EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and e	nding	-	
В	Check if applicable	C Name of organization BOYS & GIRLS CLUBS OF		D Employer identific	cation number
	Addres change	SOUTHEASTERN MICHIGAN			
	Name change	Doing business as		38-13871	
	Initial return Final return/	1 26777 HALGTED BOAD	Room/suite	E Telephone numbe (248) 47	r 3-1400
	termin- ated			G Gross receipts \$	7,118,872.
	Ameno	FARMINGTON HILLS, MI 48331-3560		H(a) Is this a group re	
	Application	F Name and address of principal officer:SHAWN WILSON		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1926 N	∧ State of legal domicile: M I
Pa	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}} \;\; { ext{S}}}$	CHEDU	LE O	
Governance	l .				
ñ.	_	Check this box if the organization discontinued its operations or dispose		1 1	
Š		Number of voting members of the governing body (Part VI, line 1a)			33
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b) \dots			33
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			235
ĬΞ		Total number of volunteers (estimate if necessary)			316
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			-	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		9,112,431.	6,619,868.
Revenue		Program service revenue (Part VIII, line 2g)		54,230.	22,182.
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-151,404.	77,174.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-67,788.	-77,175.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,947,469.	6,642,049.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,157.	116,927.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		3,474,258.	3,785,754.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	·····-	0.	0.
х		Total fundraising expenses (Part IX, column (D), line 25) 1,196,62		4 600 260	2 251 020
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,608,269. 8,091,684.	3,351,920. 7,254,601.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		855,785.	
s		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances		T. I. J. (D. I.) (F. 10)	-	11,621,027.	End of Year 10,571,375.
Asse Bala	20	Total assets (Part X, line 16)		780,980.	696,488.
let /	21	Total liabilities (Part X, line 26)		10,840,047.	9,874,887.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,040,047.	J,074,007.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the hest of m	ny knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			Ty Knowledge and Bellet, it is
uuu	, 001100	t, and complete. Boolalation of proparor (caller than officer) to bacod on an information of win	ποιι ρι οραι οι	That any knowledge.	
Sig	n	Signature of officer		Date	
Hei		SHAWN WILSON, PRESIDENT AND C.E.O.			
He		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MICHAEL R. NICHOLAS		if self-employ	P00966144
		Firm's name GJC CPA'S & ADVISORS	I		8-2029668
	Only	Firm's address 535 GRISWOLD STREET, SUITE 1200			
	•	DETROIT, MI 48226-3689		Phone no. (3	13) 965-2655
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
		to the control of the			

(Code:) (Expenses \$	1,014,6∠5.	including grants of \$) (Revenue \$	4,642.
CLUB EXPERIENCE	AND OUT OF S	CHOOL TIME	SUPPORT -	EACH CLUB IS	FOCUSED
ON PROVIDING HI	GH-QUALITY PR	OGRAMMING E	OR YOUTH A	ND COMMUNITI	ES DURING
AFTER-SCHOOL HO	URS AND THE S	SUMMER. TO	ACHIEVE TH	IS, STAFF EN	GAGE IN
CONSISTENT YOUT					EVELOP
KNOWLEDGE, SKIL	LS, AND EFFIC	ACY OF THE	MEMBERS.	SEE SCHEDULE	O FOR
ADDITIONAL INFO	RMATION.				
Other program services (Desci	ribe on Schedule ()				

including grants of \$

5,073,123.

) (Revenue \$

Total program service expenses

4d

Form 990 (2022) SOUTHEASTERN 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)?		37	
	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			x
	public office? If "Yes," complete Schedule C, Part I	3		
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		22
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	40		_v
4-	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,	4-		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ΙÓ	- 22	
ıIJ		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua 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	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022) SOUTHEASTERN MICHI
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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			l
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l 🕶
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34				x
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		SSa		- 25
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	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	- 30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	ٽ'		 -
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

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

		_		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	225			
	filed for the calendar year ending with or within the year covered by this return 2a	235	01	Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ	Х
			3a		
	•		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	•	40		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account if "You " onter the page of the foreign country."	14)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	te (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organization have a greater than \$100,000 and did the organiza				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	· · · · · · · · · · · · · · · · · · ·			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	uired			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	NT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g	N/	_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fill	1	7h	14/	<u>~</u>
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?	NT / 7\	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	37/3	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
	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 N/A 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ŀ	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	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				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	0	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor	ne?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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 (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 33	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c) (c) (c) (c) (c) (c) (c) (c) (c) (B)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 WENDY YATES - (248) 473-1400			
	26777 HALSTED ROAD, SUITE 100, FARMINGTON HILLS, MI 48331-3560)		

Form 990 (2022) SOUTHEASTERN MICHIGAN 38-1 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	co	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is bot or/trus	n an	compensation	compensation	amount of
	week				10010)/ u us	100)	from	from related	other
	(list any	director						the	organizations	compensation from the
	hours for related	5	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ıl trus		ee/	mpen		1099-NEC)	1000 NEO)	and related
	below	dualt	utiona	_	old m	st co	 	10001120)		organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			
(1) SHAWN H. WILSON	40.00									
PRESIDENT AND C.E.O.				Х				539,400.	0.	16,500.
(2) WENDY YATES	40.00								_	
CHIEF FINANCIAL OFFICER	40.00			Х				145,000.	0.	0.
(3) TIFFANY KIMBROUGH	40.00					l		120 000		•
VICE-PRESIDENT, PEOPLE AND CULTURE	1 00					Х		130,900.	0.	0.
(4) JENNIFER DEMELLO-JOHNSON	1.00	٠,,		,,				_	0	0
CHAIR (5) THERESE W. MINISTER	1.00	Х		Х				0.	0.	0.
(5) JEFFREY M. HENNING	1.00	x		х				0.	0.	0.
FIRST VICE-CHAIR AND TREASURER (6) TONYA ADAIR	0.50	^		^				0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(7) ALISHA BELL	0.50	^						0.	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
(8) THOMAS CALLAN	1.00									
DIRECTOR		х						0.	0.	0.
(9) GREG CRABB	0.50									
DIRECTOR		Х						0.	0.	0.
(10) DAVID DAUCH	0.50								_	
DIRECTOR		Х						0.	0.	0.
(11) PATTIE DYKSTRA	0.50									•
DIRECTOR	0 50	Х						0.	0.	0.
(12) WARREN FLOOD	0.50	\ \						0.	0	0
DIRECTOR (13) JOE HANEY	0.50	Х						0.	0.	0.
	0.50	x						0.	0.	0.
OIRECTOR (14) RODERICK HARDAMON	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) MARIE HOCKER	0.50							0.	•	0.
DIRECTOR	0.30	Х						0.	0.	0.
(16) BRANDON HOLMES	0.50							•		•
DIRECTOR		х						0.	0.	0.
(17) JACQUELINE HOWARD	0.50									
DIRECTOR		Х						0.	0.	0.

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Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both ar officer and a director/trustee week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC/ from the ndividual trustee or related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 0.50 (18) STEVE HUPRICH DIRECTOR 0. 0. 0. X (19) HIRAM JACKSON 1.00 X 0 0 . 0. DIRECTOR (20) DAVID JACOB 0.50 X 0 0. 0. DIRECTOR $1.\overline{00}$ (21) BILL KOEFOED X 0 . 0 . DIRECTOR 0. (22) ANTHONY LAVERDE 0.50 0. 0 . 0. DIRECTOR Х 1.00 (23) DAVID LEAVER X 0. 0. 0. DIRECTOR (24) SONYA MAYS 0.50 X 0. 0. 0. DIRECTOR 0.50 (25) DARRELL E. MIDDLETON X 0. 0. 0. DIRECTOR 0.50 (26) SUE NINE DIRECTOR Х 0 0 0. 815,300. 0. 16,500. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 16,500. 815,300. 0. d Total (add lines 1b and 1c)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	, 3	
(A) Name and business address	(B) Description of services	(C) Compensation
O TASTE & C!	2 000.1.p.1.0.1.0.1.10.00	- Componication
8881 PREST, DETROIT, MI 48228	FOOD SERVICE	307,760.
ELEVATE PRODUCTION GROUP, 1420 WASHINGTON		
BOULEVARD, SUITE 301, DETROIT, MI 48226	EVENT MANAGEMENT	205,440.
PREMIER GROUP ASSOCIATES	COMMERCIAL GROUNDS	
2221 BELLEVUE STREET, DETROIT, MI 48207	CARE	186,450.
URBAN CONTENT STUDIOS	MARKETING AND	
16500 TIREMAN, DETROIT, MI 48228	COMMUNICATION	182,268.
KEITH POWE/TOP NOTCH CLEANING		
24021 BERKLEY, OAK PARK, MI 48237	CLEANING	143,775.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization 5		

3

Form 990

	TERN MIC	<u> </u>		77.4					38-138	1123
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	yees(continued)	
(A) Name and title	(B) Average	(-1		(C Pos	ition		1	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	all 1	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) PHIL NUSSEL DIRECTOR	0.50	х						0.	0.	0 .
(28) JAMES PASTOR DIRECTOR	0.50	х						0.	0.	0
(29) ANGELIQUE PETERSON-MAYBERRY DIRECTOR	0.50	X						0.	0.	0
(30) RAJOIELLE REGISTER DIRECTOR	0.50	X						0.	0.	0
(31) SYLVIA SANTANA DIRECTOR	0.50	X						0.	0.	0
(32) DERRIC SCOTT	0.50	X						0.	0.	0
DIRECTOR (33) MICHAEL P. SOLAN	0.50									
DIRECTOR (34) ERIKA SWILLEY	0.50	X						0.	0.	0
DIRECTOR (35) TOSHA TABRON	0.50	Х						0.	0.	0
DIRECTOR (36) SAM P. VENTIMIGLIA	0.50	Х						0.	0.	0
DIRECTOR		х						0.	0.	0
		_								
		\vdash								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 26,131 1 a Federated campaigns 1a 99,088. **b** Membership dues 1b 561,430. c Fundraising events 1c d Related organizations 1d 617,038. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,316,181 similar amounts not included above 1f 114,276. g Noncash contributions included in lines 1a-1f 1g 6,619,868. h Total. Add lines 1a-1f **Business Code** 900099 22,182. 2 a SPECIALTY CAMPS 22,182. Program Service Revenue f All other program service revenue 22,182. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,845 9,845. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 84,493. 6 a Gross rents 0. **b** Less: rental expenses ... 84,493. c Rental income or (loss) 84,493. 84,493. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 123,334. assets other than inventory **b** Less: cost or other basis 56,005. Other Revenue 7b and sales expenses 67,329. c Gain or (loss) 67,329. 67,329. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 561,430. of contributions reported on line 1c). See $|_{8a}|_{252,894}$ Part IV, line 18 8b 420,818. **b** Less: direct expenses -167,924. 167,924. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 5,227 and allowances **b** Less: cost of goods sold 5,227. 5,227. **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b 1,029. 900099 1,029. d All other revenue 1,029. e Total. Add lines 11a-11d 6,642,049. 23,211. -1,030Total revenue. See instructions 12

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).

3000	on 501(c)(3) and 501(c)(4) organizations must com	·		mpiete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	116 007	116 007		
_	individuals. See Part IV, line 22	116,927.	116,927.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	831,800.	540,670.	124,770.	166,360.
6	trustees, and key employees	031,000	340,0700	124,770	100,500
O	persons (as defined under section 4958(f)(1)) and				
	naraana dagarihad in agatian 40E0(a)(2)(D)				
7	Other salaries and wages	2,375,358.	1,543,982.	356,304.	475,072.
8	Pension plan accruals and contributions (include	_, _ , _ , _ , _ ,	_, , ,		
3	section 401(k) and 403(b) employer contributions)	53,399.	34,709.	8,010.	10,680.
9	Other employee benefits	276,968.	180,030.	41,545.	55,393.
10	Payroll taxes	248,229.	161,349.	37,234.	49,646.
11	Fees for services (nonemployees):		-		<u> </u>
а	Management				
	Legal	3,080.	2,205.	518.	357.
	Accounting	34,600.	24,774.	5,815.	4,011.
	Lobbying	13,750.			13,750.
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,069,647.	775,732.	182,068.	111,847.
12	Advertising and promotion	36,526.	390.	12,150.	23,986.
13	Office expenses	434,013.	425,983.	2,101.	5,929.
14	Information technology				
15	Royalties	600 040	E40 CC0	CF 170	66 001
16	Occupancy	680,840.	549,660.	65,179.	66,001.
17	Travel	46,002.	34,502.	6,900.	4,600.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,996.		20,996.	
20	Interest Payments to affiliates	20,000		20,000	
21 22	Payments to affiliates Depreciation, depletion, and amortization	458,919.	452,841.	6,078.	
23		128,218.	102,743.	15,473.	10,002.
23 24	Insurance Other expenses. Itemize expenses not covered	,			_0,0020
	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.)				
а	DONATED MATERIALS	114,276.	106,748.	3,943.	3,585.
b	BANK CHARGES	8,017.	6,814.	1,203.	-
С					
d					
е	All other expenses	303,036.	13,064.	94,569.	195,403.
25	Total functional expenses. Add lines 1 through 24e	7,254,601.	5,073,123.	984,856.	1,196,622.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 10 00				Earm 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Ра	ILΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			444,353.	2	296,322.
	3	Pledges and grants receivable, net		3,347,998.	3	3,028,933.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-			6	
ফ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			91,116.	9	100,461.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,262,588.			
	b	Less: accumulated depreciation	10b	7,483,832.	6,007,249.	10c	5,778,756.
	11	Investments - publicly traded securities			1,728,481.	11	1,349,776.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,830.	15	17,127.		
	16	Total assets. Add lines 1 through 15 (must equ			11,621,027.	16	10,571,375.
	17	Accounts payable and accrued expenses	766,696.	17	681,819.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
≝		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	sons		22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties	14,284.	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X	•		14 660
		of Schedule D			0.	25	14,669.
	26	Total liabilities. Add lines 17 through 25		77	780,980.	26	696,488.
Ś		Organizations that follow FASB ASC 958, che	ck her	re X			
nce		and complete lines 27, 28, 32, and 33.			7 200 010		4 525 554
ala	27				7,322,012.	27	4,535,554.
g B	28	Net assets with donor restrictions			3,518,035.	28	5,339,333.
Ë		Organizations that do not follow FASB ASC 9	58, ch	eck here			
or F		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		_	10 040 047	31	0 074 007
ž	32	Total net assets or fund balances			10,840,047.	32	9,874,887.
	33	Total liabilities and net assets/fund balances			11,621,027.	33	10,571,375.

Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,25	4,6	01.
3	Revenue less expenses. Subtract line 2 from line 1	3	-61	2,5	<u>52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	0,84	0,0	47.
5	Net unrealized gains (losses) on investments	5	-35	2,6	08.
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	9,87	4,8	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

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

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.

Open to Public Inspection

OMB No. 1545-0047

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

BOYS & GIRLS CLUBS OF

Employer identification number 38-1387123

		SOUT	HEASTERN M	ICHIGAN				3	8-1387123
Pa	art I	Reason for Public (Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ns.	
The	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti					~ ~ ~		
3		A hospital or a cooperative		•)(b)(1)(A)(i	ii).		
4	一	A medical research organiz					•)(iii). Enter	the hospital's name.
•		city, and state:	anon operated in co	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(-)(-)(-)	,,,. _ e.	and mospital o maine,
5		An organization operated for	or the benefit of a co	allege or university owne	d or opera	ted by a o	overnmental	ınit describ	ned in
٥		section 170(b)(1)(A)(iv). (C		mage of anivolatly owne	a or opera	itou by a g	overmientar.	ariit dooorik	30 0 III
6				mantal unit dagarihad in	aaatian 1	70/6\/4\/4\	()		
6	X	A federal, state, or local go						U	
7	22	An organization that norma		intial part of its support	irom a gov	remmenta	unit or from	ine genera	public described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 1) /O					
8	\vdash	A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the collec	je or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contribution	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section (509(a)(3). (Check the box on
		_lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.	
á	ı L		anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k	, <u> </u>	Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organization	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that c	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•				
	, [☐ Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with,	and functiona	ılly integrat	ed with,
		its supported organization	-					, ,	•
(ı 🗆	☐ Type III non-functionally		•				rted organ	ization(s)
		that is not functionally int						-	
		requirement (see instruct	-		-		•		
•		Check this box if the orga	•					II Tyne III	
`	,	functionally integrated, or					а турст, турс	, ii, Type iii	
4	: Ent	er the number of supported of		many integrated support	ing organi	zation.			
,		vide the following information	•	nd organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(-,	(described on lines 1-10	Yes	No No	support (see ir	•	support (see instructions)
				above (see instructions))	100	110			
Tot	al								

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,696,630. 4,508,464 6,909,692 9,112,431 6,619,868 29,847,085. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,696,630. 4,508,464 6,909,692. 9,112,431. 6,619,868 29,847,085. 4 Total. Add lines 1 through 3 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) 2,002,621. 27,844,464. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 2,696,630. 4,508,464. 6,909,692. 9,112,431. 6,619,868. 29,847,085. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 19,128. 22,291. 30,912. 97,804. 94,338. 264,473. and income from similar sources 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 1,029 600. 8,332. 5,128. assets (Explain in Part VI.) 30 126 647. 11 Total support. Add lines 7 through 10 135,814. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.42 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 85.94 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	olow, please com	pioto i di i ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			, ,		, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						_
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
Э	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		1	1	1		
•	3 received from disqualified persons						
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•	•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		, ,	, ,		` ,	,,
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here			·····	<u></u>		
<u>Se</u>	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box as						
ı	33 1/3% support tests - 2021. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	nis box and see ir	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	TO.		
	40		
	4c		
	_		
	5a		
	5b 5c		
	3C		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990)	2022

Pa	rt 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		<u> </u>
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		Щ_
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	1		Ь
000	Tion D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)	j -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	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	OF		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
	2.5 1.5 5.5 m. 21.5 m. c.			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Sche	dule A (Form 990) 2022 SOUTHEASTERN MICHIGAN			38-1387123 Page 6		
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (explain	in Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E			
Section A - Adjusted Net Income (A) Prior Year (B) Curr (option of the context of						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_ 7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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-functional	ly integra	ated Type III supporting	organization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part V Type III Non-

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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 organization	IS	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			\neg	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

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: OTHER INCOME 600. 2019 AMOUNT: \$ 2020 AMOUNT: 8,332. 2021 AMOUNT: 5,128. 1,029. 2022 AMOUNT:

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

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

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

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

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

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

	,, (OCC OCP	arate metraetione, then				
		01(c)(4), (5), or (6) organiza	-			
Nar	me of orgar		GIRLS CLUBS OF		Em	nployer identification number
_			STERN MICHIGAN			38-1387123
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
			cation's direct and indirect polit			
			ures			
3	Volunteer	hours for political campa	ign activities			
Pá	art I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	
		<u>`</u>	incurred by the organization ur	` <i>`</i>	<u>` </u>	\$
			incurred by organization mana			
			n 4955 tax, did it file Form 472			
			······································			
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	der section 501(c)	, except section 50	1(c)(3).
1	Enter the	amount directly expended	d by the filing organization for s	section 527 exempt fund	ction activities	\$
2	Enter the	amount of the filing organ	ization's funds contributed to d	other organizations for	section 527	
	exempt fu	unction activities				\$
3	Total exe	mpt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
	line 17b					\$
4			1120-POL for this year?			
			nployer identification number (E			
	made pay	ments. For each organiza	tion listed, enter the amount pa	aid from the filing organ	ization's funds. Also ente	r the amount of political
	contributi	ons received that were pr	omptly and directly delivered to	o a separate political or	ganization, such as a sepa	arate segregated fund or a
	political a	ction committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fron	n (e) Amount of political
					filing organization's	
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
					+	

			N MICHIGAN			387123 Page 2
Part II-A Complete if the orga	anizatio	n is exer	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
				n Part IV each affiliated	l group member's nam	ie, address, EIN,
expenses, and share		, ,	• •			
B Check if the filing organizat	ion check	ed box A ai	nd "limited control" pr	ovisions apply.	(a) Filipp	(la) Affiliated average
		oying Expe leans amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)		9,500.	
b Total lobbying expenditures to influ	•		, ,		4,250.	
c Total lobbying expenditures (add lir					13,750.	
d Other exempt purpose expenditure					7,240,851.	
e Total exempt purpose expenditures					7,254,601.	
f Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in bo	th columns.	512,730.	
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,0	000.			
					100 100	
g Grassroots nontaxable amount (ent		,			128,183.	
h Subtract line 1g from line 1a. If zero	•	•••			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	_		· ·		Г	
reporting section 4911 tax for this y	/ear?			0	L	Yes No
(Some organizations th		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					512,730.	512,730.
b Lobbying ceiling amount (150% of line 2a, column(e))						769,095.
c Total lobbying expenditures					13,750.	13,750.
d Grassroots nontaxable amount					128,183.	128,183.
e Grassroots ceiling amount						192 275.

Schedule C (Form 990) 2022

9,500.

9,500.

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

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

For ϵ	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5047.77	- \		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or s	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total		1 -		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		⊢		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	o list); Part II	l-A, lines	and 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

Employer identification number 38-1387123

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	ccounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose confe	rring
_	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the orga	inization answered "Yes	s" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreating	on or education) 🔲		orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	nd enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(f	3)(i)
_	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education,	, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, 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			\$

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or O	ther S	imilar Ass	ets (continued)	_
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke sigr	ificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	exemp	t purpose in I	Part XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other si	milar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of tl	he organization's co	ollection?		[Yes N	lo
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes	on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ns or other assets	not inc	luded		
	on Form 990, Part X?					[Yes N	lо
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F					?	Yes N	lo
b	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, I	ine 10.			
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three years ba	ck (e) Four years bac	ck
1a	Beginning of year balance	1,721,805.	1,482,369.	1,291,73	9.	1,114,21	6. 1,230,66	6.
	Contributions			50,08	6.	1,08	9. 100,08	8.
	Net investment earnings, gains, and losses	-258,229.	309,931.	157,72	6.	191,61	27,28	1.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	99,100.	50,591.				198,00	0.
f	Administrative expenses	17,349.	19,904.	17,18	2.	15,17	8. 11,25	7.
	End of year balance	1,347,127.	1,721,805.	1,482,36	9.	1,291,73	9. 1,114,21	6.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:	·			
а	Board designated or quasi-endowment	23.2916	%					
b	Permanent endowment $76.708\overline{4}$	%	_					
С	Term endowment	 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered t	or the			
	organization by:						Yes N	0
	(i) Unrelated organizations						3a(i) X	ζ
	(ii) Related organizations							ζ
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							_
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Pa	rt X, lin	e 10.		
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c	:) Accu	mulated	(d) Book value	_
		basis (investm		(other)	depred	I	. ,	
1a	Land		13	4,641.			134,641	[•
	Buildings				3,33	0,142.	3,337,963	
	Leasehold improvements					5,256.	1,790,635	
d	Equipment		1,70			8,434.	384,717	7.
	Other			0,800.			130,800	
	. Add lines 1a through 1e. (Column (d) must e						5,778,756	

Schedule D (Form 990) 2022

BOYS & GIRL	S CLUBS OF		
Schedule D (Form 990) 2022 SOUTHEASTER		38	3-1387123 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 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 en	id-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin-	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	- 104		.1
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability	-,,	, ,	(b) Book value
(1) Federal income taxes			,,
(2) OPERATING LEASE LIABILITI	ES		14,669
(3)			
(4)			
(**)			+

1. (a) Description of nability	(b) Dook value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	14,669.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,669.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. X Schedule D (Form 990) 2022

Part	t XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,482,016.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-352,608.		
b	Donated services and use of facilities	2b	192,575.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-160,033.
3	Subtract line 2e from line 1			3	6,642,049.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	6,642,049.
Par	t XII Reconciliation of Expenses per Audited Financial St	tatements With	n Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	7,447,176.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	192,575.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	192,575.
	Subtract line 2e from line 1			3	7,254,601.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	7,254,601.
Par	t XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional infor	mation.		
PAR	T X, LINE 2:				
B&G	CSM'S [THE ORGANIZATION'S] MANAGEMENT	IS NOT AW	ARE OF ANY	UN	CERTAIN TAX
					0001
<u>POS</u>	ITIONS OR UNRECOGNIZED TAX BENEFITS AS	S OF DECEM	IBER 31, 20	22 (OR 2021.

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 SOUTHEASTERN MICHIGAN

Employer identification number 38-1387123

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gr	i e			ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CHARITY	_	(add col. (a) through
			GOLF CLASSIC	PREVIEW	4	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	335,025.	201,709.	277,590.	814,324.
_	2	Less: Contributions	315,265.		246,165.	561,430.
	3	Gross income (line 1 minus line 2)	19,760.	201,709.	31,425.	252,894.
	4	Cash prizes	1,250.			1,250.
S	5	Noncash prizes	800.		190.	990.
kpense	6	Rent/facility costs	43,720.		89,296.	133,016.
Direct Expenses	7	Food and beverages	400.	5,896.	30,196.	36,492.
Ω	۰	Entartainment			23,650.	23,650.
	8 9	Entertainment Other direct expenses	0.4.004	1,795.	199,394.	225,420.
	_	Direct expense summary. Add lines 4 through			-	420,818.
		Net income summary. Subtract line 10 from I				-167,924.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_	hough a shake/a) to substate the				
		ter the state(s) in which the organization conducts argument	_	otatoo?		Yes No
		he organization licensed to conduct gaming a				Yes No
i.	11	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

BOYS & GIRLS CLUBS OF

Schedule G (Form 990) 2022 SOUTHEASTERN MICHIGAN Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

232083 10-27-22 Schedule G (Form 990) 2022

BOYS & GIRLS CLUBS OF 38-1387123 Page 4 Schedule G (Form 990) SOUTHEASTE Part IV Supplemental Information (continued) SOUTHEASTERN MICHIGAN

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	38-1387123									
Part I	Part I General Information on Grants and Assistance									
1 Does	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assistance?										
2 Desc										
Part II										
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) N	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	r total number of section 501(c)(3) a									

BOYS & GIRLS CLUBS OF

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SECONDARY EDUCATION	544	116,927.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.	•
PART I, LINE 2:					
THE ORGANIZATION OBTAINS RECEIPTS	FROM THE	GRANT REC	PIPIENTS TO	SUPPORT THE	
AMOUNTS OF THE GRANTS TO BE ISSUEI	PRIOR T	O DISBURSI	NG THE GRA	NTS.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

Employer identification number 38-1387123

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments 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		
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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X 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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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		X
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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		l

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

Schedule J (Form 990) 2022

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

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

38-1387123

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

		(B) Breakdown of W	I-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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) SHAWN H. WILSON	(i)	330,000.	195,000.	14,400.	16,500.	0.		0.
PRESIDENT AND C.E.O.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						I .	I

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

SOUTHEASTERN MICHIGAN

Open to Public Inspection

Employer identification number

38-1387123

Part I **Types of Property** (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications _____ 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 114,276.FAIR MARKET VALUE (MATERIALS 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

Schedule M (Form 990) 2022 SOUTHEASTERN MICHIGAN	38-1387123	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a corthis part for any additional information.	3, and whether the organiza nbination of both. Also com	ition plete
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVE	ED.	

Schedule M (Form 990) 2022

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-FZ

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

Employer identification number 38-1387123

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

TO PROVIDE A WORLD-CLASS EXPERIENCE, EMPOWERING YOUTH TO REACH THEIR

FULL POTENTIAL AS CHANGE AGENTS FOR THEIR LIVES, CLUB, AND COMMUNITY

WHILE ENSURING YOUTH ARE CAREER-READY, STARTUP-READY, AND

HOMEOWNER-READY BEFORE THEY LEAVE THE CLUBS AT 18 YEARS OLD

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

BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN'S MISSION IS TO PROVIDE A

WORLD-CLASS EXPERIENCE, EMPOWERING YOUTH TO REACH THEIR FULL POTENTIAL

AS CHANGE AGENTS FOR THEIR LIVES, CLUB, AND COMMUNITY WHILE ENSURING

YOUTH ARE CAREER-READY, STARTUP-READY, AND HOMEOWNER-READY BEFORE THEY

LEAVE THE CLUBS AT 18 YEARS OLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

"EXPOSURE" CONSISTS OF ACTIVITIES, FIELD TRIPS, AND EVENTS DESIGNED TO

SPARK INTERESTS AND PASSIONS IN YOUTH. THE GOAL IS TO PROVIDE AS MUCH

DIVERSITY AS POSSIBLE SO ALL YOUTH HAVE A CHANCE TO IDENTIFY SOMETHING

THEY ARE INTERESTED IN. "EXPLORATION" ALLOWS THEM TO SHARPEN THESE

PASSIONS AND INTERESTS WHILE CONNECTING THEM TO WORKFORCE SKILLS AND

CAREER OPPORTUNITIES. "EXPERIENCES" ARE PAID AND FOCUS ON BUILDING

CONCRETE INDUSTRY-SPECIFIC SKILLS WHERE YOUTH DEMONSTRATE COMPETENCY

THROUGH A CAPSTONE OR TANGIBLE PRODUCT OR PERFORMANCE. THE COMPONENTS

OF WORKFORCE AND ENTREPRENEURSHIP ARE ALSO INCLUDED IN THE FOLLOWING

PROGRAMS AND ACTIVITIES:

⁻ INDUSTRY CLUBS: FASHION, RISK MANAGEMENT, TECHNOLOGY, SPORTS AND

Schedule O (Form 990) 2022	Page 2
Name of the organization BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN	Employer identification number 38-1387123
ESPORTS, ENTERTAINMENT, AND URBAN PLANNING	
- EVERYBODY CAN CODE	
- DJ ACADEMY	
- LYRICISM 101	
- FINTROPOLIS	
- WALLET WISE	
- STOCK MARKET CHALLENGE	
- DRONE 101	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
THE COMPONENTS OF SPORTS AND FITNESS ARE ALSO INCLUDED IN	THE FOLLOWING
PROGRAMS AND ACTIVITIES:	
- TRIPLE PLAY: MIND, BODY, AND SOUL	
- 3-C'S (COMMUNITY, CULTURE, AND COMPETITION) SPORTS LEAG	:UES:
BASKETBALL, FLAG FOOTBALL, CONTACT FOOTBALL, AND 7V7	
- FLOOR HOCKEY IN THE D	
- ESPORTS LEAGUE PLAY	
- CHEERLEADING	
- SPORTS CAMPS AND CLINICS	
- SPORIS CAMPS AND CHINICS	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ENTS:
THE COMPONENTS OF CLUB EXPERIENCE AND OUT OF SCHOOL TIME	SUPPORT ARE
ALSO INCLUDED IN THE FOLLOWING PROGRAMS AND ACTIVITIES:	
INDO INCLUDED IN THE POLICY INCOMES THE HOTTVILLE.	
- DAILY PROGRAMS AND ACTIVITIES THAT DEVELOP MENTAL AND F	PHYSICAL
WELL-BEING	

- WORKFORCE DEVELOPMENT AND ENTREPRENEURIAL PROGRAMS

Schedule O (Form 990) 2022 Page **2**

Name of the organization BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

Employer identification number 38-1387123

- SAFE SPACES TO ENGAGE IN YOUTH DEVELOPMENT PROGRAMMING, WITH AN

EMPHASIS ON EXPLORATION, EXPOSURE, AND EXPERIENCES FOR LEARNING

- DAILY MEAL PROGRAM (LUNCH OR DINNER, AND SNACK)

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

A DRAFT COPY OF FORM 990 IS PRESENTED TO, REVIEWED BY, AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD PRIOR TO ANY FILINGS. THE FINANCE COMMITTEE ACTS AS THE AUDIT COMMITTEE.

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

AN ANNUAL CONFLICT OF INTEREST FORM IS COMPLETED BY EACH KEY MEMBER, AND IT

IS REQUIRED THAT ANY POTENTIAL CONFLICTS ARE BROUGHT TO THE ATTENTION OF

MANAGEMENT AT THE ONSET.

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

INFORMATION IS PULLED FROM BOYS & GIRLS CLUB OF AMERICA.

PRICEWATERHOUSECOOPERS ASSISTED IN THE IMPLEMENTATION OF THE SALARY

ADMINISTRATION, WHICH COMPARES LOCAL AND REGIONAL NONPROFIT DATA.

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

THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AND ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 775,732.

MANAGEMENT AND GENERAL EXPENSES 182,068.

FUNDRAISING EXPENSES 111,847.

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. Taxpayer identification number (TIN) Type or BOYS & GIRLS CLUBS OF print SOUTHEASTERN MICHIGAN 38-1387123 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 26777 HALSTED ROAD, 100 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 48331-3560 FARMINGTON HILLS, MI Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 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) WENDY YATES - 26777 HALSTED ROAD, SUITE 100 - FARMINGTON The books are in the care of ► HILLS, MI 48331-3560 Telephone No. ▶ (248) 473-1400 Fax No. ▶ (248) 473-1450 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 __l. 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. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning __ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

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.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

За

3b