** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2022 calendar year, or tax year beginning and	ending	_	
	Check if applicable	BOYS & GIRLS CLUBS OF GREATER NORTHWES	ST	D Employer identifi	cation number
	Addres change	INDIANA, INC.			
	Name change	Doing business as		35-12624	39
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3691 WILLOWCREEK RD.	Room/suite 200	E Telephone numbe 219-764-	
	☐return/ termin- ated			G Gross receipts \$	12,540,693.
Г	Ameno	, , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
F	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	=
<u> </u>	Тах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websit		01 02.1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: IN
P	art I	Summary			, , , , , , , , , , , , , , , , , , ,
	1	Briefly describe the organization's mission or most significant activities: PLEA	SE SEE	SCHEDULE O	FOR THE
၁၁		ORGANIZATION'S MISSION.			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			24
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	337
Ϋ́	6	Total number of volunteers (estimate if necessary)			125
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			8,733.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		12,430,308.	10,862,637.
eni	9	Program service revenue (Part VIII, line 2g)		1,147,265.	1,539,004.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		584,981. -40,648.	-75,035. -362,396.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,121,906.	11,964,210.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,500.	12,500.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,974,251.	7,023,381.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
nec	h	Total fundraising expenses (Part IX, column (D), line 25)692,0	42.		J.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,058,247.	4,392,973.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,047,998.	11,428,854.
	19	Revenue less expenses. Subtract line 18 from line 12		6,073,908.	535,356.
5	20 21 22	•	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		28,667,859.	33,106,183.
P. Ass	21	Total liabilities (Part X, line 26)		3,849,474.	7,751,212.
2	22	Net assets or fund balances. Subtract line 21 from line 20		24,818,385.	25,354,971.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule		•	knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		l Date	
Sig				Date	
Нe	re	MIKE JESSEN, PRESIDENT AND CEO Type or print name and title			
			Тг	Date Check C	PTIN
۱.	d	Print/Type preparer's name TYLER K. GREENE, CPA TYLER K. GREENE	1	., L	
Pai Pre	u parer	Firm's name BLUE & CO., LLC	, CFAIL		5-1178661
	Only	Firm's address 500 N. MERIDIAN ST, SUITE 200		FITTI SEIN 3	<u> </u>
-30	Jilly	INDIANAPOLIS, IN 46204		Phone no 31	7-633-4705
Μa	v the IF	S discuss this return with the preparer shown above? See instructions		1 Holle Ho. 9 ±	X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO INSPIRE AND ENABLE THE YOUTH OF OUR COMMUNITIES TO REACH THEIR	(FULL
	POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS.	
2	Did the examination undertake any configurat average particles during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res [21] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	ioco, aria
4a		543,889.)
	IN 2022, BOYS & GIRLS CLUBS OF GREATER NORTHWEST INDIANA, INC. PR	
	A SAFE PLACE FOR MORE THAN 7,081 KINDERGARTENS THROUGH HIGH SCHOOL	
	CHILDREN TO PARTICIPATE IN PROGRAMS DURING NON-SCHOOL HOURS AND S	
	MONTHS. WE OFFER DIVERSIFIED PROGRAMS AT ELEVEN FACILITIES AND AN	
	ADDITIONAL KIDSTOP CHILD CARE PROGRAM FOR BEFORE AND AFTER SCHOOL	
	AT NINE PORTER COUNTY SCHOOL SITES. WE OFFER PROGRAMS IN FIVE CO	
	AREAS: EDUCATION AND CAREER DEVELOPMENT; FITNESS, SPORTS AND	
	RECREATION; THE ARTS; CHARACTER AND LEADERSHIP; AND HEALTH AND LI	FE
	SKILLS. WHILE THEY ARE SEPARATE IN MANY WAYS, THEY ADD UP TO THE	MOST
	ESSENTIAL OUTCOME OF ALL: YOUNG PEOPLE WHO ARE PREPARED TO ENTER	THE
	ADULT WORLD AS PRODUCTIVE, RESPONSIBLE, CARING CITIZENS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 9,475,457.	F 000 (2225)
		Form 990 (2022)

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Form 990 (2022) INDIANA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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,	<u> </u>		
-	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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) INDIANA, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	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			
	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?			,,
	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			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		Voc	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12		Yes	INO
b				
C	Enter the humber of Forms with a length of the first applicable			
J	(gambling) winnings to prize winners?	1c	Х	
			222	

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			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
٨		7c		21
d e		7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans The the amount of receives an head			
	Enter the amount of reserves on hand Did the except stick receive any payments for indeer temping convices during the tay year?	140		Х
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filled a Form 720 to report these payments? If "No " provide an explanation on School of O.	14a 14b		-21
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
.5	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
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			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022)

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		١.	1 24		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	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	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	=	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, ,	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.		g			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
·	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14				14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			17		
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. Dy III	aopona o nt			
_	The organization's CEO, Executive Director, or top management official			15a	X	
					X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	- 42	
16-	, ·	nont	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent tayable extituduring the year?			16-		X
	taxable entity during the year?			16a		Λ
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 organ	izatior	1'S	401		
800	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17		·4 000	T (anotice 504/-)/2)	on to A	0.10:1-1	ala
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	- 1 (section 501(c)(3)s	only)	avallal	ыe
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	SHIRE KUCH - (219) 764-2582					
	3691 WILLOWCREEK ROAD SUITE 200, PORTAGE, IN 46368	5				

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

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

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

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

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

- 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.

Name and title	Check this box if neither the organization		orga I	nıza			npen	sate			———
Content of the cont	(A)	(B))) Posi	رز) ition			(D)	(E)	(F)
March Marc	Name and title	1	(do	not cl	heck r	more	than c	one	1	-	
Company										· ·	
TYAN SMILEY			tor								
TYAN SMILEY		1 '	. direc				pe			•	•
TYAN SMILEY		related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
TYAN SMILEY		organizations	ıl trus	nal tr		loyee	dmos		1099-NEC)		and related
TYAN SMILEY			ividua	iitutio	cer	emp,	hest o	mer			organizations
PRESIDENT & CEO			lnd	lus	JJ0	Ke	Hig	For			
Carry Moore									055 000		26 251
Interim ceo					X				255,028.	0.	36,371.
CHAIR									10 500	•	•
CHAIR					X				10,523.	0.	0.
(4) RENE MARTIN										•	•
VICE CHAIR			Х		X				0.	0.	0.
S DAN MARCHETTI			7,7		37					0	0
TREASURER			X		X				0.	0.	0.
Column C			7,7		37					0	0
SECRETARY			X		X				0.	0.	<u> </u>
The first content of the fir			7,7		37					0	•
Past Chair 1.00 X X X 0.			X		X				0.	0.	0.
Record Member 1.00 X 0.0 0			7.7		77					0	•
BOARD MEMBER 1.00 X 0.0 0.			Λ		Λ				0.	0.	U •
1.00			v						_	0	0
BOARD MEMBER			Λ						0.	0.	<u></u>
1.00 BENJAMIN BALLOU			v						_	0	0
BOARD MEMBER			Λ						0.	0.	<u></u>
Column C			v						n .	0	n
BOARD MEMBER 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Λ				\vdash		0.	0.	0.
1.00 Nancy Clifford 1.00			v						l 0	0	0
BOARD MEMBER/LEGAL COUNSEL 1.00 X 0. 0. 0.			22							0.	
1.00 Nancy clifford 1.00			x						0.	0.	0.
BOARD MEMBER 1.00 X 0.0.0.0.0. (14) J. MICHAEL BAIRD 1.00 X 0.0.0.0. BOARD MEMBER 1.00 X 0.0.0.0. (15) MICHAEL HOOPER 1.00 X 0.0.0.0. BOARD MEMBER 1.00 X 0.0.0.0. (16) MOHAMED FARHAT 1.00 X 0.0.0.0. BOARD MEMBER 1.00 X 0.0.0.0.0. (17) NANCY CLIFFORD 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			25						•	•	
1.00 NICHAEL BAIRD 1.00 X O. O. O.			x						0.	0.	0.
BOARD MEMBER 1.00 X 0.0.0.0. (15) MICHAEL HOOPER 1.00 X 0.0.0. BOARD MEMBER 1.00 X 0.0.0. (16) MOHAMED FARHAT 1.00 X 0.0.0. BOARD MEMBER 1.00 X 0.0.0. (17) NANCY CLIFFORD 1.00 X 0.0.0.										0.1	
1.00			x						0.	0.	0.
BOARD MEMBER 1.00 X 0. 0. 0. (16) MOHAMED FARHAT 1.00 X 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. (17) NANCY CLIFFORD 1.00 X 0. 0. 0.										•	
1.00 NOHAMED FARHAT			х						0.	0.	0.
BOARD MEMBER 1.00 X 0. 0. (17) NANCY CLIFFORD 1.00 X	(16) MOHAMED FARHAT										
(17) NANCY CLIFFORD 1.00	BOARD MEMBER		х						0.	0.	0.
	(17) NANCY CLIFFORD										
	BOARD MEMBER		Х						0.	0.	0.

T11D T 1111	INC.	BS		r	GR	.EA	T. E	R NORTHWEST	35-1262)/30	Page	R
										1433	Page	<u> </u>
(A) Name and title	(B) Average			and (C Posi heck n	;) tion)		(D) Reportable	(E) Reportable	Es	(F) timated	_
	hours per week (list any hours for related organizations below	tee or director	, unle	ss per:	son is recto	s both	an ee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	nount of other pensation om the anization d related unizations	
(18) NICK ARNOLD	line) 1.00	Indivi	Instit	Officer	Key e	Highe empl	Former			<u> </u>		_
BOARD MEMBER	1.00	Х						0.	0.		0 .	
(19) PAUL DAWNING	1.00											_
BOARD MEMBER	1.00	Х						0.	0.	,	0 .	
(20) PHILLIP GREINER	1.00									1		
BOARD MEMBER	1.00	Х						0.	0.	,	0 .	•
(21) ROB ROTHSCHILD	1.00											
BOARD MEMBER	1.00	Х						0.	0.	<u>. </u>	0.	•
(22) ROSS MACLENNAN	1.00	ļ										
BOARD MEMBER	1.00	X						0.	0 .		0 .	•
(23) TANYA LEETZ BOARD MEMBER	1.00	x						0.	0.		0	
(24) TIFFANI DAVIS	1.00	^				Н		0.	0.	-	0 .	•
BOARD MEMBER	1.00	Х						0.	0.		0 .	_
(25) VERLIE SUGGS	1.00							•		+		<u>.</u>
BOARD MEMBER	1.00	x						0.	0.	.	0.	
(26) MATT DOYLE	1.00									1		_
BOARD MEMBER-PARTIAL TERM	1.00	Х						0.	0.	,	0 .	
1b Subtotal								265,551.	0.	. 36	5,371	
c Total from continuation sheets to Part VI	l, Section A							0.	0.		0 .	
d Total (add lines 1b and 1c)								265,551.	0.	<u>, 36</u>	5,371	•
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		(6
compensation from the organization											Yes No	
3 Did the organization list any former officer,	director, trust	ee, k	ey e	emplo	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes." complete Schedule J for si	uch individual									3	Х	
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensat	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	che	dule	J f	or such individual		4	Х	_
5 Did any person listed on line 1a receive or a					-			-	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ers	on .				5	X	_
Section B. Independent Contractors									100.000 (_
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.										ation fro	m	
(A) Name and business								(B) Description of s		(C Comper		
Name and business	address	MC	ONE	<u>. </u>				Description of s	ervices	Comper		_
							\dashv					_
												_

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

35-1262439 INDIANA, INC. Form 990

Form 990 INDIANA,	TIVC.								35-126	<u> </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(((D)	(E)	(F)			
Name and title	(B) Average hours	(cl		Pos	ition	app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TODD ELLIOTT BOARD MEMBER-PARTIAL TERM	1.00	х						0.	0.	0.
(28) LARRY MOORE	1.00	^						0.	0.	0.
BOARD MEMBER-PARTIAL TERM	1.00	х						0.	0.	0.
T	1	1			<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c										

INDIANA, INC.

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Statement of Revenue

		Check if Schedule O	contai	ns a r	esponse (or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns			1a	27,805.				
au au		Membership dues			1b					
⊕ 8		Fundraising events			1c	253,154.				
ifts Ir A		Related organizations			1d	·				
n Big		Government grants (contr			1e	2,811,683.				
Sis		All other contributions, gifts,								
k E	-	similar amounts not included			1f	7,769,995.				
	а	Noncash contributions included in			1g \$	782,971.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f					10,862,637.			
						Business Code				
a	2 a	PROGRAM FEES				900099	1,393,918.	1,393,918.		
Š.	b	MEMBERSHIP FEES				900099	145,086.	145,086.		
Ser	c						,	,		
E S	d									
Beg	e									
Program Service Revenue	f	All other program service	reveni	ue						
		Total. Add lines 2a-2f					1,539,004.			
	3	Investment income (include	lina di	ividen	nds. intere	st. and	,			
						,	15,575.			15,575.
	4	Income from investment of								
	5	Royalties								
		,			Real	(ii) Personal				
	6 a	Gross rents	6a		86,427.					
		Less: rental expenses	6b		77,694.					
		Rental income or (loss)	6c		8,733.					
		Net rental income or (loss)					8,733.		8,733.	
		Gross amount from sales of		(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a	2	23,348.					
	b	Less: cost or other basis								
ē		and sales expenses	7b	2	96,536.	17,422.				
ther Revenue	С	Gain or (loss)	7c	-	73,188.	-17,422.				
₽.		Net gain or (loss)					-90,610.			-90,610.
ē		Gross income from fundraising								
₹		including \$	253,1	154.	of					
		contributions reported on			- 1					
		Part IV, line 18			8a	33,352.				
	b	Less: direct expenses				183,892.				
	С	Net income or (loss) from	fundra	aising	events_		-150,540.			-150,540.
	9 a	Gross income from gamin	g acti	vities.	. See					
		Part IV, line 19			9a	3,508.				
	b	Less: direct expenses			9b	939.				
	С	Net income or (loss) from	gamin	ng act	ivities		2,569.			2,569.
	10 a	Gross sales of inventory, I	ess re	eturns	;					
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	of inv	entory					
ွှ						Business Code				
e e	11 a	ENDOWMENT ACTIVITY				900099	-242,504.			-242,504.
Miscellaneous Revenue	b									
Şe Şe	С					000000	46.5			
Σ		All other revenue				900099	19,346.	4,885.		14,461.
		Total. Add lines 11a-11d					-223,158.	1 542 000	0 522	451 040
	12	Total revenue. See instruction	ns .				11,964,210.	1,543,889.	8,733.	-451,049.

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Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			<u>(0)</u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,500.	12,500.		
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,	1 000 065	010 000	105 000	02 500
	trustees, and key employees	1,022,965.	812,207.	127,030.	83,728.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,017,059.	3,983,409.	623,012.	410,638.
7	Other salaries and wages	5,017,059.	3,303,403.	023,012.	410,030.
8	Pension plan accruals and contributions (include	31,486.	23,752.	5,014.	2 720
	section 401(k) and 403(b) employer contributions)	465,878.	346,225.	78,800.	2,720. 40,853.
9 10	Other employee benefits	485,993.	366,624.	77,378.	41,991.
	Payroll taxes	±03,333.	300,024.	77,570.	4 1,771•
11	Fees for services (nonemployees):				
a	Management	68,133.	58,379.	6,134.	3,620.
	LegalAccounting	44,350.	38,001.	3,992.	2,357.
	Lobbying	11,550.	30,001.	3,332.	2,3376
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)	323,221.	276,946.	29,100.	17,175.
12	Advertising and promotion	47,889.	47,889.	,	,
13	Office expenses	120,189.	99,442.	13,075.	7,672.
14	Information technology	28,926.	24,785.	2,604.	7,672. 1,537.
15	Royalties				
16	Occupancy	737,510.	638,873.	65,761.	32,876.
17	Travel	139,049.	131,076.	1,676.	6,297.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	68,816.	10,191.	50,775.	7,850.
20	Interest	127,447.	119,101.	6,939.	1,407.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	800,862.	778,623.	22,239.	
23	Insurance	115,421.	103,508.	11,155.	758.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	1,333,999.	1,330,985.	2,674.	340.
b	CAPITAL EXPENSES	311,858.	186,012.	105,076.	20,770.
c	DUES & SUB.	41,515.	36,952.	690.	3,873.
d		-	-		
е	All other expenses	83,788.	49,977.	28,231.	5,580.
25	Total functional expenses. Add lines 1 through 24e	11,428,854.	9,475,457.	1,261,355.	692,042.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,639,915.	1	803,515.
	2	Savings and temporary cash investments			2,858,094.	2	4,164,840
	3	Pledges and grants receivable, net			2,977,123.	3	2,287,422
	4	Accounts receivable, net			157,193.	4	74,877
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	intial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualification					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۷	9	Prepaid expenses and deferred charges			45,718.	9	58,458
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			10.056.016		00 454 055
	b	Less: accumulated depreciation	18,276,816.	10c	23,451,355		
	11	Investments - publicly traded securities		1 601 540	11	1 414 600	
	12	Investments - other securities. See Part IV, line 1		1,621,540.	12	1,414,688	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	01 460	14	0.51 0.00		
	15	Other assets. See Part IV, line 11			91,460.	15	851,028
	16	Total assets. Add lines 1 through 15 (must equa			28,667,859. 466,803.	16 17	33,106,183 788,076
	17	Accounts payable and accrued expenses	41,558.		42,777		
	18	Grants payable	210,713.	18 19	257,072		
	19	Deferred revenue		210,713.	20	231,012	
	20 21	Tax-exempt bond liabilities				21	
	22	Escrow or custodial account liability. Complete P Loans and other payables to any current or former				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
iii		controlled entity or family member of any of these		Г		22	
Lia	23	Secured mortgages and notes payable to unrelat			3,130,400.	23	5,866,071
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	5,255,255	24	3,000,072
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-	•	0.	25	797,216.
	26	Total liabilities. Add lines 17 through 25			3,849,474.	26	7,751,212.
		Organizations that follow FASB ASC 958, chec	k her	e X			
ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			19,868,761.	27	21,876,165.
Ва	28	Net assets with donor restrictions	4,949,624.	28	3,478,806.		
pur		Organizations that do not follow FASB ASC 95	8, che	eck here			
딘		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or equ				30	
t As	31	Retained earnings, endowment, accumulated inc			04 040 00-	31	05 054 054
Se	32	Total net assets or fund balances			24,818,385.	32	25,354,971.
	33	Total liabilities and net assets/fund balances			28,667,859.	33	33,106,183.

Form 990 (2022) INDIANA, INC. 35-1262439 Page 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		,96		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	, 428	8,8	5 4.
3	Revenue less expenses. Subtract line 2 from line 1	3		53	5,3	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	,818	3,3	85.
5	Net unrealized gains (losses) on investments	5			1,2	32.
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	25	, 354	4,9	73.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	Х	,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				,
review, or compilation of its financial statements and selection of an independent accountant?					Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Ī			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		· · · · ·			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF GREATER NORTHWEST 35-1262439 INDIANA INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14401671.	7007015.	12148620.	12430308.	10862636.	56850250.
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	14401671.	7007015.	12148620.	12430308.	10862636.	56850250.
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,						00600060
	column (f)						23687267.
	Public support. Subtract line 5 from line 4.						33162983.
	• •	() 2040	(1) 0040	() 2222	(1) 0004	() 0000	(n T)
	ndar year (or fiscal year beginning in)	(a) 2018 14401671.	(b) 2019	(c) 2020	(d) 2021 12430308.	(e) 2022	(f) Total
	Amounts from line 4	144016/1.	7007013.	12140020.	12430300.	10002030.	36630230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	63,005.	64,329.	7 935	184,500.	226 929	92,740.
_	and income from similar sources	03,003.	04,349.	7,055.	104,300.	<u> </u>	92,740.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	152,913.	31,893.	51,023.	54,590.	19 346.	309,765.
11	Total support. Add lines 7 through 10	132/3131	31/033	31,023.	31/3301		57252755.
	Gross receipts from related activities,	etc (see instruction	ins)				,042,883.
	First 5 years. If the Form 990 is for the	•	,				70127000
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			
organization, check this box and stop here Section C. Computation of Public Support Percentage							
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	column (f))		14	57.92 %
	Public support percentage from 2021					15	56.62 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

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

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

Sec	etion A. Public Support	alow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 : 1	(2)	(3)====	(4,7===	(-)	(7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,	, ,				,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	le organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	<u> </u> on,
	check this box and stop here	-					
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (•	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b	-	
5c		
6		
7		
8		
0-		
9a		
9b		
30		
9c		
10a		
10b		
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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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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		
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	4		
0	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? <i>If</i> "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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

INDIANA. INC.

Sche	edule A (Form 990) 2022 INDIANA, INC.		3	35-1262439 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiz		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on No	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	enization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 INDIANA, INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
<u>d</u>	From 2020				
e	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

35-1262439 Page 8 INDIANA, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOHN W. ANDERSON FOUNDATION	21,443,000.	20,297,945.
FULK FAMILY FOUNDATION	4,342,000.	3,196,945.
INDIANA ALLIANCE OF BOYS AND GIRLS CLUBS	1,337,432.	192,377.
Total Excess Contributions to Schedule A, Part II, Line 5		23,687,267.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BOYS & GIRLS CLUBS OF GREATER NORTHWEST INDIANA, INC.

Employer identification number

35-1262439

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	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				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2022)

Employer identification number Name of organization BOYS & GIRLS CLUBS OF GREATER NORTHWEST

35-1262439 INDIANA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,325,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZiF + 4	\$ 1,420,859.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 621,676.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, audiess, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BOYS & GIRLS CLUBS OF GREATER NORTHWEST

Employer identification number

35-1262439 INDIANA, INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SNACKS AND DRINKS 3 12/31/22 621,676. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Employer identification number

Name of organization BOYS & GIRLS CLUBS OF GREATER NORTHWEST 35-1262439 INDIANA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

BOYS & GIRLS CLUBS OF GREATER NORTHWEST

OMB No. 1545-0047 Open to Public

Employer identification number

Inspection

35-1262439 INDIANA, INC.

Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value at and of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) or conservation assements held by the organization (heck all that apply). Preservation of land for public use (for example, recreation or education). Preservation of a historically important land area Protection of natural habitat. Preservation of inform space. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement to a conservation easements. All the final number of conservation easements. All the final number of conservation easements in a certified historic structure included in (a). Authorized of conservation easements included in (c) acquired after July 25,2008, and not on a historic structure listed in the National Register A Number of conservation easements included in (c) acquired after July 25,2008, and not on a historic structure listed in the National Register A Number of conservation easements included in (c) acquired after July 25,2008, and not on a historic structure listed in the National Register A Number of conservation easements included in	Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
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year				
A Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		year		
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8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
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If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	Pai		•	ner Sillilar Assets.
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(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:				\$
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the following amounts required to be reported under FASB ASC 958 relating to these items:	2	, , , , , , , , , , , , , , , , , , , ,		 Laain provide
	_			. gain, provide
	а	-	_	\$
b Assets included in Form 990, Part X \$				

INDIANA INC 35-1262439 Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 695,534 575,856, 520,113, 406,863. **1a** Beginning of year balance 35,651. 46,167. 30,000. 462,135 Contributions -89,606, 106,441. 53,673, 85,603, Net investment earnings, gains, and losses Grants or scholarships -26,063. 24,329. 21,510. 21,469, Other expenditures for facilities 406,863. and programs -7,440. 6,420. 6,156. 8,601. Administrative expenses 695,534. 608,076. 575,856. 520,113, End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: .0000 Board designated or quasi-endowment 100 Permanent endowment .0000 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations Х 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other Description of property (a) Cost or other (c) Accumulated (d) Book value basis (other) depreciation basis (investment) 423,787 423,787. 1a Land 27,333,920. 5,395,596. 21,938,324. **b** Buildings Leasehold improvements 641,092. 284,804. 356,288. 049,476. 1,343,673. 705,803. d Equipment 27,153. 27.153. e Other

Schedule D (Form 990) 2022

23,451,355.

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

Schedule D (Form 990) 2022 INDIANA, INC Part VII Investments - Other Securities.	<u>. </u>		-1262439 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(E) Dook value	(c) memor or raination of core	a or your manner raise
(0) 01 1 1 1 1 1 1 1 1			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)	(-,	(-)	· , · · · · · · · · · · · · · · · · ·
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	•		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			797,216.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

797,216.

35-1262439 Page 4 INDIANA, INC. Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	12,252,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,232.		
b	Donated services and use of facilities	. 2b	24,150.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	25,382.
3	Subtract line 2e from line 1			3	12,226,734.
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	-262,525.		
С	Add lines 4a and 4b			4c	-262,525.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	11,964,209.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	11,715,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	24,150.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	262,525.		
е	Add lines 2a through 2d			2e	286,675.
3	Subtract line 2e from line 1			3	11,428,855.
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	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	11,428,855.
Pai	t XIII Supplemental Information.				
rovi	de 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,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inforr	nation.		
	m tr t the A				
'Aŀ	T V, LINE 4:				

Ρ

INCOME FROM ENDOWMENTS MAY BE USED FOR SCHOLARSHIPS.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY GREATER AND RECOGNIZE A TAX LIABILITY IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY GREATER, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING

Schedule D (Form 990) 2022 INDIANA, INC. 35-1262439 Page
Part XIII Supplemental Information (continued)
FINANCIAL STATEMENTS. GREATER IS SUBJECT TO ROUTINE AUDITS BY TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS.
IN TROUBLE.
GREATER FILED ITS FEDERAL AND STATE INCOME TAX RETURNS THROUGH DECEMBER
31, 2021. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY
THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER
OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED
EXTENSIONS).
EXIENDIONS / •
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES -183,892.
RENTAL EXPENSES -77,694.
GAMING EXPENSES -939.
TOTAL TO SCHEDULE D, PART XI, LINE 4B -262,525.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 183,892.
RENTAL EXPENSES 77,694.
GAMING EXPENSES 939.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 262,525.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

BOYS & GIRLS CLUBS OF GREATER NORTHWEST

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

INDIANA	, INC.				35-1262	439
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
		a oot:	itios (Chook all that and		
1 Indicate whether the organization rais						
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations	· .		Ū			
•	er aral agraement with any individual	(in alue	lina of	ficare directore true	toon or	
2 a Did the organization have a written of						
key employees listed in Form 990, Pa					Yes	
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be)
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	I have c	ustodv	from activity	to (or retained by) fundraiser	to (or retained by)
or critity (idilaraiser)		or con contrib	utions?	I Tom activity	listed in col. (i)	organization
		Vaa	Na			
		Yes	No			
otal						
3 List all states in which the organizatio	n is registered or licensed to solicit o	ontrib	utione	or has been notified	it is evennt from re	nietration
or licensing.	it is registered of licerised to solicit	JOHEND	utions	or has been notined	it is exempt nom re	gistiation
or neeriaing.						

Schedule G (Form 990) 2022 INDIANA, INC.

35-1262439 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events XMAS TO (add col. (a) through YOY REMEMBER col. (c)) (event type) (event type) (total number) 59,969. 148,147. 78,390. 286,506. Gross receipts 59,969 148,147. 45,038 253,154. 2 Less: Contributions 33,352 Gross income (line 1 minus line 2) 33,352. 4 Cash prizes 750. 5 Noncash prizes 750. Direct Expenses Rent/facility costs 30,562. 139. 30,423. 7 Food and beverages <u>33,</u>426. 21,176. 12,250. 8 Entertainment 13,576. 105 052. 526. 119,154. Other direct expenses 183,892 10 Direct expense summary. Add lines 4 through 9 in column (d) -150,540Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: IN X Yes a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2022 INDIANA, INC.	35-1262439 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other ent	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and records:
Name WENDY MANG	
Address 3691 WILLOWCREEK ROAD SUITE 200 - PORTAGE, IN	1 46368
15a Does the organization have a contract with a third party from whom the organization receives gaming r	revenue? Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	and the amount
c If "Yes," enter name and address of the third party:	
C in 1889, Silver Mainte and additions of the time pairty.	
Name	
Address	
16 Caming manager information:	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
	_
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt activities during the tax year \$	(11)
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colum 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions	•
-	

Schedule (G (Form 990)	INDIANA, I	NC.		35-1262439	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		 		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

BOYS & GIRLS CLUBS OF GREATER NORTHWEST

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Open to Public Inspection

Name of the organization BOYS & GIRLS CLUBS OF INDIANA, INC.	S CLUBS		GREATER NORTHWEST	c.			Employer identification number $35-1262439$
Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
criteria used to award the grants or assistance? 9 Describe in Dart IV the organization's procedures for monitoring the use	1ce?	oring the use of great	of arent funds in the United States	V States			X Yes No
art II	mestic Organiz	zations and Domestic	Governments.	Complete if the orga	anization answered "Y	To grant for the Office Oracles. Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	000. Part II can	be duplicated if additi	onal space is need	ed.	2- 1 11 - 14 (3)		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	government orc	yanizations listed in the	e line 1 table				
3 Enter total number of other organizations listed in the line 1 table	sted in the line	i table					0000 (000 min 1) chi hoda 0
	se line misit act	OUS TOT FOLLISMS.					Schedule I (Form Sau) 2022

35-1262439

Page 2

INDIANA, INC.

Schedule I (Form 990) 2022

Part III

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

(f) Description of noncash assistance SCHOLARSHIPS (e) Method of valuation (book, FMV, appraisal, other) PAID DIRECTLY TO INSTITUTIONS OF HIGHER EDUCATION ON BEHALF 0. SCHOOL INVOICES Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information (d) Amount of non-cash assistance 12,500. (c) Amount of cash grant (b) Number of recipients 9 SCHOLARSHIP RECIPIENTS (a) Type of grant or assistance GRANT FUNDS ARE PART I, LINE SCHOLARSHIPS OF THE Part IV

232102 10-31-22

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

BOYS & GIRLS CLUBS OF GREATER NORTHWEST INDIANA, INC.

Employer identification number 35-1262439

Questions Regarding Compensation Part I Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

35-1262439

INDIANA,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2022

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.

Page 2

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 M	/-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(E)	213,147.	10,000.	31,881.	20,706.	15,665.	291,399.	0
(ii)	0.	0.	0.	0.	0.	• 0	0.
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Schedule J (Form 990) 2022

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.

Page 3

35-1262439

Schedule J (Form 990) 2022 INDIANA, INC.

Part III Supplemental Information

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

BOYS & GIRLS CLUBS OF GREATER NORTHWEST INDIANA, INC.

Employer identification number 35-1262439

Pai	rt I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contri		Method		_	
		applicable		Form 990, Part VI		noncash cor	ntributioi	n amou	ints
1	Art - Works of art			·					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	12	621	.676.	INVOICES	PAII)	
20	Drugs and medical supplies			V	,				
21									
22	Taxidermy								
	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	X	10	1/5	010	PROVIDED	BY I	OMO	
25	Other (IN-KIND CAPITAL)	X	10						
26	Other (MUSIC INSTRUMEN)						BY I		
27	Other (RAILCATS SUITE)	X	1						
<u>28</u>	Other (TRANSPORTATION)	X	1		, ∠96.	PROVIDED	BY I	ONO	<u>K</u>
29	Number of Forms 8283 received by the organize	-							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				
								Ye	s No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t		,	•					
	exempt purposes for the entire holding period?						30)a	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard	d contribu	tions?	з	1 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash		[_		
	contributions?		•				3	2a	X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column	(a) is che	cked,			
	describe in Part II.	(5)	-, i= i P - 0 P 3 i c)		,, 5.10	·,			
LHA		the Instruct	tions for Form 990).		Sched	ule M (F	orm 99	90) 2022

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

Schedule M (Form 990) 2022

INDIANA, INC. 35-1262439 Schedule M (Form 990) 2022 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. PART I, OTHER TYPES OF PROPERTY: REDUCED SECURITY EXPENSES (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 1(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000. (D) METHOD OF DETERMINING REVENUE: PROVIDED BY DONOR **MEDIA** (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 1(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000. (D) METHOD OF DETERMINING REVENUE: PROVIDED BY DONOR SCHEDULE M, PART I, COLUMN (B): AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BOYS & GIRLS CLUBS OF GREATER NORTHWEST INDIANA INC.

Employer identification number 35-1262439

FORM 990, PART I, LINE 1: TO INSPIRE AND ENABLE THE YOUTH OF OUR COMMUNITIES TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS. PART VI, SECTION B, LINE 11B: FORM 990, THE FORM 990 IS REVIEWED BY THE VP OF FINANCE FOR THE BOYS AND GIRLS CLUBS OF GREATER NORWEST INDIANA PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEWS ARE PERFORMED TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE USES INFORMATION BASED ON BOYS & GIRLS CLUBS OF AMERICA'S COMPENSATION STUDY AND MAKES COMPENSATION RECOMMENDATIONS TO THE BOARD FOR COMPENSATION OF THE PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE AND FULL BOARD THEN VOTES ON THE COMMITTEE'S RECOMMENDATIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AS INDICATED AT ORGANIZATION'S WEB SITE.

FORM 990, SCHEDULE D, PART XII, LINE 2C:

NO CHANGES HAVE BEEN MADE TO THE AUDIT OVERSIGHT OR INDEPENDENT