| 00 | Return of O              |
|----|--------------------------|
| 90 | Under section 501(c) 527 |

g

Department of the Treasury Internal Revenue Service

Form

\* \*

## PUBLIC DISCLOSURE COPY \*\* Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



| AI                      | For th               | e 2023 calendar year, or tax year beginning and  | ending      |                                    |   |
|-------------------------|----------------------|--|-------------|------------------------------------|---|
| B                       | Check if<br>applicab | C Name of organization<br>Boys and Girls Clubs of Greater Housto                                 | on          | D Employer identifi                | ication number                                  |
|                         | Addre                |  |             |                                    |   |
|                         | Name<br>chang        |  | 32          |                                    |   |
|                         | Initial<br>return    | er   |             |                                    |   |
|                         | Final<br>return      | Number and street (or P.O. box if mail is not delivered to street address)<br>815 Crosby St      |             | (713) 86                           | 8-3426  |
|                         | termir<br>ated       | City or town, state or province, country, and ZIP or foreign postal code                         |             | <b>G</b> Gross receipts \$         | 5,120,345.                                      |
|                         | Amen<br>return       | Houston, IX //019  |             | H(a) Is this a group r             | eturn   |
|                         | Applic tion          | F Name and address of principal officer: Revill R. factery                                       |             | for subordinates                   | s? Yes X No                                     |
|                         | pendi                | same as C above  |             | <b>H(b)</b> Are all subordinates i | ncluded? Yes No                                 |
| 1                       | Tax-ex               | empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1)                                  | or 📃 52     | If "No," attach a                  | a list. See instructions                        |
|                         | Websi                |  |             | H(c) Group exemption               |   |
| K                       | Form o               | f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other                                      | L Yea       | ar of formation: 1987 I            | <b>M</b> State of legal domicile: $\mathbf{TX}$ |
| Pa                      | art I                | Summary  |             |                                    |   |
| đ                       | 1                    | Briefly describe the organization's mission or most significant activities: To p                 |             |                                    |   |
| Activities & Governance |                      | the general activities of Boys & Girls Cl  | ubs c       | of Greater Ho                      | ouston.   |
| srna                    | 2                    | Check this box if the organization discontinued its operations or dispos                         | sed of mo   | re than 25% of its net as          |   |
| ove                     | 3                    | Number of voting members of the governing body (Part VI, line 1a)                                |             |                                    | 5   |
| ڻ<br>م                  | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)                    |             |                                    | 5   |
| es                      | 5                    | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                     |             |                                    | 0   |
| <u>viti</u>             | 6                    | Total number of volunteers (estimate if necessary)   |             |                                    | 5   |
| Acti                    | 7 a                  | Total unrelated business revenue from Part VIII, column (C), line 12                             |             |                                    |   |
| _                       | b                    | Net unrelated business taxable income from Form 990-T, Part I, line 11                           | <u></u>     | 7b                                 |   |
|                         |                      |  |             | Prior Year                         | Current Year                                    |
| e                       | 8                    | Contributions and grants (Part VIII, line 1h)  |             | 10,000.                            | 10,000.   |
| enu                     | 9                    | Program service revenue (Part VIII, line 2g)   |             | 0.                                 | 0.  |
| Revenue                 | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                    |             | 221,353.                           |   |
| ш                       | 11                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                         |             | 0.                                 | 0.  |
|                         | 12                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)               |             | 231,353.                           |   |
|                         | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                 |             | 158,500.                           | 160,000.  |
|                         | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)                                    |             | 0.                                 | 0.  |
| ŝ                       | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                |             | 0.                                 | 0.  |
| Expenses                | 16a                  | Professional fundraising fees (Part IX, column (A), line 11e)                                    |             | 0.                                 | 0.  |
| gx                      | . b                  | Total fundraising expenses (Part IX, column (D), line 25)  | 0.          |                                    |   |
| ш                       | 1 "                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                     |             | 30,859.                            |   |
|                         |                      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |             | 189,359.                           |   |
|                         |                      | Revenue less expenses. Subtract line 18 from line 12   |             | 41,994.                            |   |
| S OL                    |                      |  |             | Beginning of Current Year          | End of Year                                     |
| sset                    | 20                   | Total assets (Part X, line 16)   |             | 4,616,969.                         | 5,085,972.                                      |
| Net Assets or           | 21                   | Total liabilities (Part X, line 26)  | ······  _   | 0.                                 | 1,900.  |
| ž                       | 22                   | Net assets or fund balances. Subtract line 21 from line 20                                       |             | 4,616,969.                         | 5,084,072.                                      |
|                         | art II               | Signature Block  |             |                                    |   |
|                         |                      | alties of perjury, I declare that I have examined this return, including accompanying schedules  |             |                                    | y knowledge and belief, it is                   |
| true                    | , corre              | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich prepar | er has any knowledge.              |   |
|                         |                      | Floction (cally Tiled)   |             |                                    |   |

|            | Elect            | ronically flea                     |                       |                 |       |            |          |                |          |
|------------|------------------|------------------------------------|-----------------------|-----------------|-------|------------|----------|----------------|----------|
| Sign       | Signature of off |                                    |                       | Date            |       |            |          |                |          |
| Here       |                  |                                    |                       |                 |       |            |          |                |          |
|            | Type or print na |                                    |                       |                 |       |            |          |                |          |
|            | Print/Type prep  | arer's name                        | Preparer's signature  |                 | Date  | Chec       | k 🗌      | PTIN           |          |
| Paid       | Barbara          | Murphy                             | Barbara Mur           | phy             | 11/27 | /24 self-e | employed | P013862        | 15       |
| Preparer   | Firm's name      | Blazek & Vetterli                  | ng                    |                 |       | Firm's EIN | 76-      | -0269860       |          |
| Use Only   | Firm's address   | 2900 Weslayan, Su                  | ite 200               |                 |       |            |          |                |          |
|            |                  | Houston, TX 77027                  |                       |                 |       | Phone no.  | 713-     | 439-573        | 9        |
| May the II | RS discuss this  | return with the preparer shown abo | ove? See instructions |                 |       |            |          | X Yes          | No       |
| LHA For    | Paperwork Re     | eduction Act Notice, see the separ | rate instructions.    | 332001 12-21-23 |       |            |          | Form <b>99</b> | 0 (2023) |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | Boys and Girls Clubs of Greater Houston<br><u>990 (2023)</u> Foundation 76-0237732 Page <b>2</b><br><b>t III</b> Statement of Program Service Accomplishments |
|------|---|
| ı a  | Check if Schedule O contains a response or note to any line in this Part III  |
| 1    | Briefly describe the organization's mission:  |
| •    | The Foundation's purpose is to provide financial support for the  |
|      | general activities of Boys & Girls Clubs of Greater Houston, Inc.   |
|      |   |
|      |   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the  |
|      | prior Form 990 or 990-EZ?   |
|      | If "Yes," describe these new services on Schedule O.  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
|      | If "Yes," describe these changes on Schedule O.   |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                          |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                  |
|      | revenue, if any, for each program service reported.   |
| 4a   | (Code:)(Expenses \$ 160,000. including grants of \$ 160,000.) (Revenue \$)<br>The Foundation collects, manages, and distributes funds and properties          |
|      | The Foundation collects, manages, and distributes funds and properties  |
|      | for the benefit and support of the activities conducted by the Boys &   |
|      | Girls Clubs of Greater Houston, Inc.  |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4b   | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4c   | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4d   | Other program services (Describe on Schedule O.)  |
| -    | (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     160,000.   |
| 4e   | Total program service expenses 160,000.   |

Boys and Girls Clubs of Greater HoustonForm 990 (2023)FoundationPart IVChecklist of Required Schedules

|     |   |     | Yes | No       |
|-----|---|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |          |
|     | If "Yes," complete Schedule A   | 1   | Х   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | <u> </u> |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |          |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | <u> </u> |
| 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?   |     |     | - v      |
| 40  | 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  | 10  | х   |          |
| 44  | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  | Λ   |          |
| 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.  |     |     |          |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |     |     |          |
| a   | Part VI   | 11a |     | x        |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  | 114 |     |          |
| D.  | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | x        |
| с   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |     |     |          |
| •   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | x        |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |     |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 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 |     | X        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | X        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |          |
|     | Schedule D, Parts XI and XII  | 12a |     | X        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 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   | 45  |     | - v      |
| 40  | 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  | 16  |     | x        |
| 17  | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>   | 16  |     |          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17  |     | x        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |     |     | <u> </u> |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | x        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |     |     | <u> </u> |
|     | complete Schedule G, Part III   | 19  |     | x        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | x        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21  | Х   |          |
|     |   |     |     |          |

 Boys and Girls Clubs of Greater Houston

 Form 990 (2023)
 Foundation

 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  |     | 165  |          |
| 22   |  | 22  |      | х        |
| 22   | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III<br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |     |      |          |
| 23   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |     |      |          |
|      |  | 23  | х    |          |
| 24 2 | Schedule J<br>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 23  | - 23 |          |
| 270  | 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 |      | х        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |      |          |
|      |  |     |      |          |
| •    | any tax-exempt bonds?  | 24c |      |          |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |      |          |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |      |          |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |      | Х        |
| 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 |      | х        |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |     |      |          |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |     |      |          |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |      | Х        |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |     |      |          |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |     |      |          |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |      | Х        |
| 28   | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,  |     |      |          |
|      | instructions for applicable filing thresholds, conditions, and exceptions):  |     |      |          |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |     |      |          |
|      | "Yes," complete Schedule L, Part IV  | 28a |      | X        |
| b    | 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 noncash contributions? If "Yes," complete Schedule M  | 29  |      | X        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |      |          |
|      | contributions? If "Yes," complete Schedule M   | 30  |      | _X_      |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |      | X        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |      |          |
|      | Schedule N, Part II  | 32  |      | <u> </u> |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |      |          |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |      | <u> </u> |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |     |      |          |
| •    | Part V, line 1   | 34  | X    | v        |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |      | X        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 0.5 |      |          |
| ~~   | 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?   |     |      | v        |
| 07   | 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   |     |      | х        |
| 20   | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>   | 37  |      |          |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O                            | 38  | х    |          |
| Pa   |  | 30  | Δ    |          |
|      | Check if Schedule O contains a response or note to any line in this Part V   |     |      |          |
|      |  |     | Yes  | No       |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |     | .03  |          |
| b    | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b   |     |      |          |
| c    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     |      |          |
|      | (gambling) winnings to prize winners?  | 1c  |      |          |

| egardin | a Othe | r IRS Fili | ngs and T | Гах ( | Compliance | (a a set in sea all |
|---------|--------|------------|-----------|-------|------------|---------------------|
| Found   | latio  | on         |           |       |            |                     |
| Boys    | and    | Girls      | Clubs     | of    | Greater    | Houston             |

| Form   | 990 (2023) Foundation 76-0237   | 732      | Р   | <sub>age</sub> 5 |  |  |  |  |  |  |
|--------|---|----------|-----|------------------|--|--|--|--|--|--|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |     |                  |  |  |  |  |  |  |
|        |   |          | Yes | No               |  |  |  |  |  |  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |          |     |                  |  |  |  |  |  |  |
|        | filed for the calendar year ending with or within the year covered by this return 2a  |          |     |                  |  |  |  |  |  |  |
| b      |   |          |     |                  |  |  |  |  |  |  |
| 3a     |   |          |     |                  |  |  |  |  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                     | 3b       |     |                  |  |  |  |  |  |  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |          |     |                  |  |  |  |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a       |     | x                |  |  |  |  |  |  |
| b      | If "Yes," enter the name of the foreign country   |          |     |                  |  |  |  |  |  |  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |          |     |                  |  |  |  |  |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |     | х                |  |  |  |  |  |  |
| b      | 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 solicit                     |          |     |                  |  |  |  |  |  |  |
| ou     | any contributions that were not tax deductible as charitable contributions?   | 6a       |     | x                |  |  |  |  |  |  |
| h      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |          |     |                  |  |  |  |  |  |  |
| D      |   | 6b       |     |                  |  |  |  |  |  |  |
| 7      | were not tax deductible?<br>Organizations that may receive deductible contributions under section 170(c).                                       |          |     |                  |  |  |  |  |  |  |
|        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a       |     | x                |  |  |  |  |  |  |
| a<br>b |   | 7a<br>7b |     |                  |  |  |  |  |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |          |     |                  |  |  |  |  |  |  |
| С      | to file Form 8282?  | 7c       |     | x                |  |  |  |  |  |  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year 7d  | 10       |     | - 23             |  |  |  |  |  |  |
|        |   | 70       |     | x                |  |  |  |  |  |  |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e       |     | X                |  |  |  |  |  |  |
| t      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f<br>7g |     |                  |  |  |  |  |  |  |
|        | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?              |          |     |                  |  |  |  |  |  |  |
| -      | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?            |          |     |                  |  |  |  |  |  |  |
| 8      |   |          |     |                  |  |  |  |  |  |  |
| -      | sponsoring organization have excess business holdings at any time during the year?  | 8        |     |                  |  |  |  |  |  |  |
| 9      | 9 Sponsoring organizations maintaining donor advised funds.   |          |     |                  |  |  |  |  |  |  |
| а      |   |          |     |                  |  |  |  |  |  |  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |                  |  |  |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:   |          |     |                  |  |  |  |  |  |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  | -        |     |                  |  |  |  |  |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | -        |     |                  |  |  |  |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  |          |     |                  |  |  |  |  |  |  |
| а      | Gross income from members or shareholders   | -        |     |                  |  |  |  |  |  |  |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against   |          |     |                  |  |  |  |  |  |  |
|        | amounts due or received from them.)   | _        |     |                  |  |  |  |  |  |  |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a      |     |                  |  |  |  |  |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   | -        |     |                  |  |  |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |     |                  |  |  |  |  |  |  |
| а      | •   | 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 13c  |          |     |                  |  |  |  |  |  |  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     | X                |  |  |  |  |  |  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                       | 14b      |     | L                |  |  |  |  |  |  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |          |     | -                |  |  |  |  |  |  |
|        | excess parachute payment(s) during the year?  | 15       |     | X                |  |  |  |  |  |  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |          |     |                  |  |  |  |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16       |     | X                |  |  |  |  |  |  |
|        | If "Yes," complete Form 4720, Schedule O.   |          |     |                  |  |  |  |  |  |  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                                   | 1        |     |                  |  |  |  |  |  |  |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |                  |  |  |  |  |  |  |
|        | If "Yes," complete Form 6069.   |          |     |                  |  |  |  |  |  |  |

### Boys and Girls Clubs of Greater Houston Foundation Management and Disclosure

Page **6** 76-0237732

| Form     | 990 (2023) Foundation   |               | 76-023                |            | Р       | age 6 |
|----------|---|---------------|-----------------------|------------|---------|-------|
| Pai      | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th                                    | nrough        | 7b below, and for     | a "No" r   | espon   | ise   |
|          | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.                        |               |                       |            |         |       |
|          | 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                                   | 1a            | ļ ī                   | 5          |         |       |
|          | 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            | I I                   | 5          |         |       |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with a        | any other             |            |         |       |
|          | officer, director, trustee, or key employee?  |               |                       | 2          |         | X     |
| 3        | Did the organization delegate control over management duties customarily performed by or under the                    |               | supervision           |            |         |       |
|          | of officers, directors, trustees, or key employees to a management company or other person?                           |               |                       | 3          |         | x     |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 99                  |               |                       | 4          |         | X     |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's asso               |               |                       | 5          |         | X     |
| 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 ap                    |               |                       |            |         |       |
|          | more members of the governing body?   |               |                       | 7a         | Х       |       |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto                 |               |                       |            |         |       |
|          | persons other than the governing body?  |               |                       | 7b         | х       |       |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |               |                       |            |         |       |
| a        | 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 read            |               |                       |            |         |       |
| •        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |               |                       | 9          |         | x     |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Rev                 |               |                       |            |         |       |
|          |   | <u>icinac</u> | 0000./                |            | Yes     | No    |
| 10a      | Did the organization have local chapters, branches, or affiliates?  |               |                       | 10a        |         | X     |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such cha              |               |                       |            |         |       |
|          |   |               | ,                     | 10b        |         |       |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   |               |                       | 11a        | Х       |       |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         | 50101         | o hing the form.      | - Tu       |         |       |
|          | 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 |               |                       | 12b        | X       |       |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$          |               |                       | 12.0       |         |       |
| Ŭ        |   | ,             |                       | 12c        | х       |       |
| 12       | on Schedule O how this was done<br>Did the organization have a written whistleblower policy?                          |               |                       |            | X       |       |
| 13<br>14 |   |               |                       | 13         | X       |       |
|          | Did the organization have a written document retention and destruction policy?  |               |                       | 14         |         |       |
| 15       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     | by int        | - Chemiceur           |            |         |       |
|          |   |               |                       | 150        |         | x     |
| a<br>h   | The organization's CEO, Executive Director, or top management official  |               |                       | 15a        |         | X     |
| b        | Other officers or key employees of the organization   |               |                       | 15b        |         |       |
| 16-      |   | t             | th a                  |            |         |       |
| 108      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem           |               |                       | 160        |         | x     |
| h.       | taxable entity during the year?   |               |                       | <u>16a</u> |         |       |
| D        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat             | -             | -                     |            |         |       |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                |               |                       | 101        |         |       |
| 800      | exempt status with respect to such arrangements?  |               |                       | 16b        |         |       |
|          | tion C. Disclosure  |               |                       |            |         |       |
| 17       | List the states with which a copy of this Form 990 is required to be filed None                                       | 4 000         |                       | No. 4 17 1 |         | hla   |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                | ia 990        | (section 501(c)(3     | )s only) : | availal | ble   |
|          | for public inspection. Indicate how you made these available. Check all that apply.                                   |               |                       |            |         |       |
|          | X Own website Another's website X Upon request Other (explain   |               |                       |            |         |       |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con                    | nflict c      | t interest policy, ar | id financ  | cial    |       |
|          | statements available to the public during the tax year.   |               |                       |            |         |       |
| 20       | State the name, address, and telephone number of the person who possesses the organization's boo $(712) - 960 - 2426$ | ks and        | l records             |            |         |       |
|          | Kevin Hattery - (713) 868-3426  |               |                       |            |         |       |
|          | 815 Crosby St Houston TX 77019  |               |                       |            |         |       |

| Boys  | and   | Girls | Clubs | of | Greater | Houston |
|-------|-------|-------|-------|----|---------|---------|
| Found | latio | n     |       |    |         |         |

| Form 990 (2 |               | Foundation              |                          | 76-0                |
|-------------|---------------|-------------------------|--------------------------|---------------------|
| Part VII    | Compensation  | of Officers, Directors, | Trustees, Key Employees, | Highest Compensated |
|             | Employees, an | d Independent Contra    | ctors                    |                     |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)                  | (B)                    | (C)                           |                       | (D)     | (E)          | (F)                             |            |                 |                 |                             |
|----------------------|------------------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|------------|-----------------|-----------------|-----------------------------|
| Name and title       | Average                | Desition                      |                       |         |              |                                 | Reportable | Reportable      | Estimated       |                             |
|                      | hours per              | box                           | , unles               | ss per  | rson i       | s both                          | n an       | compensation    | compensation    | amount of                   |
|                      | week                   |                               | cer an<br>I           | id a d  | irecto       | r/trus <sup>:</sup>             | tee)       | from            | from related    | other                       |
|                      | (list any              | rector                        |                       |         |              |                                 |            | the             | organizations   | compensation                |
|                      | hours for              | or di                         | ee                    |         |              | ated                            |            | organization    | (W-2/1099-MISC/ | from the                    |
|                      | related                | ustee                         | truste                |         | e            | pens                            |            | (W-2/1099-MISC/ | 1099-NEC)       | organization<br>and related |
|                      | organizations<br>below | ual tr                        | tional                |         | vold         | t con                           | _          | 1099-NEC)       |                 | organizations               |
|                      | line)                  | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former     |                 |                 | organizations               |
| (1) Kevin R. Hattery | 0.10                   |                               | _                     |         |              |                                 |            |                 |                 |                             |
| President & CEO      | 40.00                  |                               |                       | Х       |              |                                 |            | 0.              | 285,769.        | 23,642.                     |
| (2) Jonathan Sturgis | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| VP Finance           | 40.00                  |                               |                       | Х       |              |                                 |            | 0.              | 192,725.        | 27,668.                     |
| (3) Gerald Bodzy     | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| Chairman             | 0.50                   | Х                             |                       | х       |              |                                 |            | 0.              | 0.              | 0.                          |
| (4) Mark Johnson     | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| Trustee              | 0.50                   | Х                             |                       |         |              |                                 |            | 0.              | 0.              | 0.                          |
| (5) Will Leven       | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| Trustee              | 1.00                   | Х                             |                       |         |              |                                 |            | 0.              | 0.              | 0.                          |
| (6) Chris Papouras   | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| Trustee              | 0.50                   | Х                             |                       |         |              |                                 |            | 0.              | 0.              | 0.                          |
| (7) Cynthia Sanford  | 0.10                   |                               |                       |         |              |                                 |            |                 |                 |                             |
| Trustee              | 0.50                   | Х                             |                       |         |              |                                 |            | 0.              | 0.              | 0.                          |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 | · · · · ·                   |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 | · · · · ·                   |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |
|                      |                        |                               |                       |         |              |                                 |            |                 |                 |                             |

| <b>F</b> a 1110 <b>O</b> | - 1.1  | Girls C  | 1u                             | bs                    | 0                             | f                                     | Gr                    | ea         | ter Houston   | 76-0   | 2277      | 120                       | D,   | age <b>8</b>     |
|--------------------------|--|--|--------------------------------|-----------------------|-------------------------------|---------------------------------------|-----------------------|------------|---|--|-----------|---------------------------|--|------------------|
| Part                     |  |  |                                | 205                   | and                           |                                       | nhos                  | + C        | ompensated Employee   |  | 2377      | 52                        | Г  | age <b>O</b>     |
|                          | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per   | (do<br>box                     | not c                 | (C<br>Pos<br>heck i<br>ss per | <b>C)</b><br>ition<br>more<br>rson is | l<br>than c<br>s both | one<br>an  | (D)<br>Reportable<br>compensation                           | (E)<br>Reportable<br>compensatio                           |           |                           | (F)<br>timate  |                  |
|                          |  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                       |                                       | Highest compensated   | Former (aa | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organization<br>(W-2/1099-MIS<br>1099-NEC) | is<br>SC/ | com<br>fro<br>orga<br>and | other<br>pensa<br>om the<br>anizati<br>I relate<br>nizatio | e<br>on<br>ed    |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
| 1b \$                    | Subtotal   |  |                                |                       |                               |                                       | <u> </u>              |            | 0.  | 478,49   |           | 52                        | L,31   |                  |
| _d 1                     | Fotal from continuation sheets to Part VI         Fotal (add lines 1b and 1c)         Fotal number of individuals (including but n   |  | <u></u>                        | <u></u>               | <u></u>                       | ····.                                 | ) wh                  |            | 0 •<br>0 •<br>ceived more than \$100.                       | <b>478,4</b> 9   |           | 52                        | L,3:   | <u>0.</u><br>10. |
| (                        | compensation from the organization   |  |                                |                       |                               |                                       |                       |            |   |  |           |                           | Yes  | 0<br>No          |
| l                        | Did the organization list any <b>former</b> officer,<br>ine 1a? If "Yes," complete Schedule J for s<br>For any individual listed on line 1a, is the su   | uch individual   |                                |                       |                               |                                       |                       |            |   | -  |           | 3                         |  | x                |
| a                        | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a  | ),000? If "Yes,  | " со                           | mple                  | ete S                         | Sche                                  | edule                 | J fo       | or such individual  |  |           | 4                         | X  |                  |
|                          | endered to the organization? <i>If</i> "Yes." com<br>on <b>B. Independent Contractors</b>  | plete Schedule   | e J fo                         | or si                 | ich i                         | oers                                  | on .                  |            |   |  |           | 5                         |  | X                |
| 1 (                      | Complete this table for your five highest co<br>he organization. Report compensation for t   |  |                                |                       |                               |                                       |                       |            |   |  | oensati   | on fro                    | m  |                  |
|                          | (A)<br>Name and business   | address  | NC                             | ONE                   | 2                             |                                       |                       |            | (B)<br>Description of s                                     | ervices  | Co        | (C<br>omper               |  | <u>ו</u>         |
|                          |  |  |                                |                       |                               |                                       |                       | _          |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          |  |  |                                |                       |                               |                                       |                       |            |   |  |           |                           |  |                  |
|                          | otal number of independent contractors (in<br>6100,000 of compensation from the organized or the organized or the transmission of transmission of the transmission of the transmission of the transmission of transmission of the transmission of transmission o | •  | ot lin                         | niteo                 | d to f                        | thos<br>C                             | se lis<br>)           | ted        | above) who received mo                                      | ore than   |           |                           |  |                  |

 Boys and Girls Clubs of Greater Houston

 Form 990 (2023)
 Foundation

 Part VIII
 Statement of Revenue

|  |      | Check if Schedule O contains a response o        | or note to any lin | e in this Part VIII |                   |                  |                                      |
|--|------|--|--------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |      |  | There is any mi    | (A)                 | (B)               | (C)              | (D)                                  |
|  |      |  |                    | Total revenue       | Related or exempt |                  | Revenue excluded                     |
|  |      |  |                    |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
|  |      |  |                    |                     |                   |                  | 300110113 3 12 - 3 14                |
| nts<br>nts   | 1 8  | a Federated campaigns 1a                         |                    |                     |                   |                  |                                      |
| Sra<br>oui   | 1    | b Membership dues 1b                             |                    |                     |                   |                  |                                      |
| a, ⊂   |      | c Fundraising events 1c                          |                    |                     |                   |                  |                                      |
| ar ,   |      | d Related organizations 1d                       |                    |                     |                   |                  |                                      |
| s, C   |      | e Government grants (contributions) 1e           |                    |                     |                   |                  |                                      |
| Sig  | 1    | F All other contributions, gifts, grants, and    |                    |                     |                   |                  |                                      |
| bei  |      | similar amounts not included above 1f            | 10,000.            |                     |                   |                  |                                      |
| otrik  |      | g Noncash contributions included in lines 1a-1f  |                    |                     |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts |      | h Total. Add lines 1a-1f                         |                    | 10,000.             |                   |                  |                                      |
| 0.0  |      |  | Business Code      |                     |                   |                  |                                      |
|  | •    |  | Dusiness Coue      |                     |                   |                  |                                      |
| ice  | 2 8  |  |                    |                     |                   |                  |                                      |
| er v   | 1    | o  |                    |                     |                   |                  |                                      |
| Program Service<br>Revenue                             |      | C  |                    |                     |                   |                  |                                      |
|  |      | d  |                    |                     |                   |                  |                                      |
|  |      | e  |                    |                     |                   |                  |                                      |
| P  | 1    | All other program service revenue                |                    |                     |                   |                  |                                      |
|  | 9    | g Total. Add lines 2a-2f                         |                    |                     |                   |                  |                                      |
|  | 3    | Investment income (including dividends, interes  | st, and            |                     |                   |                  |                                      |
|  |      | other similar amounts)                           |                    | 137,926.            |                   |                  | 137,926.                             |
|  | 4    | Income from investment of tax-exempt bond pr     |                    |                     |                   |                  |                                      |
|  | 5    | Royalties  |                    |                     |                   |                  |                                      |
|  | -    | (i) Real   | (ii) Personal      |                     |                   |                  |                                      |
|  | 6    |  |                    |                     |                   |                  |                                      |
|  |      |  |                    |                     |                   |                  |                                      |
|  |      | b Less: rental expenses 6b                       |                    |                     |                   |                  |                                      |
|  |      | c Rental income or (loss) 6c                     |                    |                     |                   |                  |                                      |
|  |      | d Net rental income or (loss)                    |                    |                     |                   |                  |                                      |
|  | 7 :  | a Gross amount from sales of (i) Securities      | (ii) Other         |                     |                   |                  |                                      |
|  |      | assets other than inventory <b>7a</b> 4,972,419. |                    |                     |                   |                  |                                      |
|  | I    | b Less: cost or other basis                      |                    |                     |                   |                  |                                      |
| en   |      | and sales expenses                               |                    |                     |                   |                  |                                      |
| ven  |      | c Gain or (loss) 7c 257 , 703 .                  |                    |                     |                   |                  |                                      |
| Re   |      | <b>d</b> Net gain or (loss)                      |                    | 257,703.            |                   |                  | 257,703.                             |
| her Revenue  |      | a Gross income from fundraising events (not      |                    |                     |                   |                  |                                      |
| đ  |      | including \$ of                                  |                    |                     |                   |                  |                                      |
| -  |      | contributions reported on line 1c). See          |                    |                     |                   |                  |                                      |
|  |      | Part IV, line 18                                 |                    |                     |                   |                  |                                      |
|  |      | b Less: direct expenses 8b                       |                    |                     |                   |                  |                                      |
|  |      | c Net income or (loss) from fundraising events   |                    |                     |                   |                  |                                      |
|  |      | a Gross income from gaming activities. See       |                    |                     |                   |                  |                                      |
|  | 50   |  |                    |                     |                   |                  |                                      |
|  |      | · · · · · · · · · · · · · · · · · · ·            |                    |                     |                   |                  |                                      |
|  |      | b Less: direct expenses                          |                    |                     |                   |                  |                                      |
|  |      | c Net income or (loss) from gaming activities    | <u></u>            |                     |                   |                  |                                      |
|  | 10 a | a Gross sales of inventory, less returns         |                    |                     |                   |                  |                                      |
|  |      | and allowances 10a                               |                    |                     |                   |                  |                                      |
|  | 1    | b Less: cost of goods sold 10b                   |                    |                     |                   |                  |                                      |
|  |      | Net income or (loss) from sales of inventory     |                    |                     |                   |                  |                                      |
| <u>,</u>   |      |  | Business Code      |                     |                   |                  |                                      |
| ŝ  | 11 a | a  |                    |                     |                   |                  |                                      |
| ne   | 1    | b  |                    |                     |                   |                  |                                      |
| ella   |      |  |                    |                     |                   |                  |                                      |
| Miscellaneous<br>Revenue                               |      | d All other revenue                              |                    |                     |                   |                  |                                      |
| Σ  |      | e Total. Add lines 11a-11d                       |                    |                     |                   |                  |                                      |
|  |      | Total revenue See instructions                   |                    | 405,629.            | 0.                | 0.               | 395,629.                             |

# Boys and Girls Clubs of Greater Houston Foundation

|                 | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon  | se or note to any line in t  | his Part IX                               |  |                                       |
|-----------------|--|------------------------------|---|--|---------------------------------------|
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1               | Grants and other assistance to domestic organizations  |                              |   |  |                                       |
|                 | and domestic governments. See Part IV, line 21   | 160,000.                     | 160,000.                                  |  |                                       |
| 2               | Grants and other assistance to domestic  |                              |   |  |                                       |
|                 | individuals. See Part IV, line 22  |                              |   |  |                                       |
| 3               | Grants and other assistance to foreign   |                              |   |  |                                       |
|                 | organizations, foreign governments, and foreign  |                              |   |  |                                       |
|                 | individuals. See Part IV, lines 15 and 16  |                              |   |  |                                       |
| 4               | Benefits paid to or for members  |                              |   |  |                                       |
| 5               | Compensation of current officers, directors,   |                              |   |  |                                       |
|                 | trustees, and key employees  |                              |   |  |                                       |
| 6               | Compensation not included above to disqualified  |                              |   |  |                                       |
|                 | persons (as defined under section 4958(f)(1)) and  |                              |   |  |                                       |
|                 | persons described in section 4958(c)(3)(B)   |                              |   |  |                                       |
| 7               | Other salaries and wages   |                              |   |  |                                       |
| 8               | Pension plan accruals and contributions (include   |                              |   |  |                                       |
| 0               | section 401(k) and 403(b) employer contributions)  |                              |   |  |                                       |
| 9               | Other employee benefits  |                              |   |  |                                       |
| 9<br>10         |  |                              |   |  |                                       |
| 11              | Payroll taxes<br>Fees for services (nonemployees):   |                              |   |  |                                       |
|                 |  |                              |   |  |                                       |
| a<br>L          | Management   |                              |   |  |                                       |
| b               |  | 1,900.                       |   | 1,900.   |                                       |
| ک<br>اہ         | Accounting   | 1,500.                       |   | 1,500.   |                                       |
| d               | Lobbying   |                              |   |  |                                       |
| e               | Professional fundraising services. See Part IV, line 17  | 28,282.                      |   | 28,282.  |                                       |
| f               | Investment management fees   | 20,202.                      |   | 20,202.  |                                       |
| g               | Other. (If line 11g amount exceeds 10% of line 25,   |                              |   |  |                                       |
|                 | column (A), amount, list line 11g expenses on Sch 0.)  |                              |   |  |                                       |
| 12              | Advertising and promotion  |                              |   |  |                                       |
| 13              | Office expenses  |                              |   |  |                                       |
| 14              | Information technology   |                              |   |  |                                       |
| 15              | Royalties  |                              |   |  |                                       |
| 16              | Occupancy  |                              |   |  |                                       |
| 17              | Travel   |                              |   |  |                                       |
| 18              | Payments of travel or entertainment expenses   |                              |   |  |                                       |
|                 | for any federal, state, or local public officials  |                              |   |  |                                       |
| 19              | Conferences, conventions, and meetings   |                              |   |  |                                       |
| 20              | Interest   |                              |   |  |                                       |
| 21              | Payments to affiliates   |                              |   |  |                                       |
| 22              | Depreciation, depletion, and amortization  |                              |   |  |                                       |
| 23              | Insurance  |                              |   |  |                                       |
| 24              | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а               | , , , , , , , , , , , , , , , , , , ,  |                              |   |  |                                       |
| a<br>b          |  |                              |   |  |                                       |
| c               |  |                              |   |  |                                       |
| d               |  |                              |   |  |                                       |
|                 | All other expenses   |                              |   |  |                                       |
| е<br>25         | Total functional expenses. Add lines 1 through 24e   | 190,182.                     | 160,000.                                  | 30,182.  | 0.                                    |
| <u>25</u><br>26 | Joint costs. Complete this line only if the organization   |                              |   | 50,102.  |                                       |
| 20              | reported in column (B) joint costs from a combined   |                              |   |  |                                       |
|                 | educational campaign and fundraising solicitation.   |                              |   |  |                                       |
|                 | Check here if following SOP 98-2 (ASC 958-720)   |                              |   |  | Earm <b>990</b> (202)                 |

Form 990 (2023)

Part IX Statement of Functional Expenses

| orm | 990 | (2023) |  |
|-----|-----|--------|--|

|                             | 990 (2<br><b>t X</b> | 2023) Foundation<br>Balance Sheet  |                                   | 76- | 0237732 Page <b>11</b> |
|-----------------------------|----------------------|--|-----------------------------------|-----|------------------------|
| - ai                        | נא                   |  |                                   |     |                        |
|                             |                      | Check if Schedule O contains a response or note to any line in this Part X   | (A)                               |     | (B)                    |
|                             |                      |  | Beginning of year                 |     | End of year            |
|                             | 1                    | Cash - non-interest-bearing  |                                   | 1   |                        |
|                             | 2                    | Savings and temporary cash investments                                       | 50,697.                           | 2   | 73,430.                |
|                             | 3                    | Pledges and grants receivable, net   | , , , , , , , , , , , , , , , , , | 3   |                        |
|                             | 4                    | Accounts receivable, net   |                                   | 4   |                        |
|                             | 5                    | Loans and other receivables from any current or former officer, director,    |                                   |     |                        |
|                             | •                    | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                   |     |                        |
| 9                           |                      | controlled entity or family member of any of these persons                   |                                   | 5   |                        |
|                             | 6                    | Loans and other receivables from other disqualified persons (as defined      |                                   |     |                        |
|                             | •                    | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                                   | 6   |                        |
|                             | 7                    | Notes and loans receivable, net  |                                   | 7   |                        |
| Assets                      | 8                    | Inventories for sale or use  |                                   | 8   |                        |
| As                          | 9                    | Prepaid expenses and deferred charges  |                                   | 9   |                        |
|                             |                      | Land, buildings, and equipment: cost or other                                |                                   |     |                        |
|                             | iou                  | basis. Complete Part VI of Schedule D 10a                                    |                                   |     |                        |
|                             | h                    | Less: accumulated depreciation 10b   |                                   | 10c |                        |
|                             | 11                   | Investments - publicly traded securities                                     | 4,566,272.                        | 11  | 5,012,542.             |
|                             | 12                   | Investments - other securities. See Part IV, line 11                         |                                   | 12  | •,•==,•==              |
|                             | 13                   | Investments - program-related. See Part IV, line 11                          |                                   | 13  |                        |
|                             | 14                   | Intangible assets  |                                   | 14  |                        |
|                             | 15                   | Other assets. See Part IV, line 11   |                                   | 15  |                        |
|                             | 16                   | Total assets. Add lines 1 through 15 (must equal line 33)                    | 4,616,969.                        | 16  | 5,085,972.             |
|                             | 17                   | Accounts payable and accrued expenses  | 1,010,000                         | 17  | 1,900.                 |
|                             | 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  |                        |
|                             | 22                   | Loans and other payables to any current or former officer, director,         |                                   |     |                        |
| ties                        |                      | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                   |     |                        |
| Liabilities                 |                      | controlled entity or family member of any of these persons                   |                                   | 22  |                        |
| Lia                         | 23                   | Secured mortgages and notes payable to unrelated third parties               |                                   | 23  |                        |
|                             | 24                   | Unsecured notes and loans payable to unrelated third parties                 |                                   | 24  |                        |
|                             | 25                   | Other liabilities (including federal income tax, payables to related third   |                                   |     |                        |
|                             |                      | parties, and other liabilities not included on lines 17-24). Complete Part X |                                   |     |                        |
|                             |                      | of Schedule D  |                                   | 25  |                        |
|                             | 26                   | Total liabilities. Add lines 17 through 25                                   | 0.                                | 26  | 1,900.                 |
|                             |                      | Organizations that follow FASB ASC 958, check here                           |                                   |     |                        |
| es                          |                      | and complete lines 27, 28, 32, and 33.                                       |                                   |     |                        |
| an c                        | 27                   | Net assets without donor restrictions  |                                   | 27  |                        |
| Bal                         | 28                   | Net assets with donor restrictions   | 4,616,969.                        | 28  | 5,084,072.             |
| P<br>2                      |                      | Organizations that do not follow FASB ASC 958, check here                    |                                   |     |                        |
| Ē                           |                      | and complete lines 29 through 33.  |                                   |     |                        |
| ۶<br>۲                      | 29                   | Capital stock or trust principal, or current funds                           |                                   | 29  |                        |
| sets                        | 30                   | Paid-in or capital surplus, or land, building, or equipment fund             |                                   | 30  |                        |
| Ass                         | 31                   | Retained earnings, endowment, accumulated income, or other funds             |                                   | 31  |                        |
| Net Assets or Fund Balances | 32                   | Total net assets or fund balances  | 4,616,969.                        | 32  | 5,084,072.             |
| ~                           | 33                   | Total liabilities and net assets/fund balances                               | 4,616,969.                        | 33  | 5,085,972.             |

Form 990 (2023)

| Boys  | and   | Girls | Clubs | of | Greater | Houston |
|-------|-------|-------|-------|----|---------|---------|
| Found | latio | on    |       |    |         |         |

|    | 990 (2023) Foundation  | 76-      | 023773 | 32      | Pag         | <sub>ge</sub> 12 |
|----|--|----------|--------|---------|-------------|------------------|
| Pa | rt XI Reconciliation of Net Assets   |          |        |         |             |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI  |          |        |         |             |                  |
|    |  |          |        |         |             |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |        | 105     |             |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2        |        | L90     |             |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3        |        |         |             | 47.              |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        |        |         |             | 69.              |
| 5  | Net unrealized gains (losses) on investments   | 5        |        | 251     | <u>, 65</u> | 56.              |
| 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       | 5,0    | )84     | ,07         | <u>72.</u>       |
| Pa | rt XII Financial Statements and Reporting  |          |        |         |             |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |        | <u></u> |             |                  |
|    |  |          | _      | Y       | /es         | No               |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other   |          | _      |         |             |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | Ο.       |        |         |             |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          |        | 2a      |             | _X               |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a     |        |         |             |                  |
|    | separate basis, consolidated basis, or both:   |          |        |         |             |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |          |        |         |             |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                 |          |        | 2b      | X           |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis, |        |         |             |                  |
|    | consolidated basis, or both:   |          |        |         |             |                  |
|    | Separate basis X 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 Sch  | edule O  |        |         |             |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |          |        |         |             |                  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          |        | 3a      |             | X                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audi | t      |         |             |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          |        | 3b      |             |                  |

Form **990** (2023)

| SCHEE<br>(Form 99)<br>Department of<br>Internal Rever | <b>90)</b><br>f the Treasury  | Co   | Public Chai   | OMB No. 1545-0047<br><b>2023</b><br>Open to Public<br>Inspection   |  |   |   |   |   |
|---|---|--|---|--|--|---|---|---|---|
|   | the organization  |  | -   | Form990 for instruction<br>Clubs of Gre  |  |   |   | Employer  | identification number   |
|   |   |  | dation  |  |  |   |   |   | 6-0237732   |
| Part I  | Reason  | or Public (  | Charity Status.   | (All organizations must c  | omplete th   | nis part.) S  | ee instruction  | S.  |   |
| 1<br>2<br>3<br>4                                      | A church, cor<br>A school desc<br>A hospital or<br>A medical res<br>city, and state   | vention of ch<br>cribed in <b>sect</b><br>a cooperative<br>earch organiz   | urches, or association<br>ion 170(b)(1)(A)(ii). (/<br>hospital service orga<br>ation operated in cor  | For lines 1 through 12, cl<br>n of churches described<br>Attach Schedule E (Form<br>anization described in se<br>hjunction with a hospital | in section<br>990).)<br>ection 170<br>described  | n 170(b)(1<br>(b)(1)(A)(ii<br>in sectio   | i).<br>n 170(b)(1)(A  |   | -   |
| 5<br>6<br>7<br>8<br>9                                 | section 170(<br>A federal, star<br>An organization<br>section 170(I<br>A community  | b)(1)(A)(iv). (C<br>te, or local go<br>on that norma<br>b)(1)(A)(vi). (C<br>trust describe   | Complete Part II.)<br>vernment or governm<br>Illy receives a substar<br>complete Part II.)<br>ed in <b>section 170(b)(</b>  | lege or university owned<br>nental unit described in a<br>ntial part of its support fr<br>(1)(A)(vi). (Complete Part                       | section 17<br>rom a gove<br>t II.)   | 7 <b>0(b)(1)(A)</b><br>ernmental  | <b>(v).</b><br>unit or from th  | ne general p  | public described in   |
| 9   | or university of university:  | or a non-land-ç  | grant college of agricu   | in section 170(b)(1)(A)(i<br>ulture (see instructions).  | Enter the r  | name, city  | , and state of  | the college   | e or  |
| 10<br>11<br>12 X<br>a X                               | activities relations and u<br>See section and u<br>An organization<br>An organization<br>more publicly<br>lines 12a throo<br><b>Type I.</b> A su<br>the support<br>organization | ed to its exen<br>nrelated busin<br>509(a)(2). (Co<br>on organized a<br>supported or<br>ugh 12d that<br>upporting orga<br>ed organization.<br>You must o | npt functions, subject<br>mess taxable income<br>mplete Part III.)<br>and operated exclusion<br>and operated exclusion<br>ganizations described<br>describes the type of<br>anization operated, su<br>con(s) the power to reg<br>complete Part IV, Se |  | and (2) no (<br>m busines<br>fety. See s<br>perform the<br>r <b>section</b> s<br>and comp<br>by its supp<br>majority o | more than<br>section 50<br>he function<br>509(a)(2).<br>plete lines<br>ported org.<br>of the direct | 33 1/3% of it:<br>red by the org<br><b>D9(a)(4).</b><br>ns of, or to ca<br>See <b>section</b> 4<br>12e, 12f, and<br>anization(s), ty<br>tors or truster | s support fi<br>janization a<br>rry out the<br><b>509(a)(3).</b> (<br>12g.<br>ypically by<br>es of the su | rom gross investment<br>ifter June 30, 1975.<br>purposes of one or<br>Check the box on<br>giving<br>upporting |
| b   | control or n  | nanagement o   | •   | or controlled in connect<br>anization vested in the sa<br>Sections A and C.  |  |   | 0   |   | •   |
| c   | ••  | -  | • • •   | g organization operated i<br>). <b>You must complete F</b>   |  |   |   | ly integrate  | ed with,  |
| d   | that is not f<br>requiremen   | unctionally int<br>t (see instruct   | tegrated. The organiz<br>ions). <b>You must con</b>   | orting organization oper-<br>ation generally must sati<br>nplete Part IV, Sections   | isfy a distri<br>A and D,  | ibution rec<br>and Part   | quirement and<br><b>V.</b>  | an attentiv   |   |
| e   |   | integrated, or   | r Type III non-functior   | written determination from<br>nally integrated supportir   | ng organiz   | ation.  | Туре I, Туре  | II, Type III  | 1   |
|   |   | •••  | n about the supported   | d organization(s).   |  |   |   |   | <b>_</b>  |
|   | i) Name of suppo  | orted  | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-10   | (iv) Is the orga<br>in your governi  | anization listed<br>ng document?  | (v) Amount of   | -   | (vi) Amount of other  |
|   | organization  |  |   | above (see instructions))  | Yes  | No  | support (see ir   | istructions)  | support (see instructions)  |
| _   | & Girls<br>er Houst   |  | 76-0270942  | 7  | X  |   | 190   | ,182.   |   |
|   |   |  |   |  |  |   |   |   |   |
| Total   |   |  |   |  |  |   | 1 9 0   | ,182.   | 0.  |
| Total   |   |  |   |  |  |   | 1 190   | ,104.   | U •   |

# Boys and Girls Clubs of Greater HoustonSchedule A (Form 990) 2023Foundation76-0237Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| 76-0237732 F | <sup>-</sup> age <b>2</b> |
|--------------|---------------------------|
|--------------|---------------------------|

| FC  | (Complete only if you checke<br>fails to qualify under the tests       | d the box on line 5 | 5, 7, or 8 of Part I o | or if the organizatio |          |          | -         |
|-----|--|---------------------|------------------------|-----------------------|----------|----------|-----------|
| Se  | ction A. Public Support  | ,,                  |                        | ,                     |          |          |           |
|     | ndar year (or fiscal year beginning in)                                | (a) 2019            | <b>(b)</b> 2020        | (c) 2021              | (d) 2022 | (e) 2023 | (f) Total |
|     | Gifts, grants, contributions, and                                      | (4) 2010            |                        | (0) 2021              |          |          |           |
| •   | membership fees received. (Do not                                      |                     |                        |                       |          |          |           |
|     | include any "unusual grants.")   |                     |                        |                       |          |          |           |
| 2   | Tax revenues levied for the organ-                                     |                     |                        |                       |          |          |           |
|     | ization's benefit and either paid to                                   |                     |                        |                       |          |          |           |
|     | or expended on its behalf  |                     |                        |                       |          |          |           |
| 3   | The value of services or facilities                                    |                     |                        |                       |          |          |           |
|     | furnished by a governmental unit to                                    |                     |                        |                       |          |          |           |
|     | the organization without charge  |                     |                        |                       |          |          |           |
| 4   | Total. Add lines 1 through 3   |                     |                        |                       |          |          |           |
| 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)   |                     |                        |                       |          |          |           |
|     | Public support. Subtract line 5 from line 4.                           |                     |                        |                       |          |          |           |
| Se  | ction B. Total Support   |                     | •                      | -                     | 1        | 1        | 1         |
|     | ndar year (or fiscal year beginning in)                                | (a) 2019            | <b>(b)</b> 2020        | (c) 2021              | (d) 2022 | (e) 2023 | (f) Total |
| 7   | Amounts from line 4  |                     |                        |                       |          |          |           |
| 8   | Gross income from interest,  |                     |                        |                       |          |          |           |
|     | dividends, payments received on  |                     |                        |                       |          |          |           |
|     | securities loans, rents, royalties,                                    |                     |                        |                       |          |          |           |
|     | and income from similar sources $\dots$                                |                     |                        |                       |          |          |           |
| 9   | Net income from unrelated business                                     |                     |                        |                       |          |          |           |
|     | activities, whether or not the   |                     |                        |                       |          |          |           |
|     | business is regularly carried on                                       |                     |                        |                       |          |          |           |
| 10  | Other income. Do not include gain                                      |                     |                        |                       |          |          |           |
|     | or loss from the sale of capital                                       |                     |                        |                       |          |          |           |
|     | assets (Explain in Part VI.)   |                     |                        |                       |          |          |           |
|     | Total support. Add lines 7 through 10                                  |                     |                        |                       |          |          |           |
|     | Gross receipts from related activities,                                | ,                   | ,                      |                       |          | 12       |           |
| 13  | First 5 years. If the Form 990 is for th                               | •                   |                        |                       |          |          |           |
| Se  | organization, check this box and stor<br>ction C. Computation of Publi |                     |                        |                       |          |          |           |
|     | Public support percentage for 2023 (I                                  |                     |                        | column (f))           |          | 14       | %         |
|     | Public support percentage from 2022                                    |                     | -                      |                       |          |          | %         |
|     | <b>33 1/3% support test - 2023.</b> If the                             |                     |                        |                       |          |          |           |
| 100 | stop here. The organization qualifies                                  | -                   |                        |                       |          |          |           |
| ł   | <b>33 1/3% support test - 2022.</b> If the o                           |                     |                        |                       |          |          |           |
| ~   | and stop here. The organization qual                                   |                     |                        |                       |          |          |           |
| 17a | 10% -facts-and-circumstances test                                      |                     |                        |                       |          |          |           |
|     | and if the organization meets the fact                                 |                     |                        |                       |          |          |           |
|     | meets the facts-and-circumstances te                                   |                     |                        | -                     | -        |          |           |
| ł   | 10% -facts-and-circumstances test                                      | -                   |                        | • • • •               |          |          |           |
| ~   | more, and if the organization meets the                                | -                   | -                      |                       |          |          |           |
|     | organization meets the facts-and-circi                                 |                     |                        |                       |          | ination  |           |
| 18  | Private foundation. If the organization                                |                     | •                      | •                     |          |          |           |

Schedule A (Form 990) 2023

| Boys | and | Girls | Clubs | of | Greater | Houston |
|------|-----|-------|-------|----|---------|---------|
|      |     |       |       |    |         |         |

Schedule A (Form 990) 2023 Foundation

76-0237732 Page 3

| Part III | Support S | Schedule | for Orga | anizations | Described | l in Sec | tion 509(a) | )(2) |
|----------|-----------|----------|----------|------------|-----------|----------|-------------|------|
|----------|-----------|----------|----------|------------|-----------|----------|-------------|------|

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

| Sec  | ction A. Public Support  |                     |                       |                      |                     | -               |              |
|------|--|---------------------|-----------------------|----------------------|---------------------|-----------------|--------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019            | <b>(b)</b> 2020       | (c) 2021             | (d) 2022            | (e) 2023        | (f) Total    |
| 1    | Gifts, grants, contributions, and  |                     |                       |                      |                     |                 |              |
|      | membership fees received. (Do not  |                     |                       |                      |                     |                 |              |
|      | include any "unusual grants.")   |                     |                       |                      |                     |                 |              |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                     |                       |                      |                     |                 |              |
| 3    | Gross receipts from activities that<br>are not an unrelated trade or bus-  |                     |                       |                      |                     |                 |              |
| 4    | iness under section 513<br>Tax revenues levied for the organ-  |                     |                       |                      |                     |                 |              |
| •    | ization's benefit and either paid to<br>or expended on its behalf  |                     |                       |                      |                     |                 |              |
| 5    | The value of services or facilities  |                     |                       |                      |                     |                 |              |
| -    | furnished by a governmental unit to the organization without charge  |                     |                       |                      |                     |                 |              |
| 6    | Total. Add lines 1 through 5   |                     |                       |                      |                     |                 |              |
|      | Amounts included on lines 1, 2, and  |                     |                       |                      |                     |                 |              |
|      | 3 received from disqualified persons   |                     |                       |                      |                     |                 |              |
| D    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>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.)  |                     |                       |                      |                     |                 |              |
|      | ndar year (or fiscal year beginning in)  | (a) 2019            | <b>(b)</b> 2020       | (c) 2021             | (d) 2022            | (e) 2023        | (f) Total    |
|      | Amounts from line 6  |                     | (6) 2020              | (0) 2021             |                     | (0) 2020        |              |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                     |                       |                      |                     |                 |              |
| b    | Unrelated business taxable income  |                     |                       |                      |                     |                 |              |
|      | (less section 511 taxes) from businesses   |                     |                       |                      |                     |                 |              |
|      | acquired after June 30, 1975   |                     |                       |                      |                     |                 |              |
| c    | Add lines 10a and 10b  |                     |                       |                      |                     |                 |              |
| 11   | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                     |                       |                      |                     |                 |              |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                     |                       |                      |                     |                 |              |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                     |                       |                      |                     |                 |              |
| 14   | First 5 years. If the Form 990 is for the  | e organization's fi | rst, second, third,   | fourth, or fifth tax | year as a section 5 | 501(c)(3) organ | ization,     |
|      |  |                     |                       |                      |                     |                 |              |
|      | ction C. Computation of Publi  |                     |                       |                      |                     | 1 1             |              |
|      | Public support percentage for 2023 (li   |                     |                       | column (f))          |                     | 15              | %            |
|      | Public support percentage from 2022  |                     |                       |                      |                     | 16              | %            |
|      | ction D. Computation of Inves  |                     | •                     |                      |                     |                 |              |
| 17   | Investment income percentage for 20  | 23 (line 10c, colur | nn (f), divided by li | ne 13, column (f))   |                     | 17              | %            |
| 18   |  |                     |                       |                      |                     | 18              | %            |
| 19a  | 33 1/3% support tests - 2023. If the   | organization did n  | ot check the box o    | on line 14, and line | e 15 is more than 3 | 33 1/3%, and li | ne 17 is not |
| b    | more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the   |                     |                       |                      |                     |                 |              |
|      | line 18 is not more than 33 1/3%, che  |                     |                       |                      |                     |                 |              |
| 20   | Private foundation. If the organizatio   |                     |                       |                      |                     |                 |              |

76-0237732 Page 4

Ves No

#### Schedule A (Form 990) 2023 Four 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        | Х   |    |
|          |     |    |
| 2        |     | х  |
| _        |     |    |
| 3a       |     | Х  |
|          |     |    |
| Зb       |     |    |
|          |     |    |
| Зc       |     |    |
|          |     |    |
| 4a       |     | X  |
|          |     |    |
| 4b       |     |    |
|          |     |    |
| 4c       |     |    |
|          |     |    |
| 5a       |     | Х  |
| 5b       |     |    |
| 50<br>50 |     |    |
|          |     |    |
| 6        |     | X  |
|          |     |    |
| 7        |     | X  |
| 8        |     | х  |
| 5        |     |    |
| 9a       |     | Х  |
|          |     |    |
| 9b       |     | Х  |
|          |     |    |
| 9c       |     | X  |
|          |     | 77 |
| 10a      |     | X  |
| 10b      |     |    |

| Boys | and | Girls | Clubs | of | Greater | Houston |
|------|-----|-------|-------|----|---------|---------|
|      |     |       |       |    |         |         |

| Sche | dule A (Form 990) 2023 Foundation   | 76-023773 | 2 Pa | age <b>5</b> |
|------|---|-----------|------|--------------|
| 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       |      | X            |
| b    | A family member of a person described on line 11a above?  | 11b       |      | X            |
| 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       |      | X            |
| 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 comore supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among organization. | ficers,   |      |              |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | ´1        | X    |              |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported   |           |      |              |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |      |              |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |      |              |
|      | supervised, or controlled the supporting organization.  | 2         |      | X            |
| 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  |           |      |              |
|      | the supported organization(s).  | 1         |      |              |
| Sec  | tion D. All Type III Supporting Organizations   |           |      |              |
|      |   |           | Yes  | No           |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |           |      |              |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |           |      |              |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |           |      |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1         |      |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |      |              |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |           |      |              |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2         |      |              |
| 3    | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   |           |      |              |
|      | significant voice in the organization's investment policies and in directing the use of the organization's  |           |      |              |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |           |      |              |
|      | supported organizations played in this regard.  | 3         |      |              |
| 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с |  | The organization supported a | governmental entity. | Describe in Part VI how | vou supported a governmer | tal entity (see instructions). |
|---|--|------------------------------|----------------------|-------------------------|---------------------------|--------------------------------|
|---|--|------------------------------|----------------------|-------------------------|---------------------------|--------------------------------|

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

2a

2b

3a

Yes No

| Type III Non-Functionally Integrated 509(a)(3) Supporting           Check here if the organization satisfied the Integral Part Test as a qualifying           All other Type III non-functionally integrated supporting organizations must or |            |                            |                                |
|---|------------|----------------------------|--------------------------------|
|   | trust on N | 00 1070 /                  |                                |
| All other Type III non-functionally integrated supporting organizations must of   |            | •                          | Part VI). See instruction      |
|   | complete S | Sections A through E.      | 1                              |
| tion A - Adjusted Net Income  |            | (A) Prior Year             | (B) Current Year<br>(optional) |
| Net short-term capital gain   | 1          |                            |                                |
| Recoveries of prior-year distributions  | 2          |                            |                                |
| Other gross income (see instructions)   | 3          |                            |                                |
| Add lines 1 through 3.  | 4          |                            |                                |
| Depreciation and depletion  | 5          |                            |                                |
| 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          |                            |                                |
| Other expenses (see instructions)   | 7          |                            |                                |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8          |                            |                                |
| tion B - Minimum Asset Amount   |            | (A) Prior Year             | (B) Current Year<br>(optional) |
| Aggregate fair market value of all non-exempt-use assets (see   |            |                            |                                |
| instructions for short tax year or assets held for part of year):   |            |                            |                                |
| Average monthly value of securities   | 1a         |                            |                                |
| Average monthly cash balances   | 1b         |                            |                                |
| Fair market value of other non-exempt-use assets  | 1c         |                            |                                |
| Total (add lines 1a, 1b, and 1c)  | 1d         |                            |                                |
| Discount claimed for blockage or other factors  |            |                            |                                |
| (explain in detail in Part VI):   |            |                            |                                |
| Acquisition indebtedness applicable to non-exempt-use assets  | 2          |                            |                                |
| Subtract line 2 from line 1d.   | 3          |                            |                                |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |            |                            |                                |
| see instructions).  | 4          |                            |                                |
| Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5          |                            |                                |
| Multiply line 5 by 0.035.   | 6          |                            |                                |
| Recoveries of prior-year distributions  | 7          |                            |                                |
| Minimum Asset Amount (add line 7 to line 6)   | 8          |                            |                                |
| tion C - Distributable Amount   |            |                            | Current Year                   |
| Adjusted net income for prior year (from Section A, line 8, column A)   | 1          |                            |                                |
| Enter 0.85 of line 1.   | 2          |                            |                                |
| Minimum asset amount for prior year (from Section B, line 8, column A)  | 3          |                            |                                |
| Enter greater of line 2 or line 3.  | 4          |                            |                                |
| Income tax imposed in prior year  | 5          |                            |                                |
| Distributable Amount. Subtract line 5 from line 4, unless subject to  |            |                            |                                |
| emergency temporary reduction (see instructions).   | 6          |                            |                                |
| Check here if the current year is the organization's first as a non-functionally  | integrated | d Type III supporting orga | anization (see                 |

instructions).

Schedule A (Form 990) 2023

# Boys and Girls Clubs of Greater Houston Foundation

| Sche  | dule A (Form 990) 2023 Foundation  |                               |                                       | 7    | 6-0237732 Page 7                          |
|-------|--|-------------------------------|---------------------------------------|------|---|
| Par   | t V Type III Non-Functionally Integrated 509(                                | (a)(3) Supporting Orga        | nizations (continu                    | ied) |   |
| Secti | on D - Distributions   |                               |                                       |      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exer                   | mpt purposes                  |                                       | 1    |   |
| 2     | Amounts paid to perform activity that directly furthers exemp                | t purposes of supported       |                                       |      |   |
|       | organizations, in excess of income from activity                             |                               |                                       | 2    |   |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | es of supported organizations | 5                                     | 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 ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                               |                                       | 6    |   |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                               |                                       | 7    |   |
| 8     | Distributions to attentive supported organizations to which the              | ne organization is responsive |                                       |      |   |
|       | (provide details in Part VI). See instructions.                              |                               |                                       | 8    |   |
| 9     | Distributable amount for 2023 from Section C, line 6                         |                               |                                       | 9    |   |
| 10    | Line 8 amount divided by line 9 amount                                       | 1                             |                                       | 10   |   |
| Secti | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2023 | IS   | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6                         |                               |                                       |      |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-                 |                               |                                       |      |   |
|       | able cause required - explain in Part VI). See instructions.                 |                               |                                       |      |   |
| 3     | Excess distributions carryover, if any, to 2023                              |                               |                                       |      |   |
| а     | From 2018  |                               |                                       |      |   |
| b     | From 2019  |                               |                                       |      |   |
| с     | From 2020  |                               |                                       |      |   |
| d     | From 2021  |                               |                                       |      |   |
| е     | From 2022  |                               |                                       |      |   |
| f     | Total of lines 3a through 3e   |                               |                                       |      |   |
| g     | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
| h     | Applied to 2023 distributable amount   |                               |                                       |      |   |
| i     | Carryover from 2018 not applied (see instructions)                           |                               |                                       |      |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                               |                                       |      |   |
| 4     | Distributions for 2023 from Section D,                                       |                               |                                       |      |   |
|       | line 7: \$   |                               |                                       |      |   |
| а     | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
| b     | Applied to 2023 distributable amount   |                               |                                       |      |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                             |                               |                                       |      |   |
| 5     | Remaining underdistributions for years prior to 2023, if                     |                               |                                       |      |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                |                               |                                       |      |   |
|       | than zero, explain in Part VI. See instructions.                             |                               |                                       |      |   |
| 6     | Remaining underdistributions for 2023. Subtract lines 3h                     |                               |                                       |      |   |
|       | and 4b from line 1. For result greater than zero, explain in                 |                               |                                       |      |   |
|       | Part VI. See instructions.   |                               |                                       |      |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j                         |                               |                                       |      |   |
|       | and 4c.  |                               |                                       |      |   |
| 8     | Breakdown of line 7:   |                               |                                       |      |   |
| а     | Excess from 2019   |                               |                                       |      |   |
| b     | Excess from 2020   |                               |                                       |      |   |
| с     | Excess from 2021   |                               |                                       |      |   |
| d     | Excess from 2022   |                               |                                       |      |   |
| е     | Excess from 2023   |                               |                                       |      |   |
|       |  |                               |                                       |      |   |

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023   | Boys<br>Found                       |                                       |  | Club:                         | s of                   | Great                     | er Hou                           | ston                       | 76-0237732 Page 8  |
|------------|---|-------------------------------------|---------------------------------------|--|-------------------------------|------------------------|---------------------------|----------------------------------|----------------------------|--|
| Part VI    | Supplemental Inform<br>Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I<br>Section D, lines 5, 6, and 8<br>(See instructions.) | nation.<br>2, 3b, 3c,<br>ines 2 and | Provide 1<br>4b, 4c, 5<br>I 3; Part I | the explar<br>5a, 6, 9a, 9<br>V, Sectior | 9b, 9c, 11a,<br>1 E, lines 1c | , 11b, an<br>, 2a, 2b, | d 11c; Part<br>3a, and 3b | : IV, Section<br>); Part V, line | B, lines 1 a<br>1; Part V, | 17b; Part III, line 12;<br>and 2; Part IV, Section C,<br>Section B, line 1e; Part V, |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |
|            |   |                                     |                                       |  |                               |                        |                           |                                  |                            |  |

| * * | PUBLIC | DISCLOSURE | COPY | * |
|-----|--------|------------|------|---|
|-----|--------|------------|------|---|

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

\*

### Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Boys and Girls Clubs of Greater Houston

OMB No. 1545-0047

Employer identification number

| 7 | 6 | _ | 0 | 2 | 3 | 7 | 7 | 3 | 2 |
|---|---|---|---|---|---|---|---|---|---|
|---|---|---|---|---|---|---|---|---|---|

Foundation

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

| No.        | Name, address, and ZIP + 4        | Total contributions        | Type of contribution  |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | Person Payroll (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | Person Payroll ON Noncash ON (Complete Part II for noncash contributions.)  |
| (a)        | (b)                               | (c)                        | (d)   |
| No         | Name, address, and ZIP + 4        | Total contributions        | Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.) |
| (a)        | (b)                               | (c)                        | (d)   |
| No         | Name, address, and ZIP + 4        | Total contributions        | Type of contribution     Person     Payroll     Noncash     (Complete Part II for     noncash contributions.)             |

#### Schedule B (Form 990) (2023)

Part I

(a)

No.

(a)

1

Name of organization Boys and Girls Clubs of Greater Houston Foundation

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Employer identification number

(d)

Type of contribution

X

76-0237732

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(c)

**Total contributions** 

(c)

\$

10,000.

|                              | rganization<br>and Girls Clubs of Greater Houston                |   | Employer identification number |
|------------------------------|--|---|--------------------------------|
|                              | ation  |   | 76-0237732                     |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed.             |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  | <br>  \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received           |
|                              |  |   |                                |
|                              |  | \$  |                                |

Schedule B (Form 990) (2023)

Page **3** 

| Schedule                  | B (Form 990) (2023)   |  |   | Page <b>4</b>                                  |  |  |  |  |  |
|---------------------------|---|--|---|--|--|--|--|--|--|
|                           | organization  |  |   | Employer identification number                 |  |  |  |  |  |
|                           | and Girls Clubs of Great  | ter Houston  |   |  |  |  |  |  |  |
|                           | ation   |  |   | 76-0237732                                     |  |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contributi   | ons to organizations described in s  | ection 501(c)(7), (8), or                                 | (10) that total more than \$1,000 for the year |  |  |  |  |  |
|                           | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, | ) through (e) and the following line er<br>charitable, etc., contributions of \$1,000 or | Itry. For organizations<br>less for the year. (Enter this | s info. once.) \$                              |  |  |  |  |  |
|                           | Use duplicate copies of Part III if additional  | space is needed.   |   |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d)   | Description of how gift is held                |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  | <i>.</i>  |  |  |  |  |  |  |
|                           |   | (e) Transfer of g  | ft  |  |  |  |  |  |  |
|                           | Transferee's name, address, a   | nd <b>7I</b> P + 4   | Relationshin  | of transferor to transferee                    |  |  |  |  |  |
|                           |   |  | Telationship  |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d)   | Description of how gift is held                |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |  |   |  |  |  |  |  |  |
|                           | Transferee's name, address, a   | nd <b>7</b> ID + 4   | Polationshin  | of transferor to transferee                    |  |  |  |  |  |
|                           |   |  | nelationship  |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  | 1   |  |  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift  | f gift (d) Description of how gift is                     |  |  |  |  |  |  |
| Part I                    |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   | (e) Transfer of g  | ft  |  |  |  |  |  |  |
|                           |   | ()   |   |  |  |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship  | of transferor to transferee                    |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
| (a) No.                   |   | <u> </u>   |   |  |  |  |  |  |  |
| from                      | (b) Purpose of gift   | (c) Use of gift  | (d)   | Description of how gift is held                |  |  |  |  |  |
| Part I                    |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   | (e) Transfer of g  | ft  |  |  |  |  |  |  |
|                           |   | •  |   |  |  |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship  | of transferor to transferee                    |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |  |

| 90          | HEDULE D  | Supplemental Financial Statements  | 3                                      | OMB No. 1545-0047               |  |  |  |
|-------------|---|--|--|---------------------------------|--|--|--|
|             | n 990)  | Complete if the organization answered "Yes" on Form 990,   |  | 2023                            |  |  |  |
| •<br>Depart | ment of the Treasury                                    | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12<br>Attach to Form 990.  | b.                                     | Open to Public                  |  |  |  |
|             | I Revenue Service                                       | Go to www.irs.gov/Form990 for instructions and the latest informa<br>on Boys and Girls Clubs of Greater Houston  |  | Inspection                      |  |  |  |
| Nam         | e of the organizati                                     |  | loyer identification number 76-0237732 |                                 |  |  |  |
| Pa          |   | ations Maintaining Donor Advised Funds or Other Similar Funds  | or Account                             | S. Complete if the              |  |  |  |
|             | organizatio   | n answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds   | (b) Euroc                              | Is and other accounts           |  |  |  |
| 4           | Total number at or                                      |  |  |                                 |  |  |  |
| 1<br>2      |   | nd of yearf contributions to (during year)   |  |                                 |  |  |  |
| 3           |   | f grants from (during year)  |  |                                 |  |  |  |
| 4           |   | t end of year  |  |                                 |  |  |  |
| 5           | Did the organization                                    | n inform all donors and donor advisors in writing that the assets held in donor advise   | ed funds                               |                                 |  |  |  |
|             |   | n's property, subject to the organization's exclusive legal control?   |  | Yes No                          |  |  |  |
| 6           | •   | on inform all grantees, donors, and donor advisors in writing that grant funds can be  |  |                                 |  |  |  |
|             |   | oses and not for the benefit of the donor or donor advisor, or for any other purpose of  | 0                                      |                                 |  |  |  |
| Pa          |   | ate benefit?<br>ation Easements. Complete if the organization answered "Yes" on Form 990, F  |  | Yes No                          |  |  |  |
| 1           |   | ervation easements held by the organization (check all that apply).  | are re, into 7.                        |                                 |  |  |  |
|             |   |  | a historically i                       | mportant land area              |  |  |  |
|             | Protection o  | f natural habitat Preservation of  | a certified hist                       | oric structure                  |  |  |  |
|             | Preservation  | of open space  |  |                                 |  |  |  |
| 2           |   | through 2d if the organization held a qualified conservation contribution in the form of   |  |                                 |  |  |  |
|             | day of the tax year                                     |  |  | Held at the End of the Tax Year |  |  |  |
| a<br>h      |   | inservation easements  |  |                                 |  |  |  |
| b<br>c      | •   | icted by conservation easements  |  |                                 |  |  |  |
| d           |   | vation easements on a certified historic structure included on line 2a   |  |                                 |  |  |  |
|             | on a historic structure listed in the National Register |  |  |                                 |  |  |  |
| 3           |   | vation easements modified, transferred, released, extinguished, or terminated by the   |  | luring the tax                  |  |  |  |
|             | year  |  |  |                                 |  |  |  |
| 4           |   | where property subject to conservation easement is located   |  |                                 |  |  |  |
| 5           | -   | tion have a written policy regarding the periodic monitoring, inspection, handling of  |  |                                 |  |  |  |
| 6           |   | orcement of the conservation easements it holds?   |  |                                 |  |  |  |
| U           |   |  | civation casci                         | nemes during the year           |  |  |  |
| 7           | Amount of expens  | es incurred in monitoring, inspecting, handling of violations, and enforcing conservat   | ion easements                          | s during the year               |  |  |  |
| •           |   |  |  |                                 |  |  |  |
| 8           |   | vation easement reported on line 2d above satisfy the requirements of section 170(h)<br>(4)(B)(ii)?  |  | Yes No                          |  |  |  |
| 9           |   | be how the organization reports conservation easements in its revenue and expense  |  |                                 |  |  |  |
| •           |   | I include, if applicable, the text of the footnote to the organization's financial stateme   |  |                                 |  |  |  |
|             | organization's acc                                      | ounting for conservation easements.  |  |                                 |  |  |  |
| Pa          |   | ations Maintaining Collections of Art, Historical Treasures, or Ot   | her Similar                            | Assets.                         |  |  |  |
|             |   | the organization answered "Yes" on Form 990, Part IV, line 8.  |  |                                 |  |  |  |
| <b>1</b> a  |   | elected, as permitted under FASB ASC 958, not to report in its revenue statement a   |  |                                 |  |  |  |
|             |   | asures, or other similar assets held for public exhibition, education, or research in fu<br>Part XIII the text of the footnote to its financial statements that describes these item | -                                      |                                 |  |  |  |
| b           |   | elected, as permitted under FASB ASC 958, to report in its revenue statement and b   |  | works of                        |  |  |  |
|             | -   | ures, or other similar assets held for public exhibition, education, or research in furth  |  |                                 |  |  |  |
|             |   | ng amounts relating to these items.  | ,                                      |                                 |  |  |  |
|             | (i) Revenue inclu                                       | ded on Form 990, Part VIII, line 1   | \$                                     |                                 |  |  |  |
|             | .,  | d in Form 990, Part X  |  |                                 |  |  |  |
| 2           |   | received or held works of art, historical treasures, or other similar assets for financial   | gain, provide                          |                                 |  |  |  |
| _           | -   | Ints required to be reported under FASB ASC 958 relating to these items:   | •                                      |                                 |  |  |  |
| a<br>b      | Assets included in                                      | on Form 990, Part VIII, line 1<br>Form 990, Part X   |  |                                 |  |  |  |
|             |   | eduction Act Notice, see the Instructions for Form 990.  |  | Schedule D (Form 990) 2023      |  |  |  |

| Boys | and | Girls | Clubs | of | Greater | Houston |
|------|-----|-------|-------|----|---------|---------|

| O alta a |  | d Girls Clu                  | ubs of Grea                | ater Houst            | on          | 76-02              | 27722     |             | 2     |   |      |
|----------|--|------------------------------|----------------------------|-----------------------|-------------|--------------------|-----------|-------------|-------|---|------|
|          | dule D (Form 990) 2023 Foundat t III Organizations Maintaining C                         |                              | Historical Tro             | asures or Othe        | r Simila    |                    |           |             | age Z |   |      |
|          | ·  |                              |                            |                       |             |                    | • (contin | ued)        |       |   |      |
| 3        | Using the organization's acquisition, accession collection items (check all that apply). | on, and other records        | s, check any of the f      | ollowing that makes   | signincant  | use of its         |           |             |       |   |      |
| а        | Public exhibition  | d                            |                            | hange program         |             |                    |           |             |       |   |      |
| a<br>b   | Scholarly research   | e                            |                            | nange program         |             |                    |           |             |       |   |      |
|          | Preservation for future generations  | e                            |                            |                       |             |                    |           |             |       |   |      |
| C<br>A   | Provide a description of the organization's co   | lections and explain         | how those further th       | o organization's ove  | mot ouro    | nco in Dart        | VIII      |             |       |   |      |
| 5        | During the year, did the organization solicit o  |                              |                            |                       |             | JSE III F alt      | AIII.     |             |       |   |      |
| 5        | to be sold to raise funds rather than to be ma   |                              |                            |                       | 1 255615    |                    | Yes       |             | No    |   |      |
| Par      | t IV Escrow and Custodial Arrang   |                              |                            |                       |             |                    |           |             |       |   |      |
|          | reported an amount on Form 990, Par  |                              | ie in the organization     |                       | 11 0111 000 | , i aitiv, ii      | 10 0, 01  |             |       |   |      |
|          | Is the organization an agent, trustee, custodi   |                              | liary for contribution     | s or other assets no  | t included  |                    |           |             |       |   |      |
|          | on Form 990, Part X?   |                              | •                          |                       |             |                    | Yes       |             | No    |   |      |
| b        | If "Yes," explain the arrangement in Part XIII   |                              |                            |                       |             | ······ <u> </u>    |           |             |       |   |      |
|          |  |                              | straining tablet           |                       |             |                    | Amount    |             |       |   |      |
| с        | Beginning balance  |                              |                            |                       | 1c          |                    |           |             |       |   |      |
|          | Additions during the year  |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Distributions during the year  |                              |                            |                       |             |                    |           |             |       |   |      |
| f        | Ending balance   |                              |                            |                       |             |                    |           |             |       |   |      |
| 2a       | Did the organization include an amount on Fe   |                              |                            |                       |             | ·                  | Yes       |             | No    |   |      |
|          | If "Yes," explain the arrangement in Part XIII.  |                              |                            |                       |             | ····· └──          |           |             | ]     |   |      |
| Par      |  |                              |                            |                       | 10.         |                    |           |             |       |   |      |
|          |  | (a) Current year             | (b) Prior year             | (c) Two years back    |             | years back         | (e) Four  | years       | back  |   |      |
| 1a       | Beginning of year balance  | 4,616,969.                   | 5,493,480.                 | 4,883,108.            |             | 518,910.           |           |             | 851.  |   |      |
|          | Contributions  | 10,000.                      | 10,000.                    | 10,000.               |             | 10,000.            | ,         |             |       |   |      |
|          | Net investment earnings, gains, and losses   | 647,285.                     | -697,152.                  | 783,207.              |             | ,<br>532,957.      | 675,113.  |             | 113.  |   |      |
|          | Grants or scholarships   | 160,000.                     | 158,500.                   | 150,400.              |             | ,                  |           | 152,500. 15 |       | , | 000. |
|          | Other expenditures for facilities  | ,                            | ,                          | ,                     |             | ,                  |           | ,           |       |   |      |
| Ŭ        | and programs   |                              |                            |                       |             |                    |           |             |       |   |      |
| f        | Administrative expenses  | 30,182.                      | 30,859.                    | 32,435.               |             | 26,259.            |           | 24          | 054.  |   |      |
|          | End of year balance  | 5,084,072.                   | 4,616,969.                 | 5,493,480.            |             | 4,883,108. 4,518,9 |           |             |       |   |      |
| 2        | Provide the estimated percentage of the curr   | · · · · · ·                  | · ·                        |                       | - /         | ,                  | ,         |             | •     |   |      |
|          | Board designated or quasi-endowment  |                              | %                          |                       |             |                    |           |             |       |   |      |
| a<br>h   | Permanent endowment 85.8505  | %                            | _/0                        |                       |             |                    |           |             |       |   |      |
| с<br>С   | Term endowment 14.1495   |                              |                            |                       |             |                    |           |             |       |   |      |
| U        | The percentages on lines 2a, 2b, and 2c sho  |                              |                            |                       |             |                    |           |             |       |   |      |
| 39       | Are there endowment funds not in the posse   |                              | tion that are held an      | nd administered for t | ho          |                    |           |             |       |   |      |
| ou       | organization by:   | ssion of the organiza        | tion that are note a       |                       | ne          |                    | Г         | Yes         | No    |   |      |
|          | (i) Unrelated organizations?   |                              |                            |                       |             |                    | 3a(i)     |             | X     |   |      |
|          | (ii) Related organizations?  |                              |                            |                       |             |                    | 3a(ii)    |             | X     |   |      |
| h        | If "Yes" on line 3a(ii), are the related organizations?                                  |                              |                            |                       |             |                    |           |             | - 23  |   |      |
| 4        | Describe in Part XIII the intended uses of the   |                              |                            |                       |             |                    | 30        |             |       |   |      |
|          | t VI Land, Buildings, and Equipm   |                              | wittent fullus.            |                       |             |                    |           |             |       |   |      |
|          | Complete if the organization answere   |                              | Part IV, line 11a, S       | ee Form 990. Part X   | line 10     |                    |           |             |       |   |      |
|          | Description of property  | (a) Cost or of               |                            |                       | Accumulat   | od                 | (d) Book  | volu        |       |   |      |
|          | Description of property  | basis (investm               | • •                        |                       | epreciation |                    |           | valu        | C     |   |      |
| 10       | Land   |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Land   |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Buildings  |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Leasehold improvements   |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Equipment  |                              |                            |                       |             |                    |           |             |       |   |      |
|          | Other  |                              |                            |                       |             |                    |           |             | 0.    |   |      |
| rotal    | . Add lines 1a through 1e. (Column (d) must e  | <u>qual Form 990, Part )</u> | <u>x, line IUc, column</u> | (B))                  |             |                    |           | 000         |       |   |      |
|          |  |                              |                            |                       |             | Schedule           | וחזטיז) ע | ສສປ)        | 2023  |   |      |

| Boys  | and   | Girls | Clubs | of | Greater | Houston |
|-------|-------|-------|-------|----|---------|---------|
| Found | latio | m     |       |    |         |         |

|               | (Form 990) 2023 Foundation   |                            |                                     | 76-0237732 Page 3        |
|---------------|--|----------------------------|-------------------------------------|--------------------------|
| Part VII      |  |                            |                                     |                          |
|               | Complete if the organization answered "Yes"  |                            |                                     |                          |
| (a) Descrip   | tion of security or category (including name of security)                            | (b) Book value             | (c) Method of valuation: Cost or    | end-of-year market value |
| (1) Financi   | al derivatives   |                            |                                     |                          |
|               | held equity interests  |                            |                                     |                          |
| (3) Other     |  |                            |                                     |                          |
| (A)           |  |                            |                                     |                          |
| (B)           |  |                            |                                     |                          |
| (C)           |  |                            |                                     |                          |
| (D)           |  |                            |                                     |                          |
| <u>(E)</u>    |  |                            |                                     |                          |
| (F)           |  |                            |                                     |                          |
| (G)           |  |                            |                                     |                          |
| (H)           | h) must aqual Form 000 Dart V line 12 col. (B))                                      |                            |                                     |                          |
|               | b) must equal Form 990, Part X, line 12, col. (B))<br>Investments - Program Related. |                            |                                     |                          |
|               | Complete if the organization answered "Yes"  | on Form 990, Part IV, line | 11c. See Form 990. Part X. line 13. |                          |
|               | (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or    | end-of-vear market value |
| (1)           | (-)  | (                          |                                     |                          |
| (2)           |  |                            |                                     |                          |
| (3)           |  |                            |                                     |                          |
| (4)           |  |                            |                                     |                          |
| (5)           |  |                            |                                     |                          |
| (6)           |  |                            |                                     |                          |
| (7)           |  |                            |                                     |                          |
| (8)           |  |                            |                                     |                          |
| (9)           |  |                            |                                     |                          |
|               | b) must equal Form 990, Part X, line 13, col. (B))                                   |                            |                                     |                          |
| Part IX       | Other Assets   |                            |                                     |                          |
|               | Complete if the organization answered "Yes"  |                            | 11d. See Form 990, Part X, line 15. |                          |
|               | (a)  | Description                |                                     | (b) Book value           |
| (1)           |  |                            |                                     |                          |
| (2)           |  |                            |                                     |                          |
| (3)           |  |                            |                                     |                          |
| (4)           |  |                            |                                     |                          |
| (5)           |  |                            |                                     |                          |
| (6)           |  |                            |                                     |                          |
| (7)           |  |                            |                                     |                          |
| (8)           |  |                            |                                     |                          |
| <u>(9)</u>    |  |                            |                                     |                          |
| Part X        | <u>Imn (b) must equal Form 990, Part X, line 15, cc</u><br>Other Liabilities         | ol. (B))                   |                                     |                          |
| Turtx         | Complete if the organization answered "Yes"  | on Form 990 Part IV line   | 11e or 11f See Form 990 Part X line | 25                       |
| 1             | (a) Description of liability   |                            |                                     | (b) Book value           |
| 1.<br>(1) Fec | deral income taxes   |                            |                                     |                          |
| (2)           |  |                            |                                     |                          |
| (3)           |  |                            |                                     |                          |
| (4)           |  |                            |                                     |                          |
| (5)           |  |                            |                                     |                          |
| (6)           |  |                            |                                     |                          |
| (7)           |  |                            |                                     |                          |
| (8)           |  |                            |                                     |                          |
| (9)           |  |                            |                                     |                          |
|               | ımn (b) must equal Form 990, Part X, line 25, cc                                     | ol. (B))                   |                                     |                          |
|               |  |                            |                                     |                          |

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

| Boys  | and   | Girls | Clubs | of | Greater | Houston |
|-------|-------|-------|-------|----|---------|---------|
| Found | 1a+i⁄ | n     |       |    |         |         |

| Sche | dule D (Form 990) 2023 Foundation  |                   | 76-023773       | 2 Page 4 |
|------|--|-------------------|-----------------|----------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stater                      | ments With Reven  | ue per Return   |          |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 1         | 12a.              |                 |          |
| 1    | Total revenue, gains, and other support per audited financial statements         |                   | 1               |          |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                   |                 |          |
| а    | Net unrealized gains (losses) on investments                                     | 2a                |                 |          |
| b    | Donated services and use of facilities   | 2b                |                 |          |
| с    | Recoveries of prior year grants  |                   |                 |          |
| d    | Other (Describe in Part XIII.)   |                   |                 |          |
| е    | Add lines 2a through 2d  |                   | 2e              |          |
| 3    | Subtract line 2e from line 1   |                   |                 |          |
| 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 <b>4a</b> and <b>4b</b>  |                   | 4c              |          |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                   |                 |          |
| Pa   | t XII Reconciliation of Expenses per Audited Financial State                     | ements With Exper | nses per Return |          |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 1         | 12a.              |                 |          |
| 1    | Total expenses and losses per audited financial statements                       |                   | 1               |          |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                   |                 |          |
| а    | Donated services and use of facilities   | 2a                |                 |          |
| b    | Prior year adjustments   | 2b                |                 |          |
| с    | Other losses   | 2c                |                 |          |
| d    | Other (Describe in Part XIII.)   |                   |                 |          |
| е    | Add lines 2a through 2d  |                   | 2e              |          |
| 3    | Subtract line 2e from line 1   |                   | 3               |          |
| 4    | 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              |          |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                   |                 |          |
| Pa   | t XIII Supplemental Information  |                   |                 |          |

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

#### Part V, line 4:

| The | Foundation's | s endowment | provides | long-term | financial | support | for | Boys | & |
|-----|--------------|-------------|----------|-----------|-----------|---------|-----|------|---|
|-----|--------------|-------------|----------|-----------|-----------|---------|-----|------|---|

#### Girls Clubs of Greater Houston, Inc.

| Foundatio  | Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Attach to Form 990.         general Revenue Service         ame of the organization         Boys and Girls Clubs of Greater Houston         Foundation |  |   |  |   |                                       |                                       |  |  |  |  |
|--|---|--|---|--|---|---------------------------------------|---------------------------------------|--|--|--|--|
| <ol> <li>Does the organization maintain records<br/>criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance to<br/>recipient that received more than</li> </ol> | stance?<br>ocedures for monit<br>Domestic Organiz   | oring the use of grant<br>zations and Domestic | funds in the United<br>c Governments. C | l States.<br>Complete if the org       | anization answered "Y   |                                       | X Yes No                              |  |  |  |  |
| 1 (a) Name and address of organization<br>or government  | (b) EIN   | (c) IRC section<br>(if applicable)             | (d) Amount of<br>cash grant             | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| Boys & Girls Clubs Greater Hstn<br>815 Crosby St<br>Houston, TX 77019  | 76-0270942  | 501(c)(3)                                      | 160,000.                                | 0.                                     |   |                                       | General support                       |  |  |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>  |   |  |   |  |   |                                       |                                       |  |  |  |  |

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

Schedule I (Form 990) 2023

# Boys and Girls Clubs of Greater Houston Foundation

 Schedule I (Form 990) 2023
 Foundation

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Foundation only makes grants to its supported organization, Boys and

Girls Clubs of Greater Houston, Inc., a 501(c)(3) public charity.

76-0237732

Page 2

| SC     | HEDULE J               | Comp                                      | ensation            | Informat          | tion   |             | OMB No. 1   | 1545-004   | .7       |
|--------|------------------------|---|---------------------|-------------------|--|-------------|-------------|------------|----------|
| (Fo    | rm 990)                | For certain Officers, Di                  | rectors, Truste     | es, Key Employ    |  |             | 20          | <b>7</b> 2 | )        |
|        |                        | )<br>Complete if the organizat            | Compensated E       |                   | 990 Part IV line 23                              |             | 20          | ZJ         | )        |
| Depar  | tment of the Treasury  |   | Attach to For       |                   | 550, 1 di t 14, inte 20.                         |             | Open to     |            | ic       |
| Intern | al Revenue Service     | Go to www.irs.gov/Form                    |                     |                   |  |             | Inspe       |            | _        |
| Nam    | e of the organization  |   | Clubs of            | Greater           | Houston  | Employer id |             |            | nber     |
| De     |                        | Foundation                                |                     |                   |  | 76-02       | 23773       | 2          |          |
| Pa     |                        | s Regarding Compensation                  |                     |                   |  |             |             | <b>X</b>   |          |
| 4      | Charly the energy      | etc bay(as) if the preprintion provided   | l any of the fello  | ving to or for or | ooroon listed on Form                            | 000         |             | Yes        | No       |
| 1a     |                        | ate box(es) if the organization provided  |                     |                   |  | 990,        |             |            |          |
|        | First-class or c       | line 1a. Complete Part III to provide any | ·                   | <b>v v</b>        |  |             |             |            |          |
|        | Travel for com         |   |                     | -                 | or residence for perso<br>ess use of personal re |             |             |            |          |
|        |                        | cation and gross-up payments              |                     |                   | o dues or initiation fee                         |             |             |            |          |
|        |                        | spending account                          |                     |                   | such as maid, chauffe                            |             |             |            |          |
|        |                        | spending account                          |                     |                   |  |             |             |            |          |
| b      | If any of the boxes    | on line 1a are checked, did the organiza  | ation follow a wr   | itten policy reas | arding payment or                                |             |             |            |          |
|        |                        | provision of all of the expenses describe |                     |                   |  |             | 1b          |            |          |
| 2      |                        | n require substantiation prior to reimbu  |                     |                   |  |             |             |            |          |
| -      |                        | rs, including the CEO/Executive Directo   |                     |                   |  |             | 2           |            |          |
|        |                        | -,  |                     |                   |  |             |             |            |          |
| 3      | Indicate which, if ar  | ny, of the following the organization use | ed to establish th  | ne compensatio    | n of the organization's                          | 6           |             |            |          |
|        | CEO/Executive Dire     | ector. Check all that apply. Do not chec  | k any boxes for     | methods used b    | by a related organizat                           | ion to      |             |            |          |
|        | establish compensa     | ation of the CEO/Executive Director, bu   | ut explain in Part  | III.              |  |             |             |            |          |
|        | Compensation           | 1 committee                               | Writ                | ten employmen     | t contract                                       |             |             |            |          |
|        |                        | compensation consultant                   | Con                 | pensation surv    | ey or study                                      |             |             |            |          |
|        | Form 990 of o          | ther organizations                        | 🗌 Арр               | roval by the boa  | ard or compensation of                           | committee   |             |            |          |
|        |                        |   |                     |                   |  |             |             |            |          |
| 4      | During the year, did   | l any person listed on Form 990, Part V   | II, Section A, line | e 1a, with respe  | ct to the filing                                 |             |             |            |          |
|        | organization or a re   | lated organization:                       |                     |                   |  |             |             |            |          |
| а      | Receive a severance    | e payment or change-of-control payme      | nt?                 |                   |  |             | . <b>4a</b> |            | <u>X</u> |
| b      |                        | eive payment from a supplemental non      |                     |                   |  |             | <b>4b</b>   |            | <u>X</u> |
| С      | •                      | eive payment from an equity-based cor     | •                   | •                 |  |             | <b>4c</b>   |            | X        |
|        | If "Yes" to any of lir | nes 4a-c, list the persons and provide th | ne applicable am    | ounts for each i  | item in Part III.                                |             |             |            |          |
|        |                        |   |                     |                   |  |             |             |            |          |
| _      |                        | c)(3), 501(c)(4), and 501(c)(29) organiza |                     | -                 |  |             |             |            |          |
| 5      |                        | on Form 990, Part VII, Section A, line 1a | a, did the organi   | zation pay or ac  | crue any compensation                            | on          |             |            |          |
| -      | contingent on the r    |   |                     |                   |  |             | 50          |            | х        |
| a<br>L | Any related erace:     | ation2                                    |                     |                   |  |             | 5a<br>5b    |            | X        |
| U      |                        | ation?<br>or 5b, describe in Part III.    |                     |                   |  |             |             |            |          |
| 6      |                        | on Form 990, Part VII, Section A, line 1a | a did the organi    | vation new or ac  | crue any compensatio                             | n           |             |            |          |
| U      | contingent on the n    |   | a, did the organiz  | Lation pay of ac  | crue any compensation                            |             |             |            |          |
| а      | 0                      |   |                     |                   |  |             | 6a          |            | х        |
| b      | Any related organiz    | ation?                                    |                     |                   |  |             | 6b          |            | X        |
| ~      |                        | or 6b, describe in Part III.              |                     |                   |  |             |             |            | _        |
| 7      |                        | on Form 990, Part VII, Section A, line 1a | a. did the organi:  | zation provide a  | ny nonfixed payments                             | 6           |             |            |          |
| -      |                        | nes 5 and 6? If "Yes," describe in Part I |                     |                   |  |             | 7           |            | Х        |
| 8      |                        | reported on Form 990, Part VII, paid or   |                     |                   |  |             |             |            |          |
|        | -                      | ption described in Regulations section    | -                   |                   |  |             | 8           |            | Х        |
| 9      |                        | id the organization also follow the rebu  |                     |                   |  |             |             |            |          |
|        | Regulations section    |   |                     |                   |  | <u></u>     | . 9         |            |          |
| For    |                        | ion Act Notice, see the Instructions for  |                     |                   |  |             | le J (Forn  | n 990)     | 2023     |

Schedule J (Form 990) 2023

76-0237732

Page 2

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

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

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

|                           |      | (B) Breakdown of W    | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------------|------|-----------------------|---|---|----------------|-------------------------|------------------------------------|---|
| <b>(A)</b> Name and Title |      | (i) Base compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) Kevin R. Hattery      | (i)  | 0.                    | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| President & CEO           | (ii) | 260,769.              | 25,000.                                   | 0.  | 17,285.        | 6,357.                  | 309,411.                           | 0.  |
| (2) Jonathan Sturgis      | (i)  | 0.                    | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| VP Finance                | (ii) | 171,928.              | 20,797.                                   | 0.  | 12,227.        | 15,441.                 | 220,393.                           | 0.  |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |
|                           | (i)  |                       |   |   |                |                         |                                    |   |
|                           | (ii) |                       |   |   |                |                         |                                    |   |

Part III Supplemental Information

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

#### Part III- Additional Information

The Executive Committee of Boys and Girls Clubs of Greater Houston,

Inc. determines compensation for the President/CEO using information

and comparisons from other Boys and Girls Clubs for comparability.

SCHEDULE O (Form 990)

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



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest information.</u> Boys and Girls Clubs of Greater Houston Foundation

#### Form 990, Part VI, Section A, line 6:

The Foundation has one member, Boys and Girls Clubs of Greater Houston,

Inc. (BGCGH).

Form 990, Part VI, Section A, line 7a:

The Foundation's sole member elects the Foundation's trustees for a three

year term at its annual meeting. Any action taken by the member is taken by

majority vote of its board of directors. The member may remove a trustee at

any time without cause.

Form 990, Part VI, Section A, line 7b:

The Foundation must accept any action by the member upon receipt of written

notice of the action taken and executed by two officers of the member.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the President and Finance Committee of the member.

The tax return is then submitted to the Foundation Chairman for final

review and approval. Upon approval, it is made available on the member

website for the Foundation board of trustees and then submitted to the IRS.

Form 990, Part VI, Section B, Line 12c:

All of the Foundation's trustees are also trustees of BGCGH and as such are required to complete and sign an annual conflict of interest policy questionnaire where they list any potential conflicts of interest. The replies are reviewed by the BGCGH President and Director of Finance.

| Schedule O (Form 990) 2023   | Page <b>2</b>                             |
|--|---|
| Name of the organization Boys and Girls Clubs of Greater Houston<br>Foundation | Employer identification number 76-0237732 |
| Form 990, Part VI, Section C, Line 19:   |   |
| Available upon request.  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

| SCHEDULE R<br>(Form 990) C  | Related Organizations and Unrelated Partnerships         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         Attach to Form 990.         Y         Go to www.irs.gov/Form990 for instructions and the latest information. |  |                               |   |   |  |   |  |  |  |  |  |
|---|--|--|-------------------------------|---|---|--|---|--|--|--|--|--|
|   | Irls Clubs of Greater  |  | t mornation.                  |   | Employer identification number 76-0237732 |  |   |  |  |  |  |  |
| Part I Identification of Disregarded Entities. C  | omplete if the organization answered "Ye   | es" on Form 990, Part IV, line 33                          | 3.                            |   |   |  |   |  |  |  |  |  |
| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity           | (b)<br>Primary activity  | (c)<br>Legal domicile (state c<br>foreign country)         | or (d)<br>Total incor         | (e)<br>End-of-year a                                      | assets Dir                                | <b>(f)</b><br>ect controllin<br>entity | g   |  |  |  |  |  |
|   |  |  |                               |   |   |  |   |  |  |  |  |  |
|   |  |  |                               |   |   |  |   |  |  |  |  |  |
| Identification of Related Tax-Exempt Orgonizations during the tax year.                 | ganizations. Complete if the organization  | on answered "Yes" on Form 990                              | D, Part IV, line 34, b        | ecause it had one o                                       | r more related tax                        | -exempt                                |   |  |  |  |  |  |
| (a)<br>Name, address, and EIN<br>of related organization                                | <b>(b)</b><br>Primary activity   | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | <b>(f)</b><br>Direct controllin<br>entity | ng <sub>con</sub>                      | <b>g)</b><br>512(b)(13)<br>trolled<br>tity? |  |  |  |  |  |
| Boys & Girls Clubs Greater Houston -<br>76-0270942, 815 Crosby St, Houston, TX<br>77019 | Youth development org.   | Texas  | 501(c)(3)                     |   | //A                                       | Yes                                    | No<br>X                                     |  |  |  |  |  |
|   |  |  |                               |   |   |  |   |  |  |  |  |  |
| For Paperwork Reduction Act Notice, see the Instr                                       |  |  |                               |   |   | le R (Form 9                           |   |  |  |  |  |  |

332161 09-28-23 LHA

Schedule R (Form 990) 2023 Foundation

76-0237732 Page 2

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

|  |                  | -   |                              |  |                       |                                   | 1   |                      |   |                           |                                  |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|----------------------|---|---------------------------|----------------------------------|
| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)                   | (g)                               | (I  | h)                   | (i)   | (j)                       | (k)                              |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>itions? | Code V-UBI<br>amount in box<br>20 of Schedule | Genera<br>manag<br>partne | or Percentage<br>ng<br>ownership |
|  |                  | country)                                  |                              | sections 512-514)  |                       |                                   | Yes | No                   | K-1 (Form 1065)                               | Yes                       | lo                               |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           | _                                |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   | $\left  \right $          | <u> </u>                         |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   | +                         |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  |                  |   |                              |  |                       |                                   |     |                      |   |                           |                                  |
|  | 1                |   | 1                            | 1  |                       | 1                                 |     | L                    | 1   | <u> </u>                  |                                  |

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

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | Sec<br>512(t<br>contr<br>ent | (i)<br>ction<br>b)(13)<br>rolled<br>tity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------|---|
|   |                                | country)                                      |  |  |  | 400010  |                                       | Yes                          | No  |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   | ]                              |   |  |  |  |   |                                       |                              |   |

Foundation Schedule R (Form 990) 2023

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

| N   | n Oranalata Para di Kana andha in Bada II III an Na Ghina ankadala  |            | N.  |          |
|-----|---|------------|-----|----------|
| NOT | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |            | Yes | No       |
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |            |     | 37       |
|     | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | <b>1</b> a |     | x        |
|     | Gift, grant, or capital contribution to related organization(s)   | 1b         | X   | <u> </u> |
| С   | Gift, grant, or capital contribution from related organization(s)   | 1c         |     | X        |
| d   | Loans or loan guarantees to or for related organization(s)  | 1d         |     | X        |
|     | Loans or loan guarantees by related organization(s)   | 1e         |     | X        |
|     |   | l          |     |          |
| f   | Dividends from related organization(s)  | 1f         |     | Х        |
| g   | Sale of assets to related organization(s)   | 1g         |     | Х        |
|     | Purchase of assets from related organization(s)   | 1h         |     | Х        |
| i   | Exchange of assets with related organization(s)   | 1i         |     | Х        |
| j   | Lease of facilities, equipment, or other assets to related organization(s)  | 1j         |     | Х        |
|     |   |            |     |          |
| k   | Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | Х        |
|     | Performance of services or membership or fundraising solicitations for related organization(s)  | 11         |     | X        |
|     | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m         |     | Х        |
|     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n         | X   | <u> </u> |
|     | Sharing of paid employees with related organization(s)  | 10         | X   | 1        |
|     |   |            |     |          |
| р   | Reimbursement paid to related organization(s) for expenses  | 1p         | X   | 1        |
|     | Reimbursement paid by related organization(s) for expenses  | 1q         |     | Х        |
| •   |   |            |     |          |
| r   | Other transfer of cash or property to related organization(s)   | 1r         |     | Х        |
| s   | Other transfer of cash or property from related organization(s)   | 1s         |     | Х        |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |            |     |          |

|            | (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|------------|-------------------------------------|---|-------------------------------|--|
| (1)        |                                     |   |                               |  |
| (2)        |                                     |   |                               |  |
| <u>(3)</u> |                                     |   |                               |  |
| <u>(4)</u> |                                     |   |                               |  |
| <u>(5)</u> |                                     |   |                               |  |
| _(6)       |                                     |   |                               |  |

Т

Schedule R (Form 990) 2023 Foundation

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

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

| (2)                                  |                                |                              |  | (2)  | (4)                 | (c)                    | (h)                          | (1)           | (2)            | (k)                                |
|--------------------------------------|--------------------------------|------------------------------|--|--|---------------------|------------------------|------------------------------|---------------|----------------|------------------------------------|
| <b>(a)</b><br>Name, address, and EIN | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile | (d)  | (e)<br>Are all<br>partners s<br>501(c)(3<br>orgs.? | (f)<br>ec. Share of | <b>(g)</b><br>Share of | (h)                          | (i)           | (j)<br>General |                                    |
| of entity                            | Primary activity               | (state or foreign            | (related, unrelated,   | partners s<br>501(c)(3                             | total               | end-of-year            | Dispro<br>tiona<br>allocatio | amount in box | 20 managi      |                                    |
| orentity                             |                                | country)                     | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | orgs.?   |                     |                        |                              | of Schedule K | -1 partne      | or<br>Percentage<br>ownership<br>o |
|                                      |                                | oodinityy                    | Sections 512-514)  | Yes N  | 0 11001110          | 400010                 | Yes                          |               | ) Yes N        | •                                  |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  | _                   |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                | +                                  |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |
|                                      |                                |                              |  |  |                     |                        |                              |               |                |                                    |

Schedule R (Form 990) 2023

| Boys  | and   | Girls | Clubs | of | Greater | Houston |
|-------|-------|-------|-------|----|---------|---------|
| Found | latio | on    |       |    |         |         |

| Schedule R | (Form 990) | 2023 |
|------------|------------|------|
|            |            |      |

Part VII Supplemental Information

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