#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

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

OMB No. 1545-0047

<u>A F</u>	or the	e 2021 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if	OF GREATER ST. LOUIS INC  Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  All And		cation number	
Address Change  X Change Change Change Initial Preturn return return return  Amended Amended Preturn  Amende					
X	chang	Doing business as		43-60616	93
	⊓Initial	_	Room/suite		
	 Final return	2901 NORTH GRAND BOULEVARD			
				G Gross receipts \$	24,052,214.
	return	SAINI LOUIS, MO 03107		7	
	tion tendi	F Name and address of principal officer: DK • FIINI FOWIER			·····= =
_		SAME AS C ABOVE		7	
		empt status: X 501(c)(3) 501(c) ( )	or 527	<b>∃</b> ′	list. See instructions
_		organization: X Corporation Trust Association Other ►	I Voor	of formation: 1967	on number  M State of legal domicile: MO
	irt I	Summary	L TEAT	or formation. ±507[1	VI State of legal domicile. P10
	1	Briefly describe the organization's mission or most significant activities: TO El	NABLE	YOUTH TO RE	ALIZE THEIR
Activities & Governance		FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE			
rnai	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ove	3			3	51
ত প্র	4	Number of independent voting members of the governing body (Part VI, line 1b)			50
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		_	294
iš	6	Total number of volunteers (estimate if necessary)			178
Aci	l			7a 7b	0.
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		8,807,434.	18,884,696.
nue	9	Program service revenue (Part VIII, line 2g)		136,444.	267,832.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		293,257.	1,048,581.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-80,528.	-76,096.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,156,607.	20,125,013.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,082,348.	7,962,985.
Expenses	16a 	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,151,70	0.1	7,181.	43,518.
Εχρ	l			2,732,799.	4,335,343.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,822,328.	12,341,846.
	19	Revenue less expenses. Subtract line 18 from line 12		334,279.	7,783,167.
or es		Tovolido loco experioce. Casalace inte 10 from into 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		27,392,334.	34,830,394.
ASS	21	Total liabilities (Part X, line 26)		2,906,352.	2,759,709.
		Net assets or fund balances. Subtract line 21 from line 20		24,485,982.	32,070,685.
	ırt II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Cia.	_	Signature of officer		I Date	
Sign Her		DR. FLINT FOWLER, EXECUTIVE DIRECTOR		2410	
Her	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		KIMBERLY A RYAN		if self-emplo	P00829977
Prep	arer	Firm's name ► RUBINBROWN LLP		Firm's EIN ▶	43-0765316
Use	Only	Firm's address 7676 FORSYTH BLVD, SUITE 2100			
		SAINT LOUIS, MO 63105		Phone no. ( 3	14) 290-3300
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

# Form 990 (2021) OF GREATER ST. LOUIS INC Part III Statement of Program Service Accomplishments

rai	Ctatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO INSPIRE AND ENABLE YOUTH AGES 6 TO 18 TO REALIZE THEIR FULL
	POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS, THE BOYS AND
	GIRLS CLUBS OF GREATER ST. LOUIS INC PROVIDES RECREATIONAL, ATHLETIC
	AND EDUCATIONAL FACILITIES FOR YOUTH IN THE METROPOLITAN ST. LOUIS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 2 , 067 , 049 . including grants of \$) (Revenue \$) (Revenue \$)
	THE HERBERT HOOVER CLUB (HHC) IS OUR ORIGINAL FACILITY LOCATED IN NORTH
	ST. LOUIS CITY. HHC SERVES APPROXIMATELY 1,700 YOUTH ANNUALLY. THE
	78,000 SQUARE-FOOT STATE LICENSED FACILITY HOUSES A COMPREHENSIVE
	DENTAL CLINIC, EMERSON TECHNOLOGY CENTER, LEARNING CENTER, MJL AQUATICS
	CENTER, ALL-STAR BASEBALL FIELD, ART ROOM, GAME ROOM, TEEN CENTER,
	PERFORMING ARTS STUDIO, FOOTBALL FIELD, FITNESS CENTER AND THE
	ADMINISTRATIVE OFFICES OF THE CLUB.
4b	(Code:) (Expenses \$ $\frac{1,743,718.}{}$ including grants of \$) (Revenue \$ $\frac{46,000.}{}$ )
	MATHEWS-DICKEY BOYS' AND GIRLS' CLUB MERGED WITH THE ORGANIZATION IN
	2021. THE GOAL OF MATHEWS-DICKEY IS TO FOSTER A SENSE OF COMPETENCE, A
	SENSE OF PURPOSE, AND A SENSE OF POWER IN EVERY YOUNG PERSON. THE
	MATHEWS-DICKEY CLUB SERVES YOUNG PEOPLE EACH YEAR THROUGH A WIDE RANGE
	OF PROGRAMS AND SUPPORT SERVICES, INCLUDING VARIOUS SPORTS PROGRAMS.
4c	(Code:) (Expenses \$1,543,147. including grants of \$) (Revenue \$2,000. )
	FERGUSON TEEN CENTER (FTC) OPENED IN THE FALL OF 2019 AND SERVES TEENS
	AGES 12-18, GIVING THEM A SAFE ENVIRONMENT STRUCTURED AROUND
	RESPONSIBILITY, BELONGING, AND LEADERSHIP MODELING. THIS PROGRAM HAS
	AN EMPHASIS ON HEALTH & WELLNESS, EDUCATION & WORKFORCE DEVELOPMENT AND
	LEADERSHIP & CIVIC ENGAGEMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 4 , 321 , 643 • including grants of \$ ) (Revenue \$ 95 , 832 • )
4e	Total program service expenses ▶ 9,675,557.
_	Form <b>990</b> (2021)

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

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c 24d		<b>_</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 75	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		i

Form **990** (2021)

Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	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 294			
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.	-		37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1 37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	7,0	6a		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		122
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
·	to file Form 8282?	7с		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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,,
C	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	Х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	, , , , , , , , , , , , , , , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	Х	
10	on Schedule O how this was done	12c 13	X	
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DR. FLINT FOWLER - 314-335-8000			
	2901 NORTH GRAND BOULEVARD, ST. LOUIS, MO 63107			

#### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trust	iee)	from	from related	other
	(list any	irecto						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	m pe n		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) DR. FLINT FOWLER	60.00									
CHIEF EXECUTIVE OFFICER				Х				222,281.	0.	16,852.
(2) RUTH L. LEDERMAN	40.00									
VICE PRESIDENT OF RESOURCE DEV.						Х		144,023.	0.	7,914.
(3) REGINA KNAPP	40.00									
VICE PRESIDENT OF FINANCE				Х				121,764.	0.	13,874
(4) INDIGO SAMS	40.00									
VICE PRESIDENT OF PROGRAMS						X		117,758.	0.	17,104
(5) RENEE SEAMAN	40.00									
VICE PRESIDENT OF HR & ADMIN						Х		120,852.	0.	12,745
(6) SHUNTAE SHIELDS-RYAN	40.00									
VICE PRESIDENT OF MARKETING						Х		109,911.	0.	1,178
(7) MARK J. BULANDA	2.00	1								
CHAIR		Х		Х				0.	0.	0 .
(8) MARK E. STALLION	2.00	ļ								•
VICE CHAIR		Х		Х				0.	0.	0
(9) NANCY WOLFE	2.00	ļ								•
VICE CHAIR		Х		Х				0.	0.	0 .
(10) MATT REDENIUS	2.00	ļ								
TREASURER		Х		Х				0.	0.	0 .
(11) MICHELE SOWERS	2.00									
SECRETARY		Х		Х				0.	0.	0 .
(12) MIKE ANDREW	2.00	ļ								•
BOARD MEMBER		Х						0.	0.	0 .
(13) DAVID APLINGTON	2.00	ļ								•
BOARD MEMBER		Х						0.	0.	0 .
(14) BEN BEINFELD	2.00								_	_
BOARD MEMBER		Х						0.	0.	0 .
(15) GREGG BERDY, M.D., F.A.C.S.	2.00	<b>.</b> ,							_	_
BOARD MEMBER	2.00	Х	$\vdash$		_			0.	0.	0 .
(16) MARY M. BONACORSI	2.00	٠,							_	_
BOARD MEMBER	2 00	Х	$\vdash$		$\vdash$			0.	0.	0.
(17) JEN CALL	2.00	٦,							_	_
BOARD MEMBER		Х						0.	0.	0 Form <b>990</b> (202

Form **990** (2021)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,				
(A)	(B)			Posi		,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable			stimate	
	week		, unle					compensation from	compensation from related		an	nount other	
	(list any	tor						the	organization		com	ipensa	
	hours for	direc				, p		organization	(W-2/1099-MIS			om th	
	related	tee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)			an	d relat	ted
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizati	ions
	line)	lpul	lust	Officer	Key	E High	윤						
(18) MARK C. DARRELL	2.00	<b>3,</b>											0
BOARD MEMBER (19) JOHN FARMER	2.00	Х	┢		_	┢	⊢	0.		0.			0.
BOARD MEMBER	2.00	Х						0.		0.			0.
(20) DANIEL S. FARRELL	2.00	25	$\vdash$			$\vdash$	$\vdash$	· ·					
BOARD MEMBER	2.00	Х						0.		0.			0.
(21) LOGAN FINERTY	2.00	<u> </u>											
BOARD MEMBER		х						0.		0.			0.
(22) LAURA L. FREEMAN, PH.D.	2.00												
BOARD MEMBER		Х						0.		0.			0.
(23) CRYSTAL GALE, PH.D.	2.00												
BOARD MEMBER		Х					igspace	0.		0.			0.
(24) CLIVE GRANNUM	2.00	1								_			
BOARD MEMBER		Х	_			_	ldash	0.		0.			0.
(25) KEITH GROSZ	2.00	ļ											•
BOARD MEMBER	2 22	Х	_		_	├	⊢	0.		0.			0.
(26) LEAH REYNOLDS HARRIS	2.00	х											^
BOARD MEMBER							ᆫ	836,589.		0.	- 6	0 6	0. 67.
1b Subtotal								0.		0.	0	9,0	0.
c Total from continuation sheets to Part VI								836,589.		0.	6	9 6	67.
d Total (add lines 1b and 1c)							0 16	•	000 of reportable			<i>5</i> ,0	07.
compensation from the organization	ot illilited to til	036	11316	u au	JOVE	<i>y</i> wii	016	eceived more triair \$100,	ooo or reportable	5			6
compensation from the organization												Yes	
3 Did the organization list any <b>former</b> officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	∋ <i>J f</i>	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .	<u></u>				5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										oensat	tion fro	mc	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
<b>(A)</b> Name and business	address							( <b>B)</b> Description of s	ervices	ı C	<b>))</b> ompe		n
RUBINBROWN LLP	4441000						$\dashv$	Bosomption or c	101 11000		ompo		
PO BOX 790379, ST. LOUIS,	MO 631	79					ŀ	ACCOUNTING		Ì	12	0.4	00.
EVNTIV LLC, 200 N BROADWA				0.0	_		一					<u> </u>	<del>55.</del>
ST. LOUIS, MO 63102	,	_			•		}	EVENT TECHNO	LOGY	1	11	4,3	17.
							ヿ		-				
									l	1			

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

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2021)

	ER ST. I	יטנ	) T O		TAC				43-606	1093
Part VII   Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***-2/1099-141130)	organization
	related	ee or	stee			nsate		(** 2, 1000 111100)		and related
	organizations	Individual trustee or director	nstitutional trustee		oyee	ош ре				organizations
	below	vidua	itution	Officer	Key employee	hest c	Former			
	line)	lnd	Inst	0#i	Key	Hig	Fon			
(27) SEAN JOE, PH.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(28) TALIYA KING	2.00									
BOARD MEMBER		Х						0.	0.	0.
(29) ROBERT KIRKLAND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(30) PETER LAZAROFF	2.00									
BOARD MEMBER		Х						0.	0.	0.
(31) MARK LEVISON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(32) AMY LEIFER, CFRE, MSOL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(33) DEBORAH MASSINGILL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(34) JOHN MEARA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(35) ROBERT MINKLER, JR., CPA/CGMA	2.00	]								
BOARD MEMBER		Х						0.	0.	0.
(36) JESS MOORE	2.00	]								
BOARD MEMBER		Х						0.	0.	0.
(37) RICHARD NIX, JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(38) CHONDA NWAMU	2.00									
BOARD MEMBER		Х						0.	0.	0.
(39) LARRY E. PARRES	2.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(40) EMILY PITTS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(41) DAVID QUELLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(42) NICK RAGONE	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(43) ADAM W. RANDLE	2.00	1								
BOARD MEMBER	1	Х						0.	0.	0.
(44) MATT RENNER	2.00									
BOARD MEMBER	1	Х						0.	0.	0.
(45) MEGAN RIDGEWAY	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(46) SUZIE SPENCE	2.00	1								
BOARD MEMBER		Х						0.	0.	0.

Form 990 OF GREAT	ER ST. I	JOU	JIS	<u> </u>	NC				43-606	1693
Part VII   Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	or director				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	ll trus		ee/	m pen				organizations
	below	Individual trustee	Institutional trustee	_	Key employee	Highest compensated employee	je.			organizations
	line)	Indivi	Instit	Officer of the or	Key e	Highe	Former			
(47) JOHN STUPP III	2.00									
BOARD MEMBER		Х						0.	0.	0.
(48) NICOLE TATE	2.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(49) BRIAN TEMPLE	2.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(50) DAVE TOUCHETTE	2.00								-	-
BOARD MEMBER		Х	L	L	L	L	L	0.	0.	0.
(51) LYNN ANN VOGEL	2.00									
BOARD MEMBER		Х	L				L	0.	0.	0.
(52) KELVIN R. WESTBROOK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(53) T. WILLIAM WHITE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(54) ERIKA WILLIAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(55) ALAN WINSLOW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(56) SUSAN YATES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(57) AMADOU YATTASSAYE	2.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		-								
		-								
		-								
		-								
		-								
			-							
		1								
						$\vdash$				
		1								
		1								
		<u> </u>		<u> </u>	<u> </u>		<u> </u>			
Total to Doub VII. Continue A. Line de										
Total to Part VII, Section A, line 1c										

Form 990 (2021) OF GREA
Part VIII Statement of Revenue

(A) (B) (C) (D)  Total revenue Function revenue business revenue from tax under			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
1 a   Federated campaigns   1 a   768,686   1 b   40,520   1 c   1,000,573   1 d   6,709,569   1 d   6,709,569   1 d   6,700,573   1 d   6,770   1 d   6,7			·	,	(A)			
Tall					Total revenue			
b Membership dues						Tunction revenue	business revenue	sections 512 - 514
b Membership dues	υs	1	Federated campaigns 1a	768,686.				
Business Code	ant							
Business Code	چ <u>و</u>							
Business Code	fts,							
Business Code	ig,		-					
Business Code	Sin		, ,	37771111				
Business Code	uti Je			988 236.				
Business Code	ĢË							
Business Code	no d				18884696.			
2 a   PROGRAM REVENUE	0 10		Total. Add lines 1a-11		100010301			
Box   C   C   C   C   C   C   C   C   C		2	PROGRAM REVENUE		267 832.	267 832.		
10   10   10   10   10   10   10   10	/ice			711300	201,052.	201,032.		
10   10   10   10   10   10   10   10	er ue							
10   10   10   10   10   10   10   10	m S		_					
10   10   10   10   10   10   10   10	gra Re							
10   10   10   10   10   10   10   10	ro		All all automorphisms					
Investment income (including dividends, interest, and other similar amounts)   251,596.   251,596	_		_		267 932			
## Other similar amounts   ## A	_				201,032.			
Property		3			251 506			251 506
Second   S		4			231,390.			231,390.
Ga   Gross rents   Ga   Gross amount from sales of assets other than inventory   Gassets other				-				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 b Net gain or (loss) 7 c Type 6, 985.  d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  Pag  Description  16,770.		5	Hoyarties(i) Pool					
B   Less: rental expenses   C   Rental income or (loss)   Gc   16,770 .		_		(II) Personal				
The second property of								
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  7 b 3509013. 7 c 796,985.  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns			46 550					
T a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  C Gain or (loss)  Net gain or (loss)  A 1000,573 of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  Part IV, line 19  B Gross income from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities  Part IV, line 19  B Less: direct expenses  C Net income or (loss) from gaming activities			` ` _		16 770			16 770
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns			` '	(ii) Othor	10,770.			16,770.
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns  75 3509013. 76 796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.  796,985.		1		(II) Other				
and sales expenses  C Gain or (loss)  C Gain or (loss)  D A Storm of the storm of t			7					
c Gain or (loss) 7c 796,985.  d Net gain or (loss) 7796,985.  8 a Gross income from fundraising events (not including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events c Net income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns								
including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns	n l		and sales expenses // 765303013.					
including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns	eve				706 005			706 005
including \$ 1,000,573. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns	Æ			·····	190,903.			130,303.
contributions reported on line 1c). See Part IV, line 18 Ba 192,538. b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 B Less: direct expenses c Net income or (loss) from gaming activities  9 a  10 a Gross sales of inventory, less returns		8						
Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  9 a  10 a Gross sales of inventory, less returns	0							
b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns			• • • • • • • • • • • • • • • • • • • •	102 539				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns				±10,100.	-225 650			-225 650
Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns				····· <b>&gt;</b>	223,030.			443,030.
b Less: direct expenses		9	, ,					
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns								
10 a Gross sales of inventory, less returns								
				······				
and allowances   <b>10a</b>		10	• •					
			J					
c Net income or (loss) from sales of inventory  Business Code	-		wet income or tioss) from sales of inventory	Rusiness Code				
	sn	11	INSURANCE PROCEEDS		114 369			114,369.
MISCELLANEOUS 711300 18,415. 18,415.	ee ne	''						18,415.
	llar ven			711300	10,410			10,410.
d All other revenue	Sce Be							
e Total. Add lines 11a-11d   132,784.	Ē			<b></b>	132 784			
				<b>.</b>		267.832.	0 -	972,485.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 374,771. 95,653. 159,551. 119,567. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,386,625. 5,236,413. 420,429. 729,783. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 77,728. 658,844. 538,849. 42,267. Other employee benefits 9 542,745. 429,421. 45,514. 67,810. 10 Payroll taxes Fees for services (nonemployees): 128,256. 110,499. 17,757. Management 65,760. 30,763. 34,997. Legal 255,255. 255,255. Accounting Lobbying 43,518. 43,518. Professional fundraising services. See Part IV, line 17 89,508. 89,508. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 97,459. 1,738. 95,721. Advertising and promotion 12 492,828. 384,772. 62,709. 45,347. Office expenses 13 338,519. 287,844. 31,176. 19,499. Information technology 14 15 Royalties 52,806. 808,201. 755,395. 16 Occupancy 6,240. 2,588. 40. 3,612. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,745. 20,959. 10,117. 4,097. Conferences, conventions, and meetings 19 10.173. 84,775. 74,602. 20 Payments to affiliates 21 43,310. 1,139,060. 1,095,750. Depreciation, depletion, and amortization 22 174,747. 243,446. 68,699. 23 Other expenses. Itemize expenses not covered 24 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.) 521,485. 438,479. 38,962. 44,044. CONTRACTED SERVS & SPLY MEMBERSHIP 43,592. 6,903. 36,421. 268. С All other expenses 12,341,846. 9,675,557. 1,514,588. 1,151,701. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

<u>rar</u>	τX	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			321,054.	1	147,705
	2	Savings and temporary cash investments			438,857.	2	1,481,462
	3	Pledges and grants receivable, net	3,191,466.	3	2,861,876		
	4	Accounts receivable, net	783,675.	4	379,016		
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described i	n sect	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			35,843.	9	64,156
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			14,877,053.		20,430,381 9,249,835
	11	Investments - publicly traded securities			7,625,612.	11	9,249,835
	12	Investments - other securities. See Part IV, line 11			110 ==1	12	
	13	Investments - program-related. See Part IV, line 11		118,774.	13	215,963	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
_	16	Total assets. Add lines 1 through 15 (must equal			27,392,334.	16	34,830,394
	17	Accounts payable and accrued expenses			675,134.	17	800,294
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these			2 221 210	22	1 050 415
_	23	Secured mortgages and notes payable to unrelate			2,231,218.	23	1,959,415
	24	Unsecured notes and loans payable to unrelated to				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24).	. Complete Part X		25	
	06	of Schedule D			2,906,352.	26	2,759,709
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check	k hore	X	2,500,552.	20	2,135,105
ဖွ		and complete lines 27, 28, 32, and 33.	K HEI C				
2	27				15,817,804.	27	22,720,787
33	28	Net assets with donor restrictions	8,668,178.	28	9,349,898		
힐	20	Organizations that do not follow FASB ASC 958			0,000,170	20	3,313,030
[ [		and complete lines 29 through 33.	J, CI1C	lock flore			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			24,485,982.	32	32,070,685
Z	33				27,392,334.	33	34,830,394

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				13.
2	2 Total expenses (must equal Part IX, column (A), line 25)					46. 67.
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	, 48	5,9	<u>82.</u>
5	Net unrealized gains (losses) on investments	5		-19	8,4	<u>64.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	32	,07	0,6	<u>85.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0	_ [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 1	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:	o u				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	,				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	-		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····			
_	and the could be a Coherent to			O.L.		

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

BOYS & GIRLS CLUBS

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

			REATER ST.					3-6061693
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch					)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organization					•	the hospital's name,
		city, and state:	•				KAK KA	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)(	(v)	
	X	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (C		Titlal part of its support if	om a gove	inincina (	ariit or from the general	public described in
8		A community trust describe		1VAVvi) (Complete Bar	+ II \			
9	H	An agricultural research org			•	nd in conju	nction with a land grant	collogo
9		or university or a non-land-g				-	_	-
			grant conege or agrici	ulture (see iristructions).	Lillei lile i	iairie, city,	, and state of the college	5 01
10		university: An organization that norma	lly receives (1) more:	than 33 1/30/ of its supp	ort from o	ontribution	e momborship foos an	d gross rosaints from
10		activities related to its exem		• •			• •	•
				•	` '		• •	· ·
		income and unrelated busin		(less section 511 tax) iro	m busines	sses acquir	ed by the organization a	arter June 30, 1975.
44		See section 509(a)(2). (Con	•	valu ta taat far avalia aat	iotu Coo	aastian EC	00(a)(4)	
11	H	An organization organized a	· ·	•	•			
12		An organization organized a	•	•	•			
		more publicly supported org	~					Sheck the box on
		lines 12a through 12d that	• •				, ,	
а		<b>Type I.</b> A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		the supported organization		• • • •	majority o	tne airec	tors or trustees of the st	uppoπing
		organization. You must o	- · · · · · · · · · · · · · · · · · · ·					
b			•					-
		control or management o			ame perso	ns that cor	ntrol or manage the sup	ported
		organization(s). You mus						
С			-				• •	ed with,
_	. —	its supported organization		·				
d							• • • • •	
		that is not functionally int	-		•			veness
		requirement (see instructi	,	•	-			
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
f		er the number of supported o						
g		vide the following information  i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) = 114	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		

OF GREATER ST. LOUIS INC

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10975637.	9079309.	9763258.	8807434.	18884696.	57510334.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10975637.	9079309.	9763258.	8807434.	18884696.	57510334.
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)						4465645.
	Public support. Subtract line 5 from line 4.						53044689.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	10975637.	9079309.	9763258.	8807434.	18884696.	57510334.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112,770.	268,327.	327,360.	291,534.	268,366.	1268357.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						114,369.
11	<b>Total support.</b> Add lines 7 through 10						58893060.
	Gross receipts from related activities,	•	,				,843,605.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	tion C. Computation of Publi						00 07
	Public support percentage for 2021 (I					14	90.07 %
	Public support percentage from 2020					15	84.35 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2020. 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						
17-							
1/a	7a 10% -facts-and-circumstances test - 2021. 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						
				=		_	
L-	meets the facts-and-circumstances to	•	•			70 and line 15 in	
a	10% -facts-and-circumstances test	_					10% UI
	more, and if the organization meets the				-		ightharpoonup
10	organization meets the facts-and-circ		-		• • •		
ΙŐ	Private foundation. If the organization	on ala not check a t	DUX UIT IIITIE 13, 162	ı, 100, 17a, 0r 17b	, check this box at	iu see instructions	> <b>▶</b> ∟∟

Schedule A (Form 990) 2021

#### OF GREATER ST. LOUIS INC

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

#### 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

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

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	F-		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	3		
	9a		
	ΛL		
	9b		
	9с		
	10a		
	10h		
_	10b	~ 000\	

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			•
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiz	zations			
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 mu		•	,		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		

Schedule A (Form 990) 2021

instructions).

	t V Type III Non-Functionally Integrated 509		nizations (continu		3-0001093 Page 7
	on D - Distributions	(a)(o) capper ang crga	COntine	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	., .		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
u	Excess from 2021				

Schedule A (Form 990) 2021

e Excess from 2021

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.)					
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:					
INSURANCE PROCEEDS					
2021 AMOUNT: \$ 114,369.					

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC Employer identification number

43-6061693

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General R	ule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	ections 509(a)(1) a ontributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
c li	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.					
y is p	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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				

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

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

Schedule B (Form 990) (2021)

Name of organization
BOYS & GIRLS CLUBS
OF GREATER ST. LOUIS INC

Employer identification number

43-6061693

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,220,436</u> .	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 768,686.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 434,389.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 436,430.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 550,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 3,219,489.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2** 

Name of organization
BOYS & GIRLS CLUBS
OF GREATER ST. LOUIS INC

Employer identification number

43-6061693

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		917,342.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 3,694,750.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 877,988.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BOYS & GIRLS CLUBS
OF GREATER ST. LOUIS INC

**Employer identification number** 

43-6061693

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	CONTRIBUTION OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED IN DONATION OF MATHEWS-DICKEY		
		\$3,219,489.	_01/01/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CONTRIBUTION OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED IN DONATION OF BETHALTO		
		\$917,342.	_04/30/21_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	CONTRIBUTION OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED IN DONATION OF ADAMS PARK COMMUNITY CENTER		
		\$3,694,750.	_01/01/21_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	CONTRIBUTION OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED IN DONATION OF MENTOR ST. LOUIS, INC.		
		\$877,988.	01/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		\$	
		<b>Ι</b> Ψ	

Name of organization **Employer identification number BOYS & GIRLS CLUBS** OF GREATER ST. LOUIS INC 43-6061693 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Inspection

Name of the organization

BOYS & GIRLS CLUBS

OF GREATER ST. LOUIS INC

**Employer identification number** 43-6061693

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(	<b>b)</b> Fun	ds 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 v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	<b>▶</b> \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	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						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

20,430,381.

3,798,187.

719,935.

128,810.

e Other

3,798,187**.** 

3,849,306.

262,362.

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

3,129,371

133,552.

art VII Investments - Other Securities.		
Complete if the organization answered "Yes" o	n 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
Financial derivatives		
Closely held equity interests		
Other		
(A)		
B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(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)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.		
Other Assets.  Complete if the organization answered "Yes" or		
Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" o		
Complete if the organization answered "Yes" o  (a) [		
Complete if the organization answered "Yes" o  (a) [ (1) (2)		
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)		
Complete if the organization answered "Yes" of (a) [2] (3) (4)		
Other Assets.  Complete if the organization answered "Yes" or		
Complete if the organization answered "Yes" o  (a) [ (1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" o  (a) [ (1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" o  (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [a]	Description	(b) Book value
Complete if the organization answered "Yes" o  (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [2]  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (a)  (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
Complete if the organization answered "Yes" of (a) E  (a) E  (b) E  (c) E  (c) E  (d) E  (d) E  (e) E  (e) E  (f) E  (f) E  (f) E  (g)	Description	(b) Book value
Complete if the organization answered "Yes" of (a) E  (a) E  (b) E  (c) E  (c) E  (d) E  (d) E  (e) E  (e) E  (f) E  (f) E  (f) E  (g)	Description	(b) Book value
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b) Book value
Complete if the organization answered "Yes" of (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
Complete if the organization answered "Yes" of the	Description	(b) Book value
Complete if the organization answered "Yes" of (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Book value

132053 10-28-21

Schedule D (Form 990) 2021

OF GREATER ST. LOUIS INC

Pa	t XI Reconciliation of Revenue per Audited Financial St		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,837,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-198,464.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-198,464.
3	Subtract line 2e from line 1			3	20,035,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		89,508.		
b	Other (Describe in Part XIII.)	4b			00 -00
С	Add lines 4a and 4b			4c	89,508.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.	2.)		5	20,125,013.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per H	<b>tetur</b>	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,				1.0.0-0.00
1	Total expenses and losses per audited financial statements			1	12,252,338.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	12,252,338.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	00 500		
а	Investment expenses not included on Form 990, Part VIII, line 7b		89,508.		
b	Other (Describe in Part XIII.)	4b			00 500
С	Add lines 4a and 4b			4c	89,508.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>18.)</u>		5	12,341,846.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; 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 inform	ation.		
ד א ד	om tr tind 4.				
PAI	RT V, LINE 4:				
TUNTI	DOMESTIC CO MONTADA CITADA CIT	T DADDD CIITD		MT	NIMOD TNO
ENI	DOWMENT FUNDS GO TOWARDS CHARACTER AND	LEADERSHIP	PROGRAMS,	ME.	NTORING
חח	ODAMO MEGINOLOGY PROGRAMO AND EDITOAM	ר אור אור מאם	EED DEVELO	DME.	AT/TTI
PRO	OGRAMS, TECHNOLOGY PROGRAMS AND EDUCATI	ION AND CAR	EEK DEVELO	PME.	N.T. •

#### SCHEDULE G (Form 990)

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

Open to Public

Inspection

Name of the organization

BOYS & GIRLS CLUBS

OF GREATER ST. LOUIS INC

Employer identification number

43-6061693

Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f X Solicita g X Specia  or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursu	ation of ation of I fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
TAYLOR MANAGEMENT COMPANY -	ASSIST WITH FUNDRAISING	Yes	No			
PO BOX 50155, CLAYTON, MO	EFFORTS		Х	0.	43,518.	-43,518.
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	or has been notified	43,518. it is exempt from re	-43,518. gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

OF GREATER ST. LOUIS INC

Pa	rt I	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				DINNER		(add col. (a) through
			GOLF EVENT	AUCTION	5	col. (c))
			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
eve	1	Gross receipts	442,909.	635,139.	115,063.	1,193,111.
æ						
	2	Less: Contributions	288,671.	596,839.	115,063.	1,000,573.
	3	Gross income (line 1 minus line 2)	154,238.	38,300.		192,538.
	4	Cash prizes				
	5	Noncash prizes	72,446.			72,446.
ses						
ens	6	Rent/facility costs		2,000.		2,000.
Direct Expenses						
ect	7	Food and beverages	41,063.	37,922.		78,985.
۵į						
	8	Entertainment		600.		600.
	9	Other direct expenses		164,525.	52,851.	264,157.
	10	- · · · · · · · · · · · · · · · · · · ·			<b>&gt;</b>	418,188.
		Net income summary. Subtract line 10 from li				-225,650.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Γ	(I > Dull take (in atom)		( N Tatal manain or /a dal
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Re		0				
_	1	Gross revenue				
	•	Cook prizes				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Exp	3	Noncasir prizes				
ect	4	Rent/facility costs				
Ę	•	Tions tability coole				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
			. ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
			<del></del>			
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	If "`	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

#### BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC

Sch	hedule G (Form 990) 2021 OF GREATER ST. LOUIS INC 43-	6061693	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	<b>b</b> An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	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		
	Gaming manager compensation  \$		
	Description of services provided		
	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
١	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D۵	organization's own exempt activities during the tax year ▶ \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. linaa O. O	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIIIes 9, 9	D, 10D,
90		<u> </u>	
<u>5C</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u>s:</u>	
<u>( I</u>	I) NAME OF FUNDRAISER: TAYLOR MANAGEMENT COMPANY		
<u>(I</u>	1) ADDRESS OF FUNDRAISER: PO BOX 50155, CLAYTON, MO 63105		

## BOYS & GIRLS CLUBS

Schedule G	(Form 990)	OF GR	EATER	ST.	LOUIS	INC	43-6061693	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation /a	antinuad)					g
	Cappionicital inici	mation (c	onunuea)					

#### SCHEDULE J (Form 990)

Department of the Treasury

**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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC Employer identification number 43-6061693

			Yes	No
<b>1</b> 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 Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	Х	
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?	2	Х	
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	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	7		<u>X</u>
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	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. FLINT FOWLER	(i)	222,281.	0.	0.	10,400.	6,452.	239,133.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUTH L. LEDERMAN	(i)	144,023.	0.	0.	7,250.	664.	151,937.	
VICE PRESIDENT OF RESOURCE DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE EXECUTIVE DIRECTOR IS PROVIDED A MEMBERSHIP TO A SOCIAL CLUB IN ORDER
TO HOLD BUSINESS LUNCHES, MEETINGS, ETC. RELATED TO THE BOYS AND GIRLS
CLUBS OF GREATER ST. LOUIS INC.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

**BOYS & GIRLS CLUBS** OF GREATER ST. LOUIS INC Employer identification number 43-6061693

	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det			_
		applicable		Form 990, Part VIII, line 1g	noncash contribut	tion an	nounts	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	139,677.	FAIR MARKET	VAI	UE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	X	1	73,177.	FAIR MARKET	VAI	JUE	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (CONTRIBUTION)	X	4	8,709,569.	FAIR MARKET	VAI	JUE	
26	Other ( AUCTION ITEMS )	X	104	72,446.	FAIR MARKET	VAI	JUE	
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				
	contributions?		_	· ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, LINE 25
THE FOUR (4) CONTRIBUTIONS OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED
IN DONATION REFLECT THE MERGERS THAT WERE EFFECTIVE IN 2021.
FOUR ORGANIZATIONS MERGED WITH AND INTO THE BOYS AND GIRLS CLUBS OF
GREATER ST. LOUIS, INC.
PLEASE SEE THE DETAIL BELOW TO DETERMINE EACH CONTRIBUTION AMOUNT:
MATHEWS-DICKEY BOYS' & GIRLS' CLUB- \$3,219,489
BOYS & GIRLS CLUB OF BETHALTO, INC \$917,342
ADAMS PARK COMMUNITY CENTER- \$3,694,750
MENTOR ST. LOUIS, INC \$877,988
TOTAL CONTRIBUTIONS: \$8,709,569

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS
OF GREATER ST. LOUIS INC

Employer identification number 43-6061693

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE BOYS AND GIRLS CLUBS OF GREATER ST. LOUIS INC (FORMERLY HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.) MATHEWS-DICKEY, ADAMS PARK COMMUNITY CENTER, MENTOR ST. LOUIS, AND BETHALTO CLUB EXECUTED THEIR RESPECTIVE MERGERS WITH THE DESIRE TO BETTER FULFILL THEIR MISSIONS AND TO ENHANCE THEIR ABILITY TO SERVE THE GREATER COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES OFFERED BY THE BOYS AND GIRLS CLUBS OF GREATER ST. LOUIS INC. INCLUDE: ADAMS PARK CLUB, SOUTH EAST MIDDLE SCHOOL CLUB, PROJECT LEARN PLUS PROGRAM AT HAZELWOOD EAST HIGH SCHOOL, HAZELWOOD ELEMENTARY SCHOOL CLUB, O'FALLON PARK CLUB, RIVERVIEW GARDENS CLUB, LEE HAMILTON ELEMENTARY SCHOOL CLUB, THE BE GREAT: GRADUATE PROGRAM AT ROOSEVELT AND NORMANDY HIGH SCHOOLS, MENTOR ST. LOUIS, ST. LOUIS INTERNSHIP PROGRAM, BETHALTO CLUB, AND THE LOVEJOY SCHOOL. EXPENSES \$ 4,321,643. INCLUDING GRANTS OF \$ 0. REVENUE \$ 95,832. FORM 990, PART VI, SECTION A, LINE 8B: THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY OF ACT ON BEHALF OF THE BOARD OF DIRECTORS.

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

THE RETURN IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. THE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization BOYS & GIRLS CLUBS
OF GREATER ST. LOUIS INC

Employer identification number 43-6061693

RETURN IS REVIEWED BY THE BOARD TREASURER. THE RETURN IS THEN MADE AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING.

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

THE BOARD OF DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST POLICY ON AN ANNUAL BASIS. THE EXECUTIVE DIRECTOR REVIEWS

INFORMATION CONTAINED IN THE SIGNED STATEMENTS TO MONITOR POTENTIAL

CONFLICTS THAT COULD ARISE. ANY CONFLICTS ARE BROUGHT TO THE ATTENTION OF

THE BOARD CHAIR FOR RESOLUTION AND POTENTIAL DISCUSSION AT THE UPCOMING

BOARD MEETING. IF THE BOARD CHAIR IS CONSIDERED TO HAVE A REAL OR PERCEIVED

CONFLICT OF INTEREST, THE DECISION FOR THE EXISTENCE OF A CONFLICT IS

DELEGATED TO THE VICE CHAIR. ANY PERSON WHO IS UNDER CONSIDERATION OF

BEING IN CONFLICT IS PRECLUDING FROM PARTICIPATING IN DISCUSSIONS AND

DECISIONS ON THE MATTER.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE

COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON AN INDEPENDENT ANALYSIS,

DONE BY THE BOYS AND GIRLS CLUBS OF AMERICA (BGCA), THAT REVIEWS RELEVANT

SALARY SURVEYS AND COMPARABLE POSITIONS REGIONALLY AND NATIONALLY. THE

SALARY DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE

EMPLOYEE'S PERMANENT FILE. THE ANALYSIS FOR THE EXECUTIVE DIRECTOR IS

COMPLETED PERIODICALLY BY THE BOARD OF DIRECTORS, WHILE THE ANALYSIS FOR

THE COMPENSATION FOR ALL OTHER OFFICERS AND EMPLOYEES, ALSO PREPARED BY

BGCA, WAS LAST PERFORMED DURING 2016.

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

WE MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC	Employer identification number 43-6061693
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
ominanto minanta io ina robaro oron nagonori	
FORM OOO DARM VII LINE 20	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC

Employer identification number 43-6061693

OMB No. 1545-0047

Open to Public Inspection

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

	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
AP MERGER SUB, LLC	PROVIDE FACILITITES TO BOYS				
2901 NORTH GRAND BOULEVARD	AND GIRLS CLUBS OF GREATER				BOYS AND GIRLS CLUBS OF
ST. LOUIS, MO 63107	ST. LOUIS INC	MISSOURI	-134,375.	3,571,573.	GREATER ST. LOUIS INC
MSL MERGER SUB, LLC					
2901 NORTH GRAND BOULEVARD	PROVIDE MENTORING TO PUBLIC				BOYS AND GIRLS CLUBS OF
ST. LOUIS, MO 63107	SCHOOL STUDENTS	MISSOURI	85,596.	936,579.	GREATER ST. LOUIS INC
MD CONVERSION SUB, LLC					
2901 NORTH GRAND BOULEVARD					BOYS AND GIRLS CLUBS OF
ST. LOUIS, MO 63107	YOUTH ENRICHMANT PROGRAMS	MISSOURI	-881,814.	2,975,878.	GREATER ST. LOUIS INC
BOYS AND GIRLS CLUB OF BETHALTO, LLC					
324 E. CENTRAL AVENUE	]				BOYS AND GIRLS CLUBS OF
BETHALTO, IL 60210	YOUTH ENRICHMANT PROGRAMS	ILLINOIS	-116,172.	594,167.	GREATER ST. LOUIS INC

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ADAMS PARK COMMUNITY CENTER - 43-1888292	TO SUPPORT BOYS AND GIRLS				BOYS AND GIRLS		1
2901 NORTH GRAND BOULEVARD	CLUBS OF GREATER ST. LOUIS				CLUBS OF GREATER		l
ST. LOUIS, MO 63107	INC	MISSOURI	501(C)(3)	LINE 12A, I	ST. LOUIS INC	Х	1
MENTOR ST. LOUIS, INC 43-1713228					BOYS AND GIRLS		 
2901 NORTH GRAND BOULEVARD					CLUBS OF GREATER		1
ST. LOUIS, MO 63107	MENTOR YOUTH	MISSOURI	501(C)(3)	LINE 7	ST. LOUIS INC	X	<u> </u>
							<del> </del>
	-						

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

Schedule R (Form 990) 2021

Page 2

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.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	1	tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
]										
1										
	(b) Primary activity	Primary activity  Legal domicile (state or foreign			Primary activity    Legal domicile (state or foreign f					

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>(b)</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	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Giπ, grant, or capital contribution to related organization(s)				. 10		
c Gift, grant, or capital contribution from related organization(s)				. 1c	X	
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						X
f Dividends from related organization(s)				1f		X
						X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)				. 1k		х
I Performance of services or membership or fundraising solicitations for related org	ganization(s)			. 11		X
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			. 1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			. 1n		X
Sharing of paid employees with related organization(s)				. <u>1</u> 0		Х
p Reimbursement paid to related organization(s) for expenses				1p		х
Reimbursement paid by related organization(s) for expenses				1a		Х
r Other transfer of cash or property to related organization(s)				1r		Х
				1s		Х
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
(1) ADAMS PARK COMMUNITY CENTER	С	3,694,750.	FAIR MARKET VALUE			
(2) MENTOR ST. LOUIS, INC.	С	877,988.	FAIR MARKET VALUE			
<u>(3)</u>						
<u>(4)</u>						
<u>(5)</u>						
(6)						
Name of related organization Transaction type (a-s)  Amount involved Method of determining amount in type (a-s)  DAMS PARK COMMUNITY CENTER  C 3,694,750. FAIR MARKET VALUE						2021

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat <b>Yes</b>	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	( )	103	NO	
											-	

Schedule R (Form 990) 2021

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# 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. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) BOYS & GIRLS CLUBS print 43-6061693 OF GREATER ST. LOUIS INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2901 NORTH GRAND BOULEVARD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SAINT LOUIS, MO 63107 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DR. FLINT FOWLER The books are in the care of ► 2901 NORTH GRAND BOULEVARD - ST. LOUIS, MO 63107 Telephone No.  $\triangleright 314-335-8000$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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

Form 8868 (Rev. 1-2022)