(Rev January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

			nue Service	► Go to www.ir	s.gov/Form990 fo	r instructions an	d the late	est information.	1110	Inspection			
	A F	or the	e 2019 calend	dar year, or tax year beginning	•		ending						
				of organization			· · · · · · · · · · · · · · · · · · ·	D. Employee	. :	Air a susself as			
		heck if	۸ ا	•	0.77			D Employer	ridentifica	tion number			
	_	\ \ Addres	BOAR	E & GIRLS CLUBS									
		_chang	e L TOMI	ER BERGEN COUNTY	, INC.			_					
	LX	Name chang	 Doing to 	ousiness as				22-1	63203	7			
		Initial return	Numbe	er and street (or P.O. box if mail is i	not delivered to stree	et address)	Room/sui	te E Telephone	e number				
		Final	1 50 PROOKSIDE AVENUE 19 PT						1				
5		retum/ termin		town, state or province, country	and 7ID or force				• • •	3,759,855.			
5		ated ∏Amend	4		, and ZIP or loreig	ii postai code		G Gross receip					
-	<u> </u>	Jretum Applic	נעטע	I, NJ 07644									
	_	tion F Name and address of principal officer OOSEFR U. DICATA						for subo	ordinates?	Yes X No			
		pendii	⁹ 50 BF	ROOKSIDE AVENUE	<u>– 1ST FLO</u>	<u>OR, LODI, </u>	_NJ_	O H(b) Are all sub	ordinates incli	uded? Yes No			
	I T	ax exe	empt status	X 501(c)(3) 501(c)()◀ (insert no	o.)	or 5	名が ろ If "No,"	attach a lis	st (see instructions)			
	JW	Vebsit	te: WWW	BGCOFLODI.ORG			,	H(c) Group e					
				X Corporation Trust	Association	Other >	l Ve			State of legal domicile: NJ			
1		rt I	Summary				1 - 10	ur or formulation, _2	<u> </u>	State of legal dofficione. 240			
- 1							DOTATE	ים הווים	T CATA T	ANTO			
	မွ			be the organization's mission or									
	ä		RECREAT	FIONAL GUIDANCE	FOR CHILD	KEN MITHI	N SOL	THERN BE	RGEN	COUNTY NJ.			
	Activities & Governance	2	Check this bo	ox 🕨 📖 if the organization	discontinued its o	perations or dispo	sed of mo	ore than 25% of	ıts net aşşe	ets			
	§	3	Number of vo	oting members of the governing	body (Part VI, line	1a)			3	0			
3	9	4	Number of in-	dependent voting members of the	he governing body	y-(Part-VI, line-1b)-			4	0			
, 7707	S	5	Total number	of individuals employed in cale	ndar vear 2019 (P	art RIEGEIV	ED		5	0			
2	護			of volunteers (estimate if neces				ပ	6	0			
73	.≩					- 100 CT 0 0 C		<u>ဖွဲ့</u>		0.			
_	٧			ed business revenue from Part V			2020	<u>(</u>	7a				
JAN 1	\dashv	<u>b</u>	Net unrelated	business taxable income from	Form 990-1, liftex	9		c: 1 	7b	0.			
\Rightarrow	İ				1 '	CODEN		Prior Yea		Current Year			
•	<u>o</u>	8	Contributions	s and grants (Part VIII, line 1h)	1	OGDEN,	, UI	433,		409,276.			
	Revenue	9	Program serv	rice revenue (Part VIII, line 2g)				1,164,	985.	1,285,032.			
2	§	10	Investment in	ncome (Part VIII, column (A), line	s 3, 4, and 7d)				51.	112.			
	~	11	Other revenu	e (Part VIII, column (A), lines 5, 6	6d. 8c. 9c. 10c. an	nd 11e)		944,	143.	763,676.			
5				e - add lines 8 through 11 (must		•		2,542,		2,458,096.			
'				imilar amounts paid (Part IX, coli					0.	0.			
•							-		0.				
			•	to or for members (Part IX, colu	-	1 010		0.					
	S	15	Salaries, othe	er compensation, employee ben	efits (Part IX, colui	mn (A), lines 5-10)	L	1,010,		1,193,260.			
	Expenses	16a	Professional	fundraising fees (Part IX, columr	n (A), line 11e)		L		0.	<u> </u>			
	ğ	b	Total fundrais	sing expenses (Part IX, column (D), line 25)	132,3	<u>00.</u> L						
7	ωį	17	Other expens	ses (Part IX, column (A), lines 11:	a-11d, 11f-24e)			1,290,	558.	1,189,062.			
3	1	18	Total expense	es Add lines 13-17 (must equal	Part IX. column (A	N. line 25)		2.301.	352.	2,382,322.			
~	- 1		-	s expenses Subtract line 18 from	•	,,		241	258.	75,774.			
?? .	<u> </u>			OUTUBE				Beginning of Curre		End of Year			
>	Net Assets or Fund Balances	200	Total secet-	(Dort V. line 16)			-	3,452,		3,490,778.			
	Bass			(Part X, line 16)			-						
3	물리			s (Part X, line 26)			ļ.	2,054,	1	2,016,649.			
_ 1				fund balances Subtract line 21	from line 20			1,398,	355.	1,474,129.			
~		rt II	Signatur										
				+declare that) have examined this						knowledge and belief, it is			
0	true,	correc	t, and complete	e Declaration of preparer (other than	officer) is based of	all information of w	hich prepa	rer has any knowle	edge. 🖊	/			
				-/all				,	9/27	3/2121)			
V	Sign		Signatui	re of officer	$\overline{}$			Date	/	7			
_	Here		TO ST	EPH J. LICATA. C	HIEF EXEC	UTIVE OFF	ICER						
V	Here	-	3 3 3 3 3	print name and title		/	TCHIC						
.				<u> </u>	Date	- Check	PTIN						
3			Print/Type pre	•	Préparer's si	gnature	12	7	II	-			
	Paid -			OI MARIA, CPA				1	self-employed	P00158528			
	Prep		Firm's name	DI MARIA & DI		P		Firm'	s EIN 🛌 2	<u>2-3170171</u>			
	Use (Only	Firm's address 245 UNION STREET (
			<u></u> _	LODI, NJ 0764	4			Phon	e no. (97	<u>3) 779-6890</u>			
	May	the IF	RS discuss th	is return with the preparer show	n above? (see ins	tructions)				Yes No			
-	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.									Form 990 (2019)			

	n 990 (2019) LOWER BERGEN COUNTY, INC.	<u> 22-163</u>	<u> 32037 </u>	Page 2
Pa	ort III 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 PROVIDE EDUCATIONAL AND RECREATIONAL GUIDANCE FOR	<u>CHILDREN</u>	WITHI	<u></u>
	SOUTHERN BERGEN COUNTY NJ.			
2	Did the organization undertake any significant program services during the year which were not listed on			
_	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured b	y expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations			ınd
	revenue, if any, for each program service reported			
4a	4 404 000	(Revenue \$.,305,	759.)
	21ST CENTURY PROGRAM			
	HACKENSACK PROGRAM			
	LODI PROGRAM			
	TEANECK PROGRAM			
		=======================================		
	EDUCATIONAL AND RECREATIONAL GUIDANCE WAS PROVIDED F	OR CHILDRE	EN WIT	HIN
	SOUTHERN BERGEN COUNTY NJ.			
				
				
4b	(Code) (Expenses \$ including grants of \$)	/p		
40	(Code) (Expenses \$)	(Hevenue \$		
				
		_		
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
		_ _		
				
				
				
				
4d	Other program services (Describe on Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,494,808.			
			Form 9	90 (2019)

Form 990 (2019) LOWER BERGEN COUNTY, 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)?		100	
-	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			i
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
• •	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	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a school described in section 170(b)(1)(0)(c) If "Yes," complete Schodule F.	12b		X
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	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	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	45
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		x
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Form 990 (2019) LOWER BERGEN COUNTY, INC. 22-1632037 Page 4
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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			4.5
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		- 23
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
~~	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a		
-	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b	• • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X_	
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Form 990 (2019)

LOWER BERGEN COUNTY, INC.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the calendary year ending with or within the year covered by the return b If all least one is reported on line 2a, dot the organization file all required federal employment tax returns? Note: if the sum of lines 1 and 2a is grates the mad 25, you may be required to de-file gene instructions) 3b Out the organization have unrelated business gross income of \$1,000 or more during the year? 3c All any the 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 accounts? 5c Was the organization or party to a prohibited tax shelter transaction? 5c Was the organization party to a prohibited tax shelter transaction? 5c Was the organization party to a prohibited tax shelter transaction? 5c Was the organization party to a prohibited tax shelter transaction? 5c Was the organization party to a prohibited tax shelter transaction are young the same transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Was the organization network approximation of the value of the goods or serves provided? 6c Was the organization in the was precipited eductible contributions under section 170(c). 6c Was the organization selection of the value of the goods or serves provided? 7c Virganization selection was precipited eductible contributions under section 170(c). 8d Was the organization selection was precipited eductible contributions under section 170(c). 9d Was the organization selection of the value of the goods or serves provided? 9d Was the organization receive any funds, directly or indirectly, or a prescrible brend to ontribute? 9d Was the organization receive any funds, directly or indirectly, or a prescrible brend to ontribute?				Yes	No
b I fall least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: if the sum of lines 1a and 2a segretar than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes," has it field a Form 990Th for the year," In'No for the 3b, provide an explenation on Schedule O 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 in foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b If Y'es," to be a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have for ground that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit were not tax deductible? 6c Organizations that may receive deductible as charitable contributions? 6d If Yes, and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6d If Yes, and the organization include of the value of the goods or services provided? 6d If Yes, and the organization include with every solicitation and partly for goods and services provided to the payor? 7d If If Wes, and the organization included or the value of the goods or services provided? 7d If If Wes, a	þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," also at field a Form 990-T for this year? If "No" to the 3b, provide an explanation on Schedule O A any time duming the calendary year, did the organization have an interest in, or a spealartue or other authority ever, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? B If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial account)? B If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts? B If "Yes," either the name of the foreign security as the security of a prohibited tax shelter transaction? B D Id any taxelibe party northy the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes" to line 5a or 5b, did the organization file Form 88861?? B D Oses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? D If the organization receive deductible contributions under section 170(c). D If the organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided? To D If the organization sell, exchange, or otherwise dispose of tanglote personal property for which it was required to file Form 8282? If If "Yes," do the organization sell, exchange, or otherwise dispose of tanglote personal property for which it was required to file Form 8282? (see duming the year of the organization receive an orithytic of or accessed along a service provided? To D differ organization, Guild you file year, pay premiums, directly or indirectly, on a personal benefit contract? To D differ organization received a contribution of qualified intellicitual property, diff the organization file a Form 1098-C? Sponsoring organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization thin if orm 38867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions are not tax deductible? 7b Granizations that may receive deductible contributions under section 170(c). a Did the organization state may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8882 filed during the year b If "Yes," indicate the number of Forms 8882 filed during the year c Did the organization received a contribution of qualified intellectual property, did the organization file and any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization and any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization and contribution of qualified intellectual property, did the organization file a Form 1098.0°7 8 Sponsoring organization	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_X_
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(17) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross income from embers or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(1(2) organizations. Enter Section 501(c)(1(2) organization is censed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves any payments for indoor tanning services during the tax year? If "Yes," hear if the are form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 excise during the tax year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	e	- · ·	7e		-
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If "Yes," complete Form 4720, Schedule O	40			-	17
	16	- ·	16	ļ	X
		11 Tes, complete Form 4720, Schedule O	Form	990	(2019)

Form 990 (2019) LOWER BERGEN COUNTY, INC. 22-1632037 Page 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					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	C	<u>)</u>		
	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		İ			
b	Enter the number of voting members included on line 1a, above, who are independent	1b)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4	<u> </u>	Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	1		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			l <u></u>
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie following.			
a	The governing body?			8a	X	
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 real	ached	at the	l _		٠,,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		- 01-1	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	<u> evenu</u>	e Code)		T.,	
40-	Did the average have level shorters because or efficience			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such c and branches to ensure their operations are consistent with the organization's exempt purposes?	naptei	s, aniilates,	10b		Į
110	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy bofo	ve filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ay beit	ire ming the form.	l la	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	- '
b	Woro officers, directors, or trustees, and key employees required to disclose annually interests that could give his	e to cor	fliets?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	- 23	
·	in Schedule O how this was done	703, U	escribe	12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by ii	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	1.] _ !
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's			
	exempt status with respect to such arrangements?		1 1/1214. 4	16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3	l)s only) avaıl	able
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, ar	nd finai	ncial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records 🕨			
	<u>THE ORGANIZATION - (973) 473-7410</u>					
	50 BROOKSIDE AVENUE - 1ST FLOOR, LODI, NJ 07644					
022000	01.20.20			Form	, aan	(2019)

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 instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and title	(B) Average hours per week	box	not c unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARITZA ALEMAN PRUSTEE	1.00	х						0.	0.	0
2) JUAN ALVARADO	1.00	х						0.	0.	0
PRUSTEE (3) ANNEKEE BRAHVER-KEELY	1.00									
FRUSTEE (4) DR. BALPREET K. GREWAL-VIRK	$\begin{array}{c c} 1.00 \\ \hline 1.00 \end{array}$	X						0.	0.	0
TRUSTEE	1.00	х			_	-		0.	0.	0
(5) JON HENDL TRUSTEE	1.00	x						0.	0.	0
6) SHYAM SHARMA PRUSTEE	$\begin{array}{r r} 1.00 \\ \hline 1.00 \end{array}$	x						0.	0.	o
(7) MARK BORDICK	1.00	х						0.	0.	0
(8) MIKE WILLIAMS	1.00			x				0.	0.	0
PRESIDENT 9) STEPHEN LOLACONO	1.00			Π	ļ. <u>.</u>			<u></u>		
ST VICE PRESIDENT 10) MICHAEL TANCORRA	1.00	-		X		-		0.	0,	0
2ND VICE PRESIDENT 11) JENNIFER A. MEJIA	1.00			X		-		0.	0.	0
PREASURER	1.00	_		х		<u> </u>		0.	0.	0
(12) ANN MARIE SACCARO SECRETARY	1.00			х		ļ		0.	0.	. 0
(13) JOSEPH LICATA CHIEF EXECUTIVE OFFICER	40.00					x		112,500.	0.	0
		_								
										Form 990 (201

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per	(C) Positio					one	(D) Reportable	(E) Reportable compensation	(F) Estima amoun		
		week (list any hours for related organizations below line)	stee or director				Highest compensated Anylog employee	tee)	from the	from related organizations (W-2/1099-MISC)	cor	other mpensa from th ganizat nd relat ganizati	ation e iion ied
_													
			-										
			Γ			-							
-													
						-							
	Subtotal			<u> </u>	1	1		>	112,500.	0			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						<u> </u>	112,500.	0			0.
	Total number of individuals (including but ricompensation from the organization	ot limited to'th	ıose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable			1
	Did the organization list any former officer,	director trust		kov e	amn	love	Α 0	r bio	thest compensated emr	Novee on	<u> </u>	Yes	No
ı	line 1a? If "Yes," complete Schedule J for s	such individual		-		·				•	3		х
;	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sche	edul	e J i	for such individual		4		х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con					•		elat	ted organization or indivi	dual for services	5		x
	on B. Independent Contractors Complete this table for your five highest co	mnensated in	den	ande	ent c	ont	racto	ore t	that received more than	\$100,000 of compe	neation	from	
	the organization Report compensation for								n the organization's tax				
	(A) Name and business	address	N	INC	E				(B) Description of s	ervices		C) ensatio	n
		-											
							·						
	Total number of independent contractors (_	iot li	mıte	d to		_	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organi	zation					0				Form	990 (2019)

Form 990 (2019) LOWER BERGEN COUNTY, INC. 22-1632037 Page 9
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ts ts	1:	Federated campaigns 1a	_				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	18,102.				
عَ ق		Fundraising events 1c	10,102.				
its I				•			
D E			0.12.060				
Sig	•	• • •	243,960.				
후	,	All other contributions, gifts, grants, and					
운항		similar amounts not included above	147,214.				
55	9		28,934,				
<u>0 e</u>		Total. Add lines 1a-1f		409,276.			
		,	Business Code				
<u>ဗ</u>	2 8	·					
Program Service Revenue	ŧ	·			<u> </u>		_
کر ق	(·					
e a	(l					
₽ _C	•						
مة	f	All other program service revenue	713940	1,285,032	1,285,032,		
		Total. Add lines 2a-2f	 	1,285,032			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	112.	112.		
	4	Income from investment of tax-exempt bond pr	-				
	5	Royalties	000000				
	3	(i) Real	(ıi) Personal		_	 	
		_	(ii) i cisoriai				
	6 a		-				
	t	' 					
	•	Rental income or (loss) 6c 183 657					
	•	` ' '	() (O !) ·	183,657.			183,657.
	7 a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 7a					
	t	Less cost or other basis					
ž		and sales expenses 7b					
Š	•	Gain or (loss) 7c					
æ	•	Net gain or (loss)					<u>. </u>
Other Revenue	8 8	Gross income from fundraising events (not					ı
8		including \$ of					
		contributions reported on line 1c) See					1
		Part IV, line 18	77,455.				•
	t	Less direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events		77,455.			77,455.
	9 a	Gross income from gaming activities See					
		Part IV, line 19	1,783,708.			1	
	ŀ	Less direct expenses 9b	1,301,759.				
		Net income or (loss) from gaming activities	<u>1,301,733.</u>	481,949.		-	481,949.
		Gross sales of inventory, less returns		401,343,			401,545.
1		* * 1]	
		Less cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Pusiness Cada				
Sn	4.4	<u></u>	Business Code			-	
ire		MISCELLANEOUS	713940	20,615.	20,615.		
Ven	t						
Miscellaneous Revenue	•					 	
Ξ	d All other revenue						
		Total. Add lines 11a-11d		20,615.			
	12	Total revenue See instructions		2.458.096.	1,305,759.		743_061.

Form 990 (2019) LOWER BERGEN COUNTY, INC.
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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				
3	Grants and other assistance to foreign		·		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	112,500.		112,500.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	933,468.	691,047.	227,252.	15,169
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,756.	25,398.	25,892.	2,466
9	Other employee benefits				
10	Payroll taxes	93,536.	63,424.	28,817.	1,295
11	Fees for services (nonemployees)				
а	Management	10,000.	7,000.	3,000.	
b	Legal	8,735.		8,735.	
С	Accounting	5,200.		5,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	17,460.	4,515.	12,945.	
12	Advertising and promotion	8,315.	4,210.	4,105.	
13	Office expenses			•	
14	Information technology	28,438.	6,317.	22,121.	
15	Royalties				
16	Occupancy	259,790.	206,542.	16,800.	36,448
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			'	
19	Conferences, conventions, and meetings	11,686.	6,760.	4,926.	
20	Interest	73,529.		73,529.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,000.	191,250.		33,750
23	Insurance	100,051.		100,051.	
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.)		ı		
а	DIRECT ACTIVITY EXPENSE	287,663.	244,491.	- "	43,172
b	SUPPLIES AND MATERIALS	68,141.	41,307.	26,834.	0.
С	DUES & LICENSES	17,726.	0.	17,726.	0
d	COMMUNICATIONS	16,619.	1,017.	15,602.	0
e	All other expenses	50,709.	1,530.	49,179.	
25	Total functional expenses Add lines 1 through 24e	2,382,322.	1,494,808.	755,214.	132,300
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 rf following SOP 98-2 (ASC 958-720)				

932010 01-20-20

Form 990 (2019)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in t	his Part X_			
_				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		263,087.	1	266,599
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	Į		3	
	4	Accounts receivable, net		7,823.	4	14,309
	5	Loans and other receivables from any current or former officer, of	director,			
		trustee, key employee, creator or founder, substantial contributor	or, or 35%			
		controlled entity or family member of any of these persons	ļ		5	
	6	Loans and other receivables from other disqualified persons (as	defined			
		under section 4958(f)(1)), and persons described in section 4958	8(c)(3)(B)	 	6	
ຮ	7	Notes and loans receivable, net	1		7	
Assets	8	Inventories for sale or use	ļ		8	
⋖	9	Prepaid expenses and deferred charges	ļ	48,612.	9	48,166
	10a	Land, buildings, and equipment cost or other				
			488,298.			
	ь	Less accumulated depreciation 10b 3,	326,594.	3,133,217.	10c	3,161,704
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11	<u>-</u> .	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,452,739.	16	3,490,778	
	17	Accounts payable and accrued expenses	40,635.	17	64,788	
	18	Grants payable		18		
	19	Deferred revenue	}		19	
	20	Tax-exempt bond liabilities	}		20	
	21	Escrow or custodial account liability Complete Part IV of Sched	J-		21	
es es	22	Loans and other payables to any current or former officer, direct	1			
Liabilities		trustee, key employee, creator or founder, substantial contributor	or, or 35%			-
Ē		controlled entity or family member of any of these persons	-	1 074 000	22	4 000 005
	23	Secured mortgages and notes payable to unrelated third parties	; }	1,974,082.	23	1,900,005
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related	Į.			
		parties, and other liabilities not included on lines 17-24) Comple	te Part X	20 665		F1 05 <i>C</i>
		of Schedule D	-	39,667.	25	51,856
	26	Total liabilities. Add lines 17 through 25	-1	2,054,384.	26	2,016,649
န္		Organizations that follow FASB ASC 958, check here	J			
Š		and complete lines 27, 28, 32, and 33.	ŀ	1 200 255		1 474 100
alla	27	Net assets without donor restrictions	-	1,398,355.	27	1,474,129
90	28	Net assets with donor restrictions	<u>,</u> —		28	
5	l	Organizations that do not follow FASB ASC 958, check here				
5		and complete lines 29 through 33.	1	•		
ers	29	Capital stock or trust principal, or current funds	-		29	
502	30	Paid-in or capital surplus, or land, building, or equipment fund		******	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fi	unds	1 200 255	31	1 474 100
Ž	32	Total net assets or fund balances	-	1,398,355.	32	1,474,129
	33_	Total liabilities and net assets/fund balances		3,452,739.	33	3,490,778 Form 990 (2019

Form **990** (2019)

Form	1990 (2019) LOWER BERGEN COUNTY, INC.	<u> </u>	<u>632037</u>	Pag	<u>ge 12</u>
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	2,45		
2	Total expenses (must equal Part IX, column (A), line 25)	_2	2,382		
3	Revenue less expenses Subtract line 2 from line 1	_ 3			<u>74.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,398	<u>3,3</u>	<u>55.</u>
5	Net unrealized gains (losses) on investments	5			
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			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,474	<u>4,1</u>	<u> 29.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		•		Щ,
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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	d on a			l .
	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	te 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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	an available available out to an Only of the delta O available of the second of the delta of the second of the sec		ایما		ĺ

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. 22-1632037 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 X 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (I) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

BOYS & GIRLS CLUBS OF
n 990 or 990-EZ) 2019 LOWER BERGEN COUNTY, INC.

Pa	ort II Support Schedule for	Organizations	Described in	Sections 170			i)	
	(Complete only if you checke fails to qualify under the tests	\		_	on failed to qualify	under Part III If the	organization	
Sec	ction A. Public Support						/	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(2) 2010	\	(6) 2317	(6) 2010	(6)25/3/	ly rota	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3				 /			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							
	on line 1 that exceeds 2% of the amount shown on line 11,							
	column (f)						<u> </u>	
	Public support. Subtract line 5 from line 4	<u> </u>		L/ /				
Sec	ction B. Total Support	·			·	,		
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
8	Gross income from interest,	ſ						
	dividends, payments received on	_		\				
	securities loans, rents, royalties,	,		\ \				
	and income from similar sources			l \				
9	Net income from unrelated business		/		· · · · · · · · · · · · · · · · · · ·	1		
_	activities, whether or not the	•						
	business is regularly carried on	/						
10	Other income Do not include gain		• •	 -				
	or loss from the sale of capital				\			
	assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10	. /						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	_	
	First five years. If the Form 990 is for	<i>/</i> `	•	d fourth or fifth t	ax vear as a section		_	
	organization, check this box and stor	/				(-)(-)		
Sec	ction C. Computation of Publ		rcentage			<u> </u>		
	Public support percentage for 2019 (column (fl)		14	%	
	Public support percentage from 2018	, ,	•	(7)		15	%	
	33 1/3% support test - 2019. If the o			n line 13, and line	14 is 33 1/3% or i	more check this bo		
	stop here. The organization qualifies						▶□	
b	33 1/3% support test -/2018. If the o				d line 15 is 33 1/39	6 or more, check th	ıs box	
	and stop here. The organization qual	=					ightharpoons	
17a	10% -facts-and-circumstances tes	, ,	• • •		e 13, 16a, or 16b.	and line 14 s 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 tes	_	•			17a, and line 15 is	10% or	
	more, and if the organization meets the	-				\		
	organization meets the "facts-and-circ				•		\ ▶□	
18	Private foundation. If the organization		-				<u> </u>	
						edule A (Form 990		
	~					•	\	

(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	elow, please comp	nete Fait II)			1				
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20°	19 (f) Total			
	Gifts, grants, contributions, and membership fees received (Do not	, <u>,,,</u>	(=) == =		, , , , , , , , , , , , , , , , , , , ,	(5) ==				
	include any "unusual grants ")	323,963.	405,190.	296,407.	433,431.		1458991.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2455270.			3096253.		10835786.			
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									
	The value of services or facilities furnished by a governmental unit to the organization without charge									
	Total. Add lines 1 through 5	2779233.	2921345.	3064515.	3529684.		12294777.			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
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						0.			
c	Add lines 7a and 7b						0.			
8	Public support. (Subtract line 7c from line 6)						12294777.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20°				
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2779233. 25.	2921345. 8.	3064515. 30.	3529684. 51.		12294777.			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			30.						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	25.	8.	30.	51.		114.			
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)	2779258.	2921353.	3064545.			12294891.			
14	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	organization,			
<u></u>	check this box and stop here	is Compart Day								
	ction C. Computation of Publi			. (0)		[. <u>.</u>	100 00 00			
	Public support percentage for 2019 (I			column (f))		15	$\frac{100.00 \%}{100.00 \%}$			
	Public support percentage from 2018					16	100.00 %			
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 .00 %									
	18 Investment income percentage from 2018 Schedule A, Part III, line 17									
	33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3	•				
	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶ X			
	line 18 is not more than 33 1/3%, che									
20						_				
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019									

Schedule A (Form 990 or 990-EZ) 2019 LOWER BERGEN COUNTY, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of 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 (b) and (c) 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")? /f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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)

1 2 3a 3a 3b 3c 4a 4c 4c 4c 4c 6 6 7 8 8 9a 9b 9c 10a			Yes	No
2 3a 3b 3c 4a 4b 5a 5b 5c 6 7 8 9a 9b 9c		, i		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b		,		
3b 3c 4a 4b 4b 5a 5b 5c 7 8 9a 9b		2 3a		
3c				
4a	İ		-	-
4b				
5a		- 4b		ı
5a 5b 5c 6 7 8 9a 9b				
5a		4c	-	
5b 5c		_		
6 -7 -8 -9a -9b			~	~
6 -7 -8 -9a -9b		5c		
7 8 9a 9b	•		•	
9a				
9a				,
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			-	<u> </u>
		9c		
1 1 1		10a		
10b 1990 or 990-EZ) 2019				1

		<u> 22-163203</u>	7 P	age 5
Pa	rt IV Supporting Organizations (continued)		r	1
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ľ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	1 <u>1c</u>		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			_
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		•	
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	İ	
Sec	tion D. All Type III Supporting Organizations		·	-
	den zwar ype m eu ppermig ergamianten.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	1.,,,
•	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			ĺ
	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			\vdash
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ŀ	
2			 	t
3	By reason of the relationship described in (2), 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			ļ
500	supported organizations played in this regard	3	J	1
	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 yeatsee ins	tructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	4/	-1	
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instruction.		T
2	Activities Test Answer (a) and (b) 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,			1
	how the organization was responsive to those supported organizations, and how the organization determined		-	-
	that these activities constituted substantially all of its activities	2a	-	+
Ь	• • • • • • • • • • • • • • • • • • • •			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.	3a	ļ	
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		Щ

Sche	edule A (Form 990 or 990-EZ) 2019 LOWER BERGEN COUNTY, IN	IC.	2	22-1632037 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 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 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-functiona	lly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019 LOWER BERGEN COUNTY, INC. 22-1632037 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 LOWER	BERGEN	COUNTY	INC.		22-1632037	Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1, Part IV, Section D, lines 2 and 3, Section D, lines 5, 6, and 8, and Part V (See instructions)	ovide the exp o, 4c, 5a, 6, 9a Part IV, Sect	lanations requi a, 9b, 9c, 11a, ion E, lines 1c.	red by Part II, line 10 11b, and 11c, Part IV 2a, 2b, 3a, and 3b, F	r, Section B, lines 1. Part V, line 1. Part V,	17b, Part III, line 12, and 2, Part IV, Section (Section B, line 1e, Part	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF

LOWER BERGEN COUNTY, INC

Employer identification number 22-1632037

Schedule D (Form 990) 2019

organization answered "Yes" on Form 990, Part IV, line 6	
(a) Donor advised funds (b) Funds and oth	ner accounts
1 Total number at end of year	
Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	· · · · · · · · · · · · · · · · · · ·
4 Aggregate value at end of year	<u> </u>
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	•
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important	land area
Protection of natural habitat	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easer	ment on the last
	e End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	e tax
year ▶	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements du	
▶	3 ,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	the vear
▶ \$,
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	!
organization's accounting for conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset	ts.
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 work	(S
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	ţ
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	,
(ii) Assets included in Form 990, Part X	<u> </u>
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	
b Assets included in Form 990, Part X	

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

	- ***	<u>ERGEN COUN</u>		INC.					Page 2
Pa	t III Organizations Maintaining C	collections of A	<u>rt, Hist</u>	orical Tr	easures, or Oth	<u>ier Simi</u>	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that make	significan	t use of its	;	
	collection items (check all that apply)								
а	Public exhibition	c	ı 🔲 ı	oan or exc	hange program				
b	Scholarly research	e	. 🗆	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for d	contribution	ns or other assets no	t included			
	on Form 990, Part X?		_					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able					
	•		•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d	_		
е	Distributions during the year			•		1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or co	ustodial account liab	ollty?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided on Part XI	II .			
Pai	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" on Fo	orm 990, Part IV, line	10			
		(a) Current year		rior year	(c) Two years back	l .	years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities						-		
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as			•	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
С	Term endowment	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administered for	the organ	zation		
	by	-				_		- F	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a S	See Form 990, Part	K, line 10			
	Description of property	(a) Cost or o				Accumulat	ed	(d) Book	value
		basis (investr		• •	1 ' '	epreciation		• •	
1a	Land	75.	532.					7.5	5,532.
	Buildings	3,428,			2.	006,2	90.		,102.
	Leasehold improvements					<u>, -</u>			<u></u>
	Equipment	1,124,	945.			770,6	87.	354	,258.
	Other	1,859,				549,6			812.
	. Add lines 1a through 1e (Column (d) must e			n (B), line 1	10c)		▶		,704.

Schedule D (Form 990) 2019

LOWER	BERGEN	COUNTY.	INC

(b) Book value	(c) Method of valuation Cost or end	-of-year market value
<u>-</u>		
		.
		
(b) Book value	(c) Method of valuation Cost or end	-of-year market value
•		
F 000 D-+ IV lune	11d Con Form 000 Day V line 15	
	11d See Form 990, Part X, line 15	(b) Book value
Description	-	(b) Book value
		-

		<u>-</u>
		·
		· · · · ·
2 15)		
· · · · · · · · · · · · · · · · · · ·		
on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	(b) Book value
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	(b) Book value
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	35,750 13,106
	on Form 990, Part IV, line (b) Book value	on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or end on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Description

Schedule D (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service									Open to Public Inspection		
Name of the organization									Employer i	dentification numb	er
	LOWER B							1	22-163	32037	
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part										
1 Indicate whether th			rough any of	the follow	ng acti	vities	Check all that apply		-		_
a Mail solicitat			e [-		overnment grants				
b Internet and	email solicitations		f 🗌	Solicita	tion of	gover	nment grants				
c Phone solici	tations		g [Special	fundra	using	events				
d In-person so	licitations										
2 a Did the organization	on have a written o	r oral agreei	ment with an	y individua	(ınclud	ding o	fficers, directors, trus	stees,	or		
							fundraising services?			es	
b If "Yes," list the 10	=			isers) pursi	uant to	agree	ements under which	the fur	ndraiser is t	o be	
compensated at le	east \$5,000 by the	organization	n								
					(iii) fundi	Did	[(v) A	mount paid	(vi) Amount par	<u> </u>
(i) Name and addres or entity (fund			(ii) Activity		I have c	ustodv	(iv) Gross receipts from activity	to (or	retained by indraiser	y) to (or retained b	
or entity (lunt	iraiser)				or con	trol of utions?	Hom activity		ed in col (i)	organization	
<u> </u>				,	Yes	No		 		- †	
							1				
					<u> </u>						
					<u> </u>						
									-	+	—
•											
<u> </u>					<u> </u>						_
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					├					- 	—
									_		
									•	_	_
											_
Total											
3 List all states in whi	ich the organizatio	n is register	ed or license	d to solicit	contrib	utions	s or has been notified	d it is e	exempt fron	n registration	
or licensing	·										
											_
	·								-		
											—
		_			<u> </u>						_
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	 				-						_
											_
•										· · · · · · · · · · · · · · · · · · ·	_

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

Schedule G (Form 990 or 990-EZ) 2019

	edu ert	le G (Form 990 or 990-EZ) 2019 LOWER I				1632037 Page 2
Pa	27 (Fundraising Events. Complete if the of fundraising event contributions and given the fundral single event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
e			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			77,455.	77,455.
	2	Less Contributions			0.	
	3	Gross income (line 1 minus line 2)			77,455.	77,455.
	4	Cash prizes				
s	5	Noncash prizes			.	
esued	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses			43,172.	43,172.
	1	Direct expense summary Add lines 4 throug				43,172.
D	<u>11</u> 	Net income summary Subtract line 10 from		- 000 Part IV Irea 10 an		34,283.
F	11 (Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered tes on Form	1990, Part IV, line 19, or	reported more trian	
	Γ	ψ10,000 011 0111 330 EE, III 0 04		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
<u> </u>	1	Gross revenue	1,783,708.			1,783,708.
ses	2	Cash prizes	880,165.			880,165.
zxpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	421,594.			421,594.
	6	Volunteer labor	Yes% X No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 throug	jh 5 in column (d)		•	1,301,759.
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		<u> </u>	481,949.
		ter the state(s) in which the organization cond	_			- - - - - - - - - -
		the organization licensed to conduct gaming a				X Yes No
t) IT "	No," explain				
			<u></u>			
		ere any of the organization's gaming licenses i Yes," explain		_	-	Yes X No
•	_					
_	_=					
9320	82 N	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 LOWER BERGEN COUNTY, INC. 22	-1632037	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 entity formed	 -	
	to administer charitable gaming?	Yes	X No
	Indicate the percentage of gaming activity conducted in	1 1100	00 ~
	a The organization's facility and an outside facility	13a 100	.00 %
14		130	.00 %
	the finance and dedices of the person who prepares the organization's gaining special events books and records	•	
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
Ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party		
	Nama 🏲		
	Name		
	Address >		
	•		
16	Gaming manager information		
	Name ►	ı	
	watte P		
	Gaming manager compensation \$		
	Description of convece provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
,	retain the state gaming license?	Yes	X No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
Da	organization's own exempt activities during the tax year \$ supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Port III Janes O	0h 10h
1 6	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ran III, IIIIes 3,	30, 100,
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	· · · · · · · · · · · · · · · · · · ·		
_			57) 0040

•		BOYS & GIRLS	CLUBS OF	F	
Schedule G	(Form 990 or 990-EZ)	LOWER BERGEN mation (continued)	COUNTY,	INC.	22-1632037 Page 4
Part IV	Supplemental Infor	mation (continued)			
			<u> </u>		
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Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name	of the organization BOYS & GIRLS	CLUBS	OF			Employer id	entificati	on nu	mber
	LOWER BERGEN					22-1632037			į.
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method of noncash conti		-	ts
1	Art - Works of art								
2	Art - Historical treasures				1				
3	Art - Fractional interests								_
4	Books and publications				1				
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				1				
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								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts				1				
23	Scientific specimens				1				
24	Archeological artifacts				\top				
25	Other (PROFESSIONAL)	Х	18	28.934	EST	IMATED	FMV		
26	Other								
27	Other			1	<u> </u>				
28	Other (\top				
29	Number of Forms 8283 received by the organi	zation durine	the tax year for o	contributions					
	for which the organization completed Form 82								
		,						Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	oorted in Part I, lines 1 throi	uah 28	, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be	used fo	or			
	exempt purposes for the entire holding period			- · · · · · · · · · · · · · · · · · · ·			30a	ļ -	Х
ь	If "Yes," describe the arrangement in Part II						1000		<u> </u>
31	Does the organization have a gift acceptance	policy that re	eauires the review	of any nonstandard contrib	utions	?	31	-	Х
	Does the organization hire or use third parties	•	•	•		•	<u> </u>		
	contributions?		34.1124.10110 to 301	, process, or sell fieldasi	•		32a		Х
h	If "Yes," describe in Part II								T
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a) is ch	ecked				
			ypo oi piopeii	, minori columni (a) is cit	Junea,			l	1

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Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019_	LOWER	BERGEN	COUNTY,	INC.	22-1632037	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informa I, column (Iditional info	tion. Provide b), the number ormation	the information of contributions	required by Part I, lines 30b, 32b, and 33, s, the number of items received, or a comb	and whether the organiza ination of both Also com	tion plete
	 				- · 		
	<u>-</u>					<u> </u>	
							
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			<u>-</u> _				
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					, <u> </u>		
							
932142 09-27-1	9					Schedule M (Form	990) 201

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUBS OF

Employer identification number

LOWER BERGEN COUNTY, INC.	22-1632037
FORM 990, PART VI, SECTION B, LINE 11B:	
COPIES OF FORM 990 DISTRIBUTED TO DIRECTORS	
CEO PRESENTS SUMMARY OF FORM 990 AND AUDITED FINANCIAL STAY	rements
QUESTIONS PERTAINING TO FORM 990 AND AUDITED FINANCIAL STATE	TEMENTS ARE
SOLICITED AND ANSWERED	
VOTES ARE TAKEN FOR APPROVAL TO ACCEPT AUDITED FINANCIAL S'	PATEMENTS AND
AUTHORIZATION TO FILE FORM 990	
FORM 990, PART VI, SECTION B, LINE 12C:	
CEO UPDATES AND MONITORS COMPLIANCE WITH DIRECTORS AND EMPI	LOYEES THROUGHOUT
THE YEAR	
FORM 990, PART VI, SECTION B, LINE 15:	
WRITTEN REVEIW OF THE CEO'S PERFORMANCE AND COMPENSATION R	ECOMMENDATION
GOES TO THE HUMAN RESOUCRES COMMITTEE OF THE BOARD OF DIREC	CTORS FOR REVIEW
AND APPROVAL	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS INDICATED ARE MADE AVAILABLE TO THE PUBLIC UPON 1	WRITTEN REQUEST
TO THE CEO	

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

Schedule O (Form 990 or 990-EZ) (2019)