2,599,145.	96,730.	46,477.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	261,533.	261,533.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	300,660.	0.	300,660.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,426,261.	3,691,521.	652,509.	82,231.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	71,353.		71,353.	
9 Other employee benefits.	474,819.	350,416.	114,413.	9,990.
10 Payroll taxes.	558,038.	267,745.	283,010.	7,283.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	39,205.	30,972.	7,449.	784.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	11,658.		11,658.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	242,254.	163,246.	53,864.	25,144.
12 Advertising and promotion.	20,874.	12,363.	663.	7,848.
13 Office expenses.	102,704.	81,737.	15,111.	5,856.
14 Information technology.	110,146.	63,002.	41,971.	5,173.
15 Royalties.				
16 Occupancy.	447,505.	431,554.	12,848.	3,103.
17 Travel.	6,244.	5,648.	402.	194.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	813.	714.	99.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	464,975.	460,954.	4,021.	
23 Insurance.	119,490.	110,033.	9,457.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM EXPENSES</u>	352,273.	333,958.	5,820.	12,495.
b <u>OTHER</u>	63,671.	38,585.	23,527.	1,559.
c <u>VEHICLE AND TRANSPORTATION</u>	39,523.	37,223.	2,300.	
d <u>BAD DEBT</u>	19,580.	19,580.		
e All other expenses.	-17,699.	16,966.	2,512.	-37,177.
25 Total functional expenses. Add lines 1 through 24e.	8,115,880.	6,377,750.	1,613,647.	124,483.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	932,408.	1	1,484,168.
	2 Savings and temporary cash investments	2,760,897.	2	3,336,143.
	3 Pledges and grants receivable, net	900,477.	3	3,453,825.
	4 Accounts receivable, net	171,007.	4	104,890.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,149.	9	24,709.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,529,152.		
	b Less: accumulated depreciation	10b 5,924,058.		
		1,017,099.	10c	605,094.
	11 Investments — publicly traded securities	3,048,238.	11	3,323,253.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	57,886.	15	78,400.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,915,161.	16	12,410,482.	
Liabilities	17 Accounts payable and accrued expenses	168,433.	17	213,342.
	18 Grants payable		18	
	19 Deferred revenue	93,590.	19	157,924.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	438,673.	25	641,740.
	26 Total liabilities. Add lines 17 through 25	700,696.	26	1,013,006.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,812,042.	27	8,038,923.
	28 Net assets with donor restrictions	402,423.	28	3,358,553.
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,214,465.	32	11,397,476.
	33 Total liabilities and net assets/fund balances	8,915,161.	33	12,410,482.

Part XI Reconciliation of Net AssetsCheck 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	7,207,815.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,115,880.
3	Revenue less expenses. Subtract line 2 from line 1	3	-908,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,214,465.
5	Net unrealized gains (losses) on investments	5	182,406.
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). SEE SCHEDULE O	9	3,908,670.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,397,476.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**

Employer identification number
92-0036082

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,589,175.	5,487,277.	6,016,497.	6,299,883.	2,507,452.	24,900,284.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	2,951,472.	2,816,320.	3,910,755.	1,973,705.	1,886,218.	13,538,470.
4 Total. Add lines 1 through 3	7,540,647.	8,303,597.	9,927,252.	8,273,588.	4,393,670.	38,438,754.
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)						0.
6 Public support. Subtract line 5 from line 4						38,438,754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7,540,647.	8,303,597.	9,927,252.	8,273,588.	4,393,670.	38,438,754.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,904.	63,339.	78,358.	95,440.	46,421.	318,462.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	137,958.	154,831.	168,426.	209,417.	96,730.	767,362.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	12,027.	14,855.	32,721.	1,391.	12,635.	73,629.
11 Total support. Add lines 7 through 10						39,598,207.
12 Gross receipts from related activities, etc. (see instructions)					12	10,520,533.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.13 %
16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services 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.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
OTHER	\$ 12,635.	\$ 1,391.	\$ 30,368.	\$ 14,855.	\$ 12,027.
BAD DEBT RECOVERY			2,353.		
TOTAL	<u>\$ 12,635.</u>	<u>\$ 1,391.</u>	<u>\$ 32,721.</u>	<u>\$ 14,855.</u>	<u>\$ 12,027.</u>

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020Name of the organization **BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**Employer identification number
92-0036082**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BOYS & GIRLS CLUBS OF	Employer identification number 92-0036082
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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	US DEPT OF JUSTICE 950 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20530	\$ 104,773.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	US DEPT OF AGRICULTURE 1400 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20250	\$ 247,755.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	UNITED WAY OF ANCHORAGE 701 W 8TH AVE, #230 ANCHORAGE, AK 99501	\$ 319,547.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	MUNICIPALITY OF ANCHORAGE 632 W 6TH AVENUE ANCHORAGE, AK 99501	\$ 571,425.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	STATE OF AK DEPT OF HEALTH & SOC 350 MAIN STREET JUNEAU, AK 99811-0601	\$ 462,821.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	NORTHWEST ARCTIC BOROUGH PO BOX 1110 KOTZEBUE, AK 99752	\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

BOYS & GIRLS CLUBS OF

Employer identification number

92-0036082

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	BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	\$ 412,138.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	US DEPT OF EDUCATION 912 2ND AVENUE #3310 SEATTLE, WA 98174	\$ 1,092,013.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	ARCTIC SLOPE COMMUNITY FOUNDATION 3900 C ST STE 701 ANCHORAGE, AK 99503-5969	\$ 1,335,620.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	THE ALASKA COMMUNITY FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99501	\$ 370,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

BOYS & GIRLS CLUBS OF

Employer identification number

92-0036082

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA	Employer identification number	92-0036082
----------------------	--	--------------------------------	------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
(See instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4 a Was a correction made? ☐ Yes ☐ No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0.	0.												
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		0.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount	532,488.	533,537.	647,485.		1,713,510.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,570,265.
c Total lobbying expenditures	7,500.	7,500.	7,500.		22,500.
d Grassroots nontaxable amount	133,122.	133,384.	161,871.		428,377.
e Grassroots ceiling amount (150% of line 2d, column (e))					642,566.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2 a	
b Carryover from last year.	2 b	
c Total.	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions).	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**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

2020**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

Employer identification number

92-0036082

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 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
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 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)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a 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. ► \$

2 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. ► \$

b Assets included in Form 990, Part X. ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations..... **3a(i)** ☐ Yes ☐ No

(ii) Related organizations..... **3a(ii)** ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		5,461.		5,461.
b Buildings.....		2,479,173.		2,479,173.
c Leasehold improvements.....		2,853,460.		2,853,460.
d Equipment.....		1,191,058.		1,191,058.
e Other.....			5,924,058.	-5,924,058.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				605,094.

BAA

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL & RELATED LIABILITIES	374,564.
(3) DUE TO SPECIAL ACCOUNTS	70,654.
(4) ACCRUED LEAVE	196,522.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	641,740.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,657,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	182,406.
b	Donated services and use of facilities	2b	5,425,165.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	810,431.
e	Add lines 2a through 2d	2e	6,418,002.
3	Subtract line 2e from line 1	3	7,239,958.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,658.
b	Other (Describe in Part XIII.) SEE PART XIII	4b	-43,801.
c	Add lines 4a and 4b	4c	-32,143.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,207,815.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,474,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,588,460.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	43,801.
e	Add lines 2a through 2d	2e	2,632,261.
3	Subtract line 2e from line 1	3	7,842,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,658.
b	Other (Describe in Part XIII.) SEE PART XIII	4b	261,533.
c	Add lines 4a and 4b	4c	273,191.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,115,880.

Part XIII Supplemental Information.

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

PART X - FASB ASC 740 FOOTNOTE

THE CLUB IS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. THE CLUB HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).

ALTHOUGH THE CLUB IS EXEMPT FROM FEDERAL INCOME TAXES, ANY INCOME DERIVED FROM

UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO THE REQUIREMENTS OF FILING FEDERAL

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

INCOME TAX FORM 990-T AND A TAX LIABILITY MAY BE DETERMINED ON THESE ACTIVITIES.

THE CLUB'S POLICY IS TO REPORT INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS INTEREST EXPENSE AND OTHER EXPENSE, RESPECTIVELY. THERE IS NO INTEREST OR PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX BENEFITS AS EXPENSES. WITH FEW EXCEPTIONS, THE CLUBS ARE NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL AND STATE TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2017. MANAGEMENT HAS TAKEN NO UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

MEMBERSHIP DUE DISCOUNTS.....	\$	-186,284.
PROGRAM FEES DISCOUNTS.....		-75,249.
BOOK INCOME > K-1 INCOME.....		180.
PPP LOAN FORGIVENESS.....		1,071,784.
TOTAL	\$	<u>810,431.</u>

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

FUNDRAISING EXPENSE ON PART VIII.....	\$	-43,801.
TOTAL	\$	<u>-43,801.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXPENSE ON PART VIII.....	\$	43,801.
TOTAL	\$	<u>43,801.</u>

SCHEDULE D, PART XII, LINE 4B**OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

MEMBERSHIP DISC. TREATED AS SCHOLARSHIPS.....	\$	261,533.
TOTAL	\$	<u>261,533.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization **BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**

Employer identification number
92-0036082

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a ☒ Mail solicitations | e ☒ Solicitation of non-government grants |
| b ☒ Internet and email solicitations | f ☒ Solicitation of government grants |
| c ☒ Phone solicitations | g ☒ Special fundraising events |
| d ☒ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA AUCTION (event type)	(b) Event #2 HAHA AUCTION (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	71,870.	59,618.	27,754.	159,242.
	2 Less: Contributions	15,600.	15,342.	1,900.	32,842.
	3 Gross income (line 1 minus line 2)	56,270.	44,276.	25,854.	126,400.
Direct Expenses	4 Cash prizes		2,575.		2,575.
	5 Noncash prizes	9,728.	1,280.	1,474.	12,482.
	6 Rent/facility costs				
	7 Food and beverages	106.	6,471.		6,577.
	8 Entertainment	25,000.			25,000.
	9 Other direct expenses	1,663.	1,599.	4,711.	7,973.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				54,607.
	11 Net income summary. Subtract line 10 from line 3, column (d)				71,793.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue	710,345.	775,592.	15,895.	1,501,832.
	2 Cash prizes	532,642.	631,036.	2,575.	1,166,253.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs	24,144.	10,857.		35,001.
	5 Other direct expenses	162,296.	111,413.	10,974.	284,683.
	6 Volunteer labor	☐ Yes _____ 0 % ☒ No	☐ Yes _____ 0 % ☒ No	☐ Yes _____ 0 % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				1,485,937.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				15,895.

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

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☒ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ BDO

Address ▶ 3601 C STREET #600, ANCHORAGE, AK 99503

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ MATALENA FUNGCHENPEN

Gaming manager compensation ▶ \$ 69,872.

Description of services provided ▶ DAILY OPERATIONS OF BINGO AND PULL TAB

☐ Director/officer☒ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 85,348. SEE PART IV

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

PART III, LINE 17B
DISTRIBUTIONS REQUIRED UNDER STATE LAW

ALASKA

TOTAL	\$ 85,348.
	<u>\$ 85,348.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

Employer identification number

92-0036082

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PROGRAM PARTICIPATION FEE WAIVERS	5,276		261,533.	FMV	NORMAL FEES CHARGED PAYING MEMBERS
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

FEE REDUCTION OR WAIVERS ARE GIVEN TO FAMILIES THAT APPLY FOR THE ASSISTANCE. SOME ASSISTANCE IS GIVEN BASED ON RESIDENCE ADDRESS, OTHER ASSISTANCE IS GIVEN BASED ON COMPLETED APPLICATION THAT INCLUDES INFORMATION REGARDING FAMILY INCOME LEVEL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

Employer identification number

92-0036082

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ALANA HUMPHREY CEO	(i) 150,000.	(ii) 29,530.	(iii) 0.	0.	0.	179,530.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

Employer identification number

92-0036082

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROMOTE THE WELL-BEING OF CHILDREN IN LICENSED CHILDCARE (AGES 6 WEEKS - 12 YEARS), ATHLETICS (AGES 4 - 18 YEARS) AND CLUBHOUSES (AGES 6 - 18 YEARS). THE CLUB'S PROGRAMS PROVIDE RECREATIONAL, ATHLETIC, ENRICHMENT, PREVENTATIVE, AND MENTORING PROGRAMS FOCUSING ON ACADEMIC SUCCESS, GOOD CHARACTER AND LEADERSHIP, AND HEALTHY LIFESTYLES FOR CHILDREN LIVING IN COMMUNITIES ACROSS ALASKA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

STATEWIDE OPERATIONS - OVERSEES CLUBHOUSE AND COMMUNITY CENTER OPERATIONS TO ENSURE THE DELIVERY OF QUALITY PROGRAMMING AND WORKS TO EXPAND PROGRAM ACTIVITIES AND PARTICIPATION LEVELS.

ATHLETICS - PROVIDING SAFE, AFFORDABLE, COMPETITIVE AND RECREATIONAL SPORTS LEAGUES TO THE ANCHORAGE COMMUNITY FOR YOUTH AGES 4-18. SPORTS LEAGUES INCLUDE BASKETBALL, VOLLEYBALL, TACKLE FOOTBALL, FLAG FOOTBALL, SOCCER, INDOOR SOCCER, AND KARATE. COACH/MENTORS DELIVER POSITIVE PHILOSOPHY-BASED PROGRAMS THAT STRESS SAFETY, SKILL DEVELOPMENT, AND FUN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

PRESENTATION OF AUDITED FINANCIAL STATEMENTS TO FULL BOARD. COPIES ARE AVAILABLE ON LINE. BOARD VOTES TO ACCEPT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

POLICY IS IN WRITING AND IS RENEWED ANNUALLY. POLICY DISCUSSION IS A PART OF THE BOARD ORIENTATION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

FOR THE CEO, BOARD PERFORMS THE ANNUAL REVIEW AND SETS COMPENSATION. SALARY SURVEYS FROM INDEPENDENT SOURCES ARE USED AS DOCUMENTATION.

Name of the organization **BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA**

Employer identification number
92-0036082

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AUDITED FINANCIALS AND 990'S ARE AVAILABLE ON OUR OWN WEB-SITE, ANOTHER'S WEB-SITE,
AND UPON REQUEST. WRITTEN COPIES OF OUR GOVERNING DOCUMENTS AND POLICIES ARE
AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

BOOK INCOME > K-1 INCOME	\$	180.
PPP LOAN FORGIVENESS		1,071,784.
CAPITALIZED IN-KIND EXPENSES		2,836,705.
ROUNDING		1.
TOTAL	\$	<u><u>3,908,670.</u></u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

Employer identification number

92-0036082

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) BOYS & GIRLS CLUB FOUND 2300 W 36TH AVE ANCHORAGE, AK 99517 92-0170311	SUPPORT BOYS & GIRLS CLUB OF SC AK	AK	501 (C) (3)	7	BOYS AND GIRLS CLUBS OF SC AK	X	
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Dividends from related organization(s)	1 f	X
g Sale of assets to related organization(s)	1 g	X
h Purchase of assets from related organization(s)	1 h	X
i Exchange of assets with related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
o Sharing of paid employees with related organization(s)	1 o	X
p Reimbursement paid to related organization(s) for expenses	1 p	X
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1 r	X
s Other transfer of cash or property from related organization(s)	1 s	X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

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

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA	92-0036082
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2300 W 36TH AVE City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ANCHORAGE, AK 99517	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► STEFANIE RYAN

Telephone No. ► 907-770-7336 Fax No. ► 907-770-7348

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 20 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2020)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____,

► Go to **www.irs.gov/Form990T** for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if address changed. B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A	Print or Type	☐ Check box if name changed and see instructions. BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA 2300 W 36TH AVE ANCHORAGE, AK 99517	D Employer identification number 92-0036082 E Group exemption number (see instructions.) F ☐ Check box if an amended return.
		C Book value of all assets at end of year. 12,410,482.	
G Check organization type. ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity			
H Check if filing only to. ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ☐			
J Enter the number of attached Schedules A (Form 990-T). 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No If 'Yes,' enter the name and identifying number of the parent corporation			
L The books are in care of ► STEFANIE RYAN 2300 W 36TH AVE ANCHORAGE AK 99517 Telephone number ► 907-770-7336			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	0.
2 Reserved.	2	
3 Add lines 1 and 2.	3	0.
4 Charitable contributions (see instructions for limitation rules).	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	0.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9.	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3 Proxy tax. See instructions.	3	
4 Other tax amounts. See instructions.	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions.	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a		
b Other credits (see instructions).....	1b		
c General business credit. Attach Form 3800 (see instructions).....	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d		
e Total credits. Add lines 1a through 1d.....	1e		0.
2 Subtract line 1e from Part II, line 7.....	2		0.
3 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement).....	3		
4 Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4.....	5		
6a Payments: A 2019 overpayment credited to 2020.....	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies... ☐	6b		
c Tax deposited with Form 8868.....	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	6d		
e Backup withholding (see instructions).....	6e		
f Credit for small employer health insurance premiums (attach Form 8941).....	6f		
g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other _____ Total ...	6g		
7 Total payments. Add lines 6a through 6g.....	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ☐	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ☐ Refunded ☐	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year..... ☐ \$ 0.		
4a Did the organization change its method of accounting? (see instructions).....		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.....		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	TOM J. DOMAGALA, CPA			PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	ALTMAN ROGERS & CO	92-0143182	(907) 274-2992	
	3000 C STREET SUITE 201			
	ANCHORAGE, AK 99503			

BAA

Form 990-T (2020)

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization BOYS & GIRLS CLUBS OF SOUTHCENTRAL ALASKA	B Employer identification number 92-0036082
C Unrelated business activity code (see instructions) ► 713940	D Sequence: 1 of 1

E Describe the unrelated trade or business ► **TO PROMOTE THE WELL BEING OF CHILDREN.**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>1,501,832.</u>			
b Less returns and allowances <u> </u> c Balance ►	1c 1,501,832.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 1,501,832.		1,501,832.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT. 1.	12 80,835.		80,835.
13 Total. Combine lines 3 through 12	13 1,582,667.		1,582,667.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	7	8a	1	2
1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement) (see instructions)			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 2			14	1,582,667.
15 Total deductions. Add lines 1 through 14			15	1,582,667.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	
17 Deduction for net operating loss (see instructions)			17	
18 Unrelated business taxable income. Subtract line 17 from line 16			18	

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ►

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%.....)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ►				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ►				
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ►				
11 Total dividends-received deductions included in line 10..... ►				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶			
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1.....			▶

Part XI Supplemental Information (see instructions)

2020

FEDERAL STATEMENTS

PAGE 1

BOYS & GIRLS CLUBS OF
SOUTHCENTRAL ALASKA

92-0036082

STATEMENT 1
SCHEDULE A, PART I, LINE 12
OTHER INCOME

OTHER INVESTMENT INCOME.....	\$	80,835.
TOTAL	\$	<u>80,835.</u>

STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

GAMING CASH PRIZES.....	\$	1,166,253.
GAMING RENT/FACILITY COST.....		35,001.
GAMING OTHER DIRECT EXPENSES.....		284,683.
ALASKA STATUTE SEC. 05.15.150 EXPENSES.....		96,730.
TOTAL	\$	<u>1,582,667.</u>

2020

Alaska Income Tax Summary

Page 1

Boys & Girls Club of
Southcentral Alaska

FEDERAL TAXABLE INCOME

Federal taxable income.....	0
-----------------------------	---

TAXABLE INCOME

Alaska apportionment factor.....	1.000000
Alaska taxable income.....	0

TAX COMPUTATION

Alaska corporate income tax.....	0
Net Alaska income tax.....	0

TAX RATES

Marginal tax rate.....	0.00%
------------------------	-------

2020

General Information

Page 1

Boys & Girls Club of
Southcentral Alaska

92-0036082

Forms needed for this return

Alaska: 6000

PDF Attachments

Auto-Attach PDFs will be added to the list after the E-File is submitted

Alaska

Federal Form 990-T Attachment, Form 990-T.PDF

Tax Rates

	<u>Marginal</u>	<u>Effective</u>
Alaska	0%	0%

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2020 or the taxable year beginning _____, 2020, ending _____, _____

2020

EIN 92-0036082		NAICS Code 713200		Contact Person Stefanie Ryan	
Name Boys & Girls Club of				Title CFO	
Mailing Address 2300 W 36th Ave				☐ Check if new address	
City Anchorage		State AK	Zip Code 99517	Contact Telephone Number 907-770-7334	Contact Fax Number
Return Information (check applicable boxes)					
☐ Final Alaska return		☐ Carryback is waived for net operating loss		☐ Exempt organization with UBTI	
☐ Consolidated Alaska return		☐ Public Law 86-272 applies		☐ S Corporation (attach Form 1120S)	
☐ Amended return		☐ HOA filing Form 1120-H		☐ Personal Holding Company	
☒ Federal extension is in effect		☐ Small corporation exemption (see instructions)		☐ Cooperative Association	
If amended return box above is checked, then check the following boxes, if applicable:					
☐ Amended return to report IRS audit or Form 1120X				☐ This is a protective claim	

SCHEDULE A – NET INCOME TAX SUMMARY

1 Alaska income (loss) from Schedule H, line 12.....	1	
2 Alaska net operating loss utilized: carryover (_____) carryback (_____) Total.....	2	(_____)
3 Alaska taxable income. Add lines 1-2.....	3	
4 Alaska income tax from Schedule D, line 2.....	4	
5 Other taxes from Schedule E, line 7.....	5	
6 Total tax. Add lines 4-5.....	6	
7 Alaska incentive credits applied against tax from Form 6300, line 49.....	7	
8 Federal-based credits from Form 6390, line 33.....	8	
9 Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220..	9	0.
10 Payments from page 3, Schedule C.....	10	
11 Alaska credit for prior year minimum tax (see instructions).....	11	
12 Alaska incentive credits claimed as refund from Form 6300, line 38.....	12	
13 Tax due (overpaid). Subtract the sum of lines 10-12 from line 9.....	13	0.
14 Penalty for underpayment of estimated tax (see instructions).....	14	
15 Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP.....	15	0.
16 Overpayment credited to 2021 estimated tax (enter as positive number).....	16	
17 Refund. Add lines 15-16.....	17	

<i>I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>				☒ Check if the DOR may discuss this return with the preparer (see instructions)	
Officer's Signature		Date	Title		
			CFO		
Preparer's Signature		Date	Preparer Firm's Name		Preparer's SSN or PTIN
Tom J. Domagala, CPA			ALTMAN ROGERS & CO		P00122688
Preparer Firm's Address			EIN	Phone	
3000 C Street Suite 201			92-0143182	(907) 274-2992	
City	State	Zip Code			
Anchorage	AK	99503			

EIN 92-0036082	Name Boys & Girls Club of
-------------------	------------------------------

SCHEDULE B – ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska				B P.L. 86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code
Name				☐	☐		
Address							
City	State	Zip Code					
Factor numerators to be reported: ☐ property ☐ payroll ☐ sales							
Name				☐	☐		
Address							
City	State	Zip Code					
Factor numerators to be reported: ☐ property ☐ payroll ☐ sales							
Name				☐	☐		
Address							
City	State	Zip Code					
Factor numerators to be reported: ☐ property ☐ payroll ☐ sales							
Name				☐	☐		
Address							
City	State	Zip Code					
Factor numerators to be reported: ☐ property ☐ payroll ☐ sales							

2 If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name			
Address		City	State	Zip Code

3 If this is the first return, indicate if: ☐ Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name			
Address		City	State	Zip Code

4 Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name			
Reason				

EIN 92-0036082	Name Boys & Girls Club of
-------------------	------------------------------

SCHEDULE C – TAX PAYMENT RECORD

Estimated Payments	Date	Amount
First.....		
Second.....		
Third.....		
Fourth.....		
Total estimated tax payments.....		0.

Summary	Date	Amount
Payment with extension		
Total estimated tax payments		0.
Overpayment from prior year		
Less: Quick Refund from Form 6230		
Amended return only:		
Tax paid with original return and additional tax paid		
Less: Overpayment previously credited to 2021		
Less: Refund from original return and additional refunds		
Total net payments to Schedule A, line 10		0.

SCHEDULE D – ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1 Alaska taxable income from Schedule A, line 3.....	1	
2 Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4.....	2	

SCHEDULE E – OTHER TAXES

1 Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991.....	1	
2 Apportionment factor, from Schedule I, line 14.....	2	1.000000
3 Multiply line 1 by line 2.....	3	
4 Personal Holding Company tax (see instructions).....	4	0.
5 Tax on early cessation of operations – LNG storage facility.....	5	0.
6 Other taxes (see instructions).....	6	0.
7 Add lines 3-6. Enter here and on Schedule A, line 5.....	7	0.

EIN
92-0036082Name
Boys & Girls Club of**SCHEDULE H – COMPUTATION OF ALASKA INCOME**

1 Federal taxable income (loss) (see instructions)		1	
Combined Reporting	2a Federal taxable income (loss) of corporations not included in line 1	2a	
	2b Foreign corporations with 20% or greater U.S. factors	2b	
	2c Income from tax haven corporations and any FSC profit	2c	
	2d Federal taxable (income) loss of non-unitary corporations	2d	
	2e Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f Intercompany eliminations (see instructions)	2f	
2g Total adjustments for combined reporting. Add lines 2a-2f		2g	
3 Net income before state modifications and adjustments. Add lines 1 and 2g		3	
Additions	4a Taxes based on or measured by net income	4a	
	4b Expenses incurred to produce non-business income	4b	
	4c Federal charitable contributions from federal Form 1120, line 19	4c	
	4d Net Section 1231 losses from federal Form 4797, line 11	4d	
	4e Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f Reserved	4f	
	4g Other (attach schedule)	4g	
	4h Total additions. Add lines 4a-4g	4h	
5 Total. Add lines 3 and 4h		5	
Subtractions	6a Interest from obligations of the United States	6a	
	6b Intercompany dividends	6b	
	6c Section 78 gross-up dividends	6c	
	6d 80% of dividends received from foreign corporations	6d	
	6e 80% of royalties accrued or received from foreign corporations	6e	
	6f Non-business income (attach schedule)	6f	
	6g Federal Form 1120, line 8 capital gain income	6g	
	6h Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	6h	
	6i Other (attach schedule)	6i	
	6j Total subtractions. Add lines 6a-6i	6j	
7 Apportionable income (loss). Subtract line 6j from line 5		7	
8 Apportionment factor from Schedule I, line 14		8	1.000000
9 Income (loss) apportioned to Alaska. Multiply line 7 by line 8		9	
10 Non-business income (loss) net of expenses allocable to Alaska (attach schedule)		10	
Alaska Items	11a Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	
	11b Alaska charitable contribution deduction from Schedule K, line 10d, column C	11b	
	11c Alaska dividends-received deduction (see instructions)	11c	
	11d Total Alaska items (add lines 11a-11c)	11d	
12 Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1		12	

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SCHEDULE I – APPORTIONMENT FACTOR

Property	1 Property within Alaska			
	A EIN	B Name	C Property within Alaska	
	1a			
	1b			
	1c			
	1d			
	1e			
2 Total of line 1 column C.....			2	
3 Property everywhere.....			3	
4 Property factor. Divide line 2 by line 3.....			4	
Payroll	5 Payroll within Alaska			
	A EIN	B Name	C Payroll within Alaska	
	5a			
	5b			
	5c			
	5d			
	5e			
6 Total of line 5 column C.....			6	
7 Payroll everywhere.....			7	
8 Payroll factor. Divide line 6 by line 7.....			8	
Sales	9 Sales within Alaska			
	A EIN	B Name	C Sales within Alaska	
	9a			
	9b			
	9c			
	9d			
	9e			
10 Total of line 9 column C.....			10	
11 Sales everywhere.....			11	
12 Sales factor. Divide line 10 by line 11.....			12	
13 Add lines 4, 8, and 12.....			13	
14 Apportionment factor. Divide line 13 by 3..... (if less than 3 factors are used, see instructions)			14	1.000000

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SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**Section 1231 Gains and Losses**

	A Combined	B AK factor	C Alaska Gain or (loss)
1 Current Section 1231 gains and (losses). If a loss enter the result on line 19 . . .	1	1.000000	
2 Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number	2		
3 If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15	3		
4 If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero	4		0.

Short-Term Capital Gains and Losses — STCG/(L)

5 Total current STCG/(L)	5		
6 Non-business STCG/(L)	6		
7 Apportionable STCG/(L). Subtract line 6 from line 5	7	1.000000	
8 Non-business STCG/(L) allocable to Alaska	8		
9 Alaska capital loss carryover utilized () carryback utilized (). Total	9		
10 Net STCG/(L), add lines 7C, 8, and 9	10		

Long-term Capital Gains and Losses — LTCG/(L)

11 Total current LTCG/(L)	11		
12 Non-business LTCG/(L)	12		
13 Apportionable LTCG/(L). Subtract line 12 from line 11	13	1.000000	
14 Non-business LTCG/(L) allocable to Alaska	14		
15 Enter amount from line 3	15		
16 Net LTCG/(L). Add lines 13C, 14, and 15	16		

Summary

17 Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18 Excess net long-term capital gain, line 16, over net short-term capital loss, line 10	18	
19 If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20 Add lines 17-19. Enter here and on Schedule H, line 11a	20	

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SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION

		A 10% Limit	B 25% Limit	C Total
1 Current charitable contributions	1			
2 Education credit contributions. See instructions	2			
3 Subtract line 2 from line 1	3			
4 Apportionment factor from Schedule I, line 14	4	1.000000		
5 Current Alaska Charitable Contributions. Multiply line 3 by line 4.	5			
6 Alaska charitable contribution carryover from Form 6385, line 18	6			
7 Add lines 5-6	7			
8 Taxable income for deduction limitation purposes (see instructions)	8			
9 Multiply line 8, column A by 10% and column B by 25% ..	9			
10a Lesser of line 7, column A or line 9, column A. Send to 10d	10a			
10b Subtract line 10a, column A from line 9, column B	10b			
10c Lesser of line 7, column B or line 10b. Send to 10d	10c			
10d Alaska Charitable Contribution Deduction is the sum of line 10d, columns A and B. Enter on column C and Schedule H, line 11b.	10d			

SCHEDULE L – ALASKA DIVIDENDS – RECEIVED DEDUCTION (DRD)

1 Dividend income included in Schedule H, line 3	1	
2a Intercompany dividends from Schedule H, line 6b	2a	
2b Section 78 gross-up dividends from Schedule H, line 6c	2b	
2c 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%	2c	
2d Dividends subtracted on Schedule H, line 6f as non-business income	2d	
2e Total dividends not eligible for DRD. Add lines 2a-2d	2e	
3 Total dividends eligible for DRD. Subtract line 2e from line 1	3	
4 Apportionment factor from Schedule I, line 14	4	1.000000
5 Apportioned dividends. Multiply line 3 by line 4	5	
6 Dividends allocable to Alaska included on Schedule H, line 10	6	
7 Total dividends included in taxable income. Add lines 5-6	7	

Not Eligible

DRD

	A Apportioned Dividends	B Percentage	C DRD (A x B)
8a Dividends qualifying for 100% deduction	8a	100%	
8b Dividends qualifying for 65% deduction	8b	65%	
8c Dividends qualifying for 50% deduction	8c	50%	
8d Dividends qualifying for 26.7% deduction	8d	26.7%	
8e Dividends qualifying for 23.3% deduction	8e	23.3%	
8f Other, if applicable (enter % in column B)	8f	0	
9 Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions)	9		