Form **990**

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

OMB No. 1545-0047

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

Open to Public Inspection

Depa	artment	of the Treasury enue Service	■ Go to www.irs.gov/Form990 for instructions and the la			Open to Public Inspection
			lar year, or tax year beginning OCT 1, 2021 and ending	SEP 3	30, 2022	inspection
В	Check if	C Name o	f organization		ployer identific	cation number
	□Addr		AND GIRL GOINERY OF MONGROUS THE			
	chan	9	AND GIRLS COUNTRY OF HOUSTON, INC.		74 60061	0.0
	chan Initial		usiness as		4-602619	
	return Final	1 1 2 2 1	and street (or P.O. box if mail is not delivered to street address) 6 ROBERTS ROAD		ephone number	
	⊸returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code		281-351-4	8,731,932.
	Amer		LEY, TX 77447		s this a group re	
	Appli		nd address of principal officer:VINCENT DURAN		or subordinates	
	pend		AS C ABOVE			res INO
17	Гах-ех	empt status:	X 501(c)(3) 501(c) ()			list. See instructions
J١	Vebs	ite: ▶ WWW .	BOYSANDGIRLSCOUNTRY.ORG		Froup exemption	
			X Corporation			State of legal domicile: TX
Pa	art I					
e	1	Briefly describ	be the organization's mission or most significant activities: BOYS AND	GIRLS		
Activities & Governance			D, CHILDCARE RESIDENTIAL FACILITY THA			-HOUR CARE
veri	2		x In the organization discontinued its operations or disposed of r		41	
Ĝ	3		ting members of the governing body (Part VI, line 1a)		3	39
જ	5	Total number	lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)		4 5	39 65
itie	6	Total number	of volunteers (estimate if necessary)		6	500
ċţi	11.000	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
٩	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
<u>e</u>					or Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	5,6	27,271.	6,141,727.
Revenue	9		ce revenue (Part VIII, line 2g)	1	82,061.	213,773.
Rev	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		43,662.	55,038.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,443.	1,547,013.
-	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,437.	7,957,551.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		90,952.	202,288.
' ^	14 15	Colorino other	to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)	3 6	0. 75,293.	<u> </u>
Expenses	162	Professional fo	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 774,876	3,0	0.	4,059,121.
per	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 774 . 876 .			
ŭ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2.1	75,575.	2,371,691.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,820.	6,633,100.
	19		expenses. Subtract line 18 from line 12		73,617.	1,324,451.
Net Assets or Fund Balances				Beginning o	of Current Year	End of Year
sset	20	Total assets (F	Part X, line 16)		66,741.	39,118,210.
et A	21		(Part X, line 26)		92,776.	2,935,169.
	rt II		fund balances. Subtract line 21 from line 20	38,6	73,965.	36,183,041.
			declare that I have examined this return, including accompanying schedules and sta			
			Deelaration of preparer (other than officer) is based on all information of which prep			Knowledge and belief, it is
	001100	N, and domploys	2/1/WT Wile VICE THE MINISTRATION OF WHICH PRED	iai ei iias aiiy i	Tiowieuge.	
Sigr	1	Signature	of officer Carlot		Date	
Here		SCOT	T NOTARAINNI, CFO			
		Type or p	rint name and title			
		Print/Type prep	parer's name Preparer's signature	Date	Check	PTIN
Paid		GUY T.	TABOR, CPA	3/15/2	if self-employed	P00171798
Prep		Firm's name	HARPER & PEARSON COMPANY, P.C.	1		74-1695589
Use	Only	Firm's address	ONE RIVERWAY, SUITE 1900		10.00	97 500,000 870500000 VOS-HOU NO
	Using Servi		HOUSTON, TX 77056		Phone no. (71	13) 622-2310
May	the II	RS discuss this	return with the preparer shown above? See instructions			X Yes No

	BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Page 2
Pa	rt 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 CHANGE THE LIVES OF CHILDREN FROM FAMILIES IN CRISIS BY LOVING AND
	NURTURING THEM IN A CHRISTIAN HOME ENVIRONMENT, RAISING THEM TO BECOME
	SELF-SUSTAINING AND CONTRIBUTING ADULTS.
	DEEL SUBTRICTION AND CONTRIBUTION ADDITION.
	Didd.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,461,625. including grants of \$ 202,288.) (Revenue \$ 213,773.)
	BOYS AND GIRLS COUNTRY IS A LICENSED, CHILDCARE RESIDENTIAL FACILITY
	THAT PROVIDES 24-HOUR CARE FOR UP TO 88 CHILDREN BETWEEN THE AGES OF 5
	AND 18 WHO ARE IN CRISIS, PRIMARILY FROM THE HOUSTON, TX AREA. IT ALSO
	PROVIDES RESIDENTIAL CARE, AFTERCARE AND SCHOLARSHIPS TO APPROXIMATELY
	15 YOUNG ADULTS AS NEEDED FOR POST-HIGH SCHOOL EDUCATION AND TRAINING.
4b	(Code;) (Expenses \$
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program continue (Deceribe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5,461,625.

Form **990** (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes, " complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	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	_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
u	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		x	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
		He		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	47		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 27
	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		Х
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b	<u></u>	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%			l
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u> </u>
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			
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	28b	<u> </u>	X
			│ _┺ ा	
29	"Yes," complete Schedule L, Part IV	28c	X	v
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	<u> </u>
•	contributions? If "Ves " complete Schedule M	l		3.7
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization required the complete schedule N, Part I	31		
Œ	Colonial No. 10 and 11			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_	<u> </u>	<u> </u>
	204 7704 0 4 004 7704 0 0 14 N/A H			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
		24	х	
35a		34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	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	30	-	<u> </u>
	and that is treated as a partnership for foderal income tay purposed if "You " complete Schodule D. David!"	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance	30	47	Ь
	Check if Schodula O contains a response or note to any line in this Dat V			
	Check is Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		105	140
b	Enter the number of Forms W-2G included on line 1a. Enter 0 if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	10	Х	kaan ini

Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 65 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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)? Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit anv contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c), Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ______ Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Mi	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	· · · · · · · · · · · · · · · · · · ·			
	more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- 77	ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	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		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
a L	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O, See instructions.	100		17-17-17
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	Association and the state of th	16-		Х
ь.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		22
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only	avail	able
	for public inspection, Indicate how you made these available. Check all that apply.	,o orny	, avall	anie
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.	iu iliai	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SCOTT NOTARAINNI - 281-351-4976			
	18806 ROBERTS ROAD, HOCKLEY, TX 77447			

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

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

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

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

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

(A)	(B)	lg.		((C)		1044	(D)	(E)	(F)
Name and title	Average hours per		not c		more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	ites or director	Institutional trustee	Officer		Highest compensated ★ Smployee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DURAN, VINCENT	40.00	=	 = -	2	_	Τ.	_			
EXECUTIVE DIRECTOR	1.00			Х				146,767.	0.	27,700.
(2) NOTARAINNI, SCOTT	40.00									
CHIEF FINANCIAL OFFICER	1.00]		Х				108,000.	0.	8,218.
(3) AIMONE, WILLIAM	2.00								-	
DIRECTOR		X						0.	0.	0.
(4) BOYER, DONNA	2.00						Γ			
DIRECTOR		Х						0.	0.	0.
(5) DEALDECOA, CARLOS	2.00				ŀ		"-			
DIRECTOR	<u> </u>	X						0.	0.	0.
(6) DUCKWORTH, BART	2.00									
DIRECTOR		Х			<u> </u>			0.	0.	0.
(7) GALLOWAY, SCOTT	2.00	ļ								
DIRECTOR	0.00	Х	_	X	Ш		_	0.	0.	0.
(8) HALE, RANDALL	2.00	.							_	
DIRECTOR	L	X	_	<u> </u>				0.	0.	0.
(9) HARPER, WILL	2.00	١							_	
DIRECTOR		Х	<u> </u>		<u> </u>	<u> </u>	 	0.	0.	
(10) HERR, BRYAN	2.00	١,,								
DIRECTOR	0.00	Х		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(11) OVERALL, TRAVIS SECRETARY	2.00	x		x				ا م		•
(12) RODGERS, RYAN	2.00	₽	⊢	^	⊢	⊢	├—	0.	0.	0.
DIRECTOR	0.00	₩.						0.	0.	
(13) ROTAN, MATTHEW	2.00	^		\vdash	├		H	U .		0.
DIRECTOR		x						0.	0.	0.
(14) SCOTT, DICK	2.00	 	\vdash		⊢		⊢	0.	٠.	- 0.
DIRECTOR		х						0.	0.	0.
(15) SORENSON, PAUL	2.00	 	┢		┝					- 0.
DIRECTOR	0.00	x						o.	0.	0.
(16) STEPHENS, STEVE	2.00	†==	\vdash	Н	\vdash	\vdash	\vdash		0.	- 0.
DIRECTOR		x					l	0.	0.	0.
(17) SULT, J. R.	2.00	Ť	\vdash	Н	Т	t^-	\vdash			<u> </u>
DIRECTOR	0.00	x					l	0.	0.	0.
132007 12-00-21			_		_	_		'		Form 900 (0001)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	olo	/ees	, an	d Hi	iahe	st (Compensated Employe	es (continued)		
(A)	(B)	Ì		((C)	3		(D)	(E)	Т	(F)
Name and title	Average	/4-		Pos	itior	1 than		Donostable	Reportable		Estimated
	hours per	kod	r, unle	ss pe	rson	ls bot	th an	compensation	compensation		amount of
	week	-	cerar	o a d	irecto	or/trus	itee)	from	from related		other
	(list any hours for	ordirector					l	the	organizations		compensation
	related	ord	 85	f		ateo	l	organization	(W-2/1099-MISC	"	from the
	organizations	trostee	trus		, a	ngen	l	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization
	below	dualt	goua	L.	196.	yee y	<u>_</u> ا				and related organizations
	line)	Individual	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Former				organizations
(18) TRICE, KRISTIE	2.00									十	
DIRECTOR	0.00	Х						0.		0.	0.
(19) WATFORD, MICHAEL	2.00									o	
DIRECTOR	0.00	Х	_		L	ļ	_	0.		0.	0.
(20) WAY, WILLIAM	2.00	٠,,									
DIRECTOR MICHAEL MICHAEL	0.00	Х	<u> </u>	\vdash	<u> </u>	<u> </u>	╙	0.		0.	0.
(21) WHITE, MICHAEL DIRECTOR	2.00	٠,									_
(22) WU, JAMES	2.00	X			ļ	<u> </u>	⊢	0.		0.	0.
DIRECTOR	0.00	v						0.		ا ۸	•
(23) BRITZ, GEORGENE	2.00	^	\vdash	-	┢	┼─	⊢	0.		0.	0.
TREASURER	0.00	x		Х				0.		0.	0.
(24) LISTEN, CHARLES	2.00		\vdash	11	┢	┢	-	 		' +	
DIRECTOR	0.00	X						0.		0.	0.
(25) PISKLAK, BEN	2.00			\neg	-		┢			' 	
DIRECTOR	0.00	X						0.	!	0.	0.
(26) STEDHAM, KRISTIN	2.00					-				+	
DIRECTOR	0.00	Х					L	0.	(0.	0.
1b Subtotal								254,767.		0.	35,918.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)	<u></u>	, .				,	<u> </u>	254,767.		0.	35,918.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOVE	e) wł	10 r	eceived more than \$100	,000 of reportable		_
compensation from the organization							_				2
3 Did the organization list any former officer,	director truct	ر د د	·~· -	.mpl	میرہ		. 61-		١	F	Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual								•	18.	
4 For any individual listed on line 1a, is the su			mn	a	 Hìon	ane	t otl	her compensation from	the examination	.	3 X
and related organizations greater than \$150	0.000? If "Yes."	coi	mole	te S	Sche	dule	. U. . J 1	for such individual	ine organization		4 X
5 Did any person listed on line 1a receive or a									dual for services	·· -	
rendered to the organization? If "Yes," com	plete Schedule	Jf	or su	ich p	oers	on .					5 X
Section B. Independent Contractors										<u></u>	<u> </u>
 Complete this table for your five highest co 	mpensated inc	lepe	nde	nt c	ontr	acto	ors t	that received more than	\$100,000 of comp	ensa'	tion from
the organization, Report compensation for	the calendar ye	ear e	endir	ng w	/ith e	or w	ithir	n the organization's tax y	ear.		
(A)								(B)			(C)
Name and business		10.0	10	_	***		.	Description of s	ervices	Co	mpensation
CALDWELL HOMES, 9955 BARN 250, CYPRESS, TX 77433	CER CYPE	K.	, G	S	LU	L'I'. F		CONCERNICETON			252 222
230, CIIREDO, IX //433							╬	CONSTRUCTION			<u>350,000.</u>
							┪				<u> </u>
			_				-				
							7				
									ļ		
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	to	thos	se lis	sted	l above) who received m	ore than		
\$100,000 of compensation from the organiz				m	1	L		Brim a			
SEE PART VII, SECTION	A CON'I	.Τ.	IUA	TT	.ON	N 5	HI	EETS		F	orm 990 (2021)

BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198

Form 990

(A) (B) (C) (D) (E) (F) Name and title Average hours (check all that apply) per week (list any hours for related or related and related some parts and related and related and related and related some parts and related and related and related and related and related and related some parts and related some									OUSTON, INC.	74-602	<u>6198</u>
Name and title			mpic	oyee			righ	est			
Check all that apply)											
Per Week (list arry list arry li	Name and title		6					.ka	1	'	Estimated
Week Fig. 1 Fig. 1 Fig. 2 Fig			(6	T U CF	anı	riai	app I	ינעוי ד	4 '	· ·	amount of
(27) MEGNANN, SCOTT		1 · · ·		,			89/		1		compensation
(27) MEGNANN, SCOTT		(list any	sctor				l e	l			from the
(27) MEGNANN, SCOTT			ordin				a page		(W-2/1099-MISC)	,	organization
(27) MEGNANN, SCOTT			stee	truste		يوا	pensi				and related
(27) MECHANN, SCOTT		1 -	LE T	ional		ploye	tcom	١.			organizations
(27) MECHANN, SCOTT			Individ	nstitul	Officer	Key en	Kighes	ia mis	-		
DIRECTOR O. 0 X O. 0 O.	(27) WEGMANN, SCOTT	2.00					\vdash				
(28) BISHOP, DAVID DIRRETOR DIRRETOR (29) GATEWOOD, MICHAEL 2.00 DIRRECTOR 1.00 X 30) MARKE, BRAD 2.00 DIRRECTOR 0.00 X 0. 0. 31) MARTIN, SCOTT 2.00 DIRRECTOR 0.00 X 0. 0. 32) SIZIANNA, CHUCK 2.00 DIRRECTOR 1.00 X 0. 0. 33) STILLEY, RANDALL 2.00 DIRRECTOR 1.00 X 0. 0. 0. 33) STILLEY, RANDALL 2.00 DIRRECTOR 1.00 X 0. 0. 0. 35) GIBSON, KATHY 2.00 DIRRECTOR 0.00 X 0. 0. 0. 36) MEALY, MATTHEN 2.00 DIRRECTOR 0.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0
(29) GAMENGOD, MICHAEL DIRECTOR DIRECTOR DIRECTOR (30) MARKE, BRAD DIRECTOR DIRECTOR (31) MARTIN, SCOTT DIRECTOR DIRECTO	(28) BISHOP, DAVID				П						
DIRECTOR 1.00 X 0.00			Х		Ш		<u> </u>		0.	0.	0
(30) MARKS, BRAD	•									<u>-</u>	
DIRECTOR			Х		Ш		<u> </u>		0.	0.	0
MARTIN, SCOTT	•										
DIRECTOR			X	L	Ш		<u> </u>	<u> </u>	0.	0.	0
(32) SCIANNA, CHUCK	•		₩								_
CHAIR			Δ		Н		H	-	U.	0.	0
33 STILLEY, RANDALL 2.00 1.00 X 0. 0. 0. (34) DALTON, JOHN 2.00 X 0. 0. 0. (35) GIBSON, KATHY 2.00 DIRECTOR 0.00 X 0. 0. (35) GIBSON, KATHY 2.00 DIRECTOR 0.00 X 0. 0. (36) MEALY, MATTHEW 2.00 DIRECTOR 0.00 X 0. 0. (37) MILLER, JAMES 2.00 DIRECTOR 0.00 X 0. 0. (38) SPRINGER, ZACH 2.00 DIRECTOR 0.00 X 0. 0. (39) BUNK, CRAIG 2.00 DIRECTOR 0.00 X 0. 0. (39) BUNK, CRAIG 2.00 DIRECTOR 0.00 X 0. 0. (41) MERCTOR 0.00 X 0. (41) MERCTOR			x		x			1	n	۸	0
DIRECTOR 1.00 X 0.00	(33) STILLEY RANDALL							┝		0.	
(34) DALTON, JOHN			X						l 0.	0.	0
35 GIBSON, KATHY	(34) DALTON, JOHN				П		l				
DIRECTOR	DIRECTOR		Х						0.	0.	0
Color	(35) GIBSON, KATHY				П						
DIRECTOR			Х						0.	0.	0
(37) MILLER, JAMES 2.00 0. 0. 0. (38) SPRINGER, ZACH 2.00 0. 0. (39) SUNK, CRAIG 2.00 X 0. 0. (39) SUNK, CRAIG 2.00 X 0. 0. (40) GODSON, LINSSAY 3.00 DIRECTOR 0.00 X 0. 0. (41) MEARS, PARKER 2.00 DIRECTOR 0.00 X 0. 0. (41) MEARS, PARKER 2.00 DIRECTOR 0.00 X 0. 0. (41) MEARS, PARKER 2.00 DIRECTOR 0.00 X 0. 0. (41) MEARS, PARKER 2.00 0. 0. (42) MEARS, PARKER 2.00 0. 0. (43) MEARS, PARKER 2.00 0. (44) MEARS, PARKER 2.00											
DIRECTOR			X		\sqcup			ļ	0.	0.	0
(38) SPRINGER, ZACH	<u> </u>		T.							•	
DIRECTOR			Λ	_	\vdash	-		ļ	U.	U.	0
SUNK, CRAIG 2.00 X 0.00	·		v						n	n	0
DIRECTOR			1	\vdash	\dashv				0.		
(40) GOODSON, LINSSAY			x						0.	n.	0
DIRECTOR	(40) GOODSON, LINSSAY				\Box				_		
MEARS, PARKER	DIRECTOR	0.00	Х						0.	0.	0
	(41) MEARS, PARKER	2.00			\Box				-		
Total to Part VII, Section A, line 1c	DIRECTOR	0.00	Х						0.	0.	0
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c		_ _	Щ		\vdash				<u> </u>		
Total to Part VII, Section A, line 1c		<u> </u>									
Total to Part VII, Section A, line 1c			Н	\vdash			_	\vdash	<u> </u>		·
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c		-	\vdash	\vdash			\vdash				
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c			П		一						
Total to Part VII, Section A, line 1c			Ll								
Total to Part VII, Section A, line 1c											
TO STATE OF THE PARTY OF THE PA	Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII CI Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 10 704,200. d Related organizations 1d 752,078. e Government grants (contributions) l 1e f All other contributions, gifts, grants, and 4,685,449 similar amounts not included above 1f 6,964. g Noncash contributions included in lines ta-1f Total. Add lines 1a-1f 6 141 727 **Business Code** 2 a RESIDENT CARE 623990 125,820 Program Service Revenue 125.820. AGRICULTURAL PROGRAM 110000 87,953 87,953. All other program service revenue Total. Add lines 2a-2f 213,773. Investment income (including dividends, interest, and other similar amounts) 114,989. 114,989. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 267,851. 10,440 assets other than inventory **b** Less: cost or other basis Other Revenue and sales expenses 338,242 c Gain or (loss) -70,391. 10,440 |7c d Net gain or (loss) -59 951 ~59,951. 8 a Gross income from fundraising events (not 704,200. of including \$ contributions reported on line 1c), See Part IV, line 18 1,965,120 b Less; direct expenses 436,139 1,528,981 1528981. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue MISCELLANEOUS 900099 16 302 16,302, ROYCE G. ROBERTS ESTATE b 900003 1,730 1,730. d All other revenue e Total. Add lines 11a-11d 18,032, ▶ Total revenue. See instructions 7,957,551 12 213,773 ٥. 1602051.

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon			164	
	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	000 000	222		
	individuals. See Part IV, line 22	202,288.	202,288.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members		 -		
5	Compensation of current officers, directors,	290,685.	242,064.	10 502	20 110
6	trustees, and key employees Compensation not included above to disqualified	230,003.	242,004.	19,502.	29,119
U	persons (as defined under section 4958(f)(1)) and				
	nercone described in section 40E9(a)(2)(B)				
7	Other salaries and wages	2,927,187.	2,437,571.	196,388.	293,228
8	Pension plan accruals and contributions (include	_,,	2,20,,0,1.	150,500.	433,440
-	section 401(k) and 403(b) employer contributions)	62,957.	52,426.	4,224.	6,307
9	Other employee benefits	477,968.	398,021.	32,067.	47,880
10	Payroll taxes	300,324.	250,090.	20,149.	30,085
11	Fees for services (nonemployees):				30,003
а	· · · · · · · · · · · · · · · · · · ·				
b					
C		45,243.	37,099.	3,167.	4,977
d	Lobbying				
е	Destruction of American Indian and the Company of t				
f	Investment management fees				
g	, -		·		
	column (A), amount, list line 11g expenses on Sch 0.)	86,928.	71,281.	6,085.	9,562
12	Advertising and promotion				
13	Office expenses	81,536.	42,709.	7,850.	30,977
14	Information technology		<u></u> _		
15	Royalties	050 506			
16	Occupancy	273,506.	224,275.	19,145.	30,086
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	654,368.	536,582.	45,806.	71 000
22 23	, · · · · · · · · · · · · · · · · · · ·	259,113.	212,473.	18,138.	71,980 28,502
24	Other expenses, Itemize expenses not covered	235,115.	414,47J.	10,130.	40,304
	above. (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MAINTENANCE AND OPERATI	386,153.	336,936.	19,140.	30,077
b	ACTIVITIES AND EDUCATIO	167,256.	167,256.	20,120,	30,011
c	STAFF RECRUITING AND TR	145,822.	100,371.	4,890.	40,561
d	FOOD AND SUPPLIES	98,737.	98,737.		10,501
-	All other expenses	173,029.	51,446.	48.	121,535
25	Total functional expenses. Add lines 1 through 24e	6,633,100.	5,461,625.	396,599.	774,876
26	Joint costs. Complete this line only if the organization		, _		
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 816,088. 312,474. 1 2 Savings and temporary cash investments 369,238. 486,703. 2 1,812,561. 679,294. 3 Pledges and grants receivable, net 1,794,522. 3 Accounts receivable, net 327,597. 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net _____ Inventories for sale or use 8 Prepaid expenses and deferred charges 310,082. 350,559. 9 10a Land, buildings, and equipment: cost or other 20,465,793. basis. Complete Part VI of Schedule D ______ 10a 11,366,541. 9,132,546. b Less: accumulated depreciation ______ 10b 9,099,252. 10c Investments - publicly traded securities 1,839,841.11 3,261,499.11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related, See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 27,207,091. 23,485,604. 15 42,166,741. 16 Total assets. Add lines 1 through 15 (must equal line 33) 39,118,210. 16 17 467,992. Accounts payable and accrued expenses 498,228. 17 18 Grants payable 18 1,475,188. 19 Deferred revenue _____ 1,622,868. 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,549,596. 814,073. Total liabilities. Add lines 17 through 25 3,492,776. 26 2,935,169. Organizations that follow FASB ASC 958, check here \(\bigs\) \(\big| X \) Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, Net assets without donor restrictions 11,179,127. 10,069,453. Net assets with donor restrictions _____ 27,494,838. 26,113,588. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 38,673,965. 32 Total net assets or fund balances 36,183,041. 32

42,166,741.

Total liabilities and net assets/fund balances

	1990 (2021) BOYS AND GIRLS COUNTRY OF HOUSTON, INC.	74-6	026198	Par	ge 12
Pa	rt XI Reconciliation of Net Assets		-		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,957	7,5	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,633	1,1	00.
3	Revenue less expenses, Subtract line 2 from line 1	3	1,324		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,673	, 9	65.
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	-3,815	, 3	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		-		
	column (B))	10	36,183	3,0	41.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			····	\mathbf{x}
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
,	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	4.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	3b		L
		· 	Form 9	90	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 💹 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) bove (see instructions))

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

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

Se	ction A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3276041.	4087485.	3526500.	5627271.	6141727.	22659024.
2	Tax revenues levied for the organ-			"			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		•				·
	furnished by a governmental unit to						
	the organization without charge						<u>L</u>
	Total. Add lines 1 through 3	3276041.	4087485.	3526500.	5627271.	6141727.	22659024.
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)						1698575.
	Public support. Subtract line 5 from line 4.						20960449.
	ction B. Total Support						 ·
	ndar year (or fiscal year beginning in)	(a) 2017 3276041.	(b) 2018 4087485.	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	32/6041.	408/485.	3526500.	5627271.	6141/27.	22659024.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	15,449.	24 720	13 450	מב מכם	114 000	100 000
_	and income from similar sources	13,449.	24,738.	13,450.	25,363.	114,989.	193,989.
9	Net income from unrelated business						_
	activities, whether or not the						
10	business is regularly carried on Other income, Do not include gain						
10	•						
	or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						22853013.
	Gross receipts from related activities,	etc (see instruction	one)				,966,745.
	First 5 years. If the Form 990 is for the	•	/ !!***********	fourth or fifth tow			,500,745.
	organization, check this box and stor				=		
Sec	tion C. Computation of Publ				******************************	***************************************	
	Public support percentage for 2021 (column (fi)		14	91.72 %
15	Public support percentage from 2020	Schedule A. Part	II. line 14	OOID17111 \$77	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		93.33 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13. and line	14 is 33 1/3% or π	nore check this ho	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the fact						•
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the facts-and-circs						
18	Private foundation. If the organization						is
							(Form 990) 2021

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

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

Se	ction A. Public Support				-	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		`		1	1-7	(-) /
	membership fees received. (Do not				*		
	include any "unusual grants.")						
2	Gross receipts from admissions,				Ť		
	merchandise sold or services per-				1.		
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that				†	·	
	are not an unrelated trade or bus-				1		
	iness under section 513		:				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				-		
	or expended on its behalf				1		
5	The value of services or facilities					1	· <u>·</u>
	furnished by a governmental unit to						
	the organization without charge	L		,			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		ļ				
b	Amounts included on lines 2 and 3 received	-					 -
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					!	
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6				1.		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income					T	
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
c	Add lines 10a and 10b				<u>L</u> .		
11	Net income from unrelated business]		
	activities not included on line 10b, whether or not the business is						
	regularly carried on				İ		
12	Other income, Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	en,
	check this box and stop here			**********		***************************************	<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2021 (column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	estructions	▶[` `]

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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7 7 8 8 9a 9b		
7 7 8 8 9a 9b	Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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	dule A (Form 990) 2021 BUIS AND GIRLS COUNTRY OF HOUSTON, INC. 74-60	2619	8 Ра	age 5
Pai	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			-: :::
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	44-		
Sec	tion B. Type I Supporting Organizations	11c		
	tion of type i supporting organizations			
		S	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	N. 20 00 1		
	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		PERMIT
Sec	tion C. Type II Supporting Organizations		<u> </u>	
-	tion 6. Type if dapperting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		Ü	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	E'.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s),			
2		2	1	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test, Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	7s).	
2	Activities Test. Answer lines 2a and 2b below.	İ	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			77.
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		7 =====	Jer.
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			- Table 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	e117.	: .
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
.,	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		Br. F.
	or no supported organizations; in 100, december in 1 as 1 11 the follopidized by the organization in this regard.	3b		

1111	edule A (Form 990) 2021 BOYS AND GIRLS COUNTRY	OF H	OUSTON, INC.	<u>/4-60261</u> 98
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist comple	te Sections 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax Imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	janization (see
	instructions).			,

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Page 7

Part V 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

Section D - Distributions			
Amounts paid to supported organizations to accomplish exempt purposes	1		
Amounts paid to perform activity that directly furthers exempt purposes of supported			
organizations, in excess of income from activity	2		
Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
Amounts paid to acquire exempt-use assets	4		
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
Other distributions (describe in Part VI). See instructions.	6		
Total annual distributions. Add lines 1 through 6.	7		
Distributions to attentive supported organizations to which the organization is responsive			
(provide details in Part VI). See instructions.	8		
Distributable amount for 2021 from Section C, line 6	9		
Line 8 amount divided by line 9 amount	10		
	Amounts paid to supported organizations to accomplish exempt purposes 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6	Amounts paid to supported organizations to accomplish exempt purposes 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Bistributable amount for 2021 from Section C, line 6	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			The state of the s
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f,			
4 Distributions for 2021 from Section D,			
line 7:\$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A , PART II
EXPLANATION: THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD TO
SEPTEMBER 30 AS OF JANUARY 1, 2018. SCHEDULE A, PART II INCLUDES
SUPPORT FOR THE FOUR PRIOR PERIODS OF 2015 TO 2017 AS A CALENDAR YEAR.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Schedule B (Form 990) (2021)

BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II, See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

BUAG	AND	CIDIC	COMMINDA	$\Delta \mathbf{r}$	HOUSTON.	TATO
DOID	AIND	GIRLS	COUNTRY	OF.	HOUSTON.	LNC:

74-6026198

BOID .	AND GIRLS COUNTRY OF HOUSTON, INC.		1-0020198
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$306,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,163,618.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BOYS AND GIRLS COUNTRY OF HOUSTON, INC.

74-6026198

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·

Name of organization Employer identification number BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or tess for the year (Enterthis info, once.) Use duplicate copies of Part III if additional space is needed, from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOYS AND GIRLS COUNTRY OF HOUSTON, INC.

Employer identification number 74-6026198

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in					
	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 a					
	for charitable purposes and not for the benefit of the donor of		* — —			
En.	impermissible private benefit?		Yes No			
Pa		 	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	· ' ' -				
	Preservation of land for public use (for example, recrea	· [_	historically important land area			
	Protection of natural habitat	∟ Preservation of a	certified historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fied conservation contribution in the form of	a conservation easement on the last			

a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified historic str					
a	Number of conservation easements included in (c) acquired		1 1			
_	listed in the National Register	Land and and both the state of the state of	2d			
3	Number of conservation easements modified, transferred, reyear	eased, extinguished, or terminated by the d	organization during the tax			
4	Number of states where property subject to conservation ea	pament is leasted				
5	Does the organization have a written policy regarding the pe					
ŭ	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************				
Ŭ	b	Transming of violations, and emolicing conse	rvation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and enforcing conservation	on easements during the year			
	▶ \$	aming at transmistry, 2.72 attracting contact (2.15	odoonionio daring the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h	n(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footi					
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furt	herance of public			
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	•			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	lance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	pain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X					

	edule D (Form 990) 2021 BOYS AN	D GIRLS COL	JNTRY OF H	OUSTON, IN	IC.		<u>74-60</u>	26198	Pa	ge 2
	rt III Organizations Maintaining C								ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	signi	ficant	use of its			
	collection items (check all that apply):									
а	Public exhibition	ď	Loan or exc	hange program						
b	Scholarly research	е	L Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit or						_	٦		
Da	to be sold to raise funds rather than to be ma	intained as part of the	ne organization's co	ollection?	·····		.,,,,	<u> Yes</u>		No
	reported an amount on Form 990, Par	t X. line 21.	te ir the organizatio	n answered "Yes" o	n For	m 990	J, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi	<u> </u>	ians for contribution	o or other cents as	ا محادث	امدامه		_		
14	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table		********	• • • • • • • • •		⊔ res	LJ	NO
_	vee, explains the divingenment are all value	and demplote the for	owing table.		Γ	I		Amount		
c	Beginning balance				_ h	1c	 -			
d	Additions during the year	***************************************	*******************************		····	1d				
e	Distributions during the year	***************************************	***************************************		····	1e				
f	Ending balance				···	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liab	oility?			Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	in					
Pa	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	27,207,086.	22,801,276.	20,733,713.		19,5	56,198.	19,	251,	28,
þ	Contributions	145,703.	65,364.	67,418.			63,704.		44,3	381,
C	Net investment earnings, gains, and losses	-3,168,949.	5,446,822.	2,439,117.		1,1	58,281.		933,2	255.
d	Grants or scholarships	670,000.	1,015,000.	309,227.		7	50,000.		550,	00.
e	Other expenditures for facilities	•	4		ł					
	and programs				<u> </u>					
f	Administrative expenses	28,236.	91,376.	129,745,	-		94,470.		122,	66.
9	End of year balance	23,485,604.	27,207,086.	22,801,276.	<u> </u>	20,7	33,713.	19,	556,1	98.
2	Provide the estimated percentage of the curr			a)) held as:						
a	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment ► 31.3084	%								
C	Term endowment ► 68.6915 9	_								
α-	The percentages on lines 2a, 2b, and 2c shot									
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the o	rganiz	ation			
	by:							\longrightarrow	Yes	No X
	(i) Unrelated organizations			······································				3a(i)	┰┤	<u>~</u> _
h	(ii) Related organizations	tions listed as requir	nd on Sabadula D2		,,			3a(ii)	X	
4	Describe in Part XIII the intended uses of the	organization's endo	ament funds	***************************************	*******			3b	<u>^ </u>	
	t VI Land, Buildings, and Equipm	ent.	Willeric Iorios,						-	
C Accessor	Complete if the organization answered		. Part IV. line 11a. S	See Form 990. Part)	(. line	10.				
	Description of property	(a) Cost or ot			Accun		<u>и</u> Т	(d) Book	volue	
	= 555. Ip. St. property	basis (investm			epreci		~	(u) DOOK	value	
1a	Land	.		1,221.				1,131	2.2	11.
b	Buildings				843	3,9!		$\frac{6,411}{6}$		
c	Leasehold improvements	··			418			$\frac{1,175}{1,175}$		
d	Equipment				477		76.		, 05	
e	Other	0	80	8,102.	626	7.	39.	181	, 36	3.
Tota	. Add lines 1a through 1e, (Column (d) must ed		K, column (B), line 1	0c.)				9,099		

Schedule D (Form 990) 2021 BOIS AND GIR	LIS COUNTRY	OF HOUSTON, INC. 7	74-6026198 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin		
MAN Plantage of the Control of the C	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Closely held equity interests			
(3) Other			
(A)		 	
(B)			
(C)			
(D)			
(E)			
_(F)			
(G)			
(1-1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
(3)	_ -		
(4)			
(5)			
(6)		<u> </u>	
(8)		 	
(9)		-	<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			The state of the s
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) INTEREST IN NET ASSETS OF	ENDOWMENT F	UND	23,485,604.
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		00 105 504
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	10.)		23,485,604.
Complete if the organization answered "Yes" or	n Form 990 Part IV lin	e 11e or 11f Son Form 000 Port V line	OE.
(a) Description of liability	17 01111 000, 1 21111, [8]	o The of The Geet of the 350, Talk X, time	(b) Book value
(1) Federal income taxes			(O) DOOK Value
(2) FUNDS HELD FOR RESIDENTS			64,073.
(3) ENDOWMENT ADVANCES			750,000.
(4)			730,000.
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)		814,073.
Liability for uncertain tax positions. In Part XIII, provide the	ne text of the footnote	to the organization's financial statement	ts that reports the
organization's liability for uncertain tax positions under F			

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOU		<u>74-6</u>	026198 Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	7,149,186.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
а	•	2a		
b	1	2b		
C	, , , , , , , , , , , , , , , , , , , ,	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,149,186.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		
а		4a		
b	Other (Describe in Part XIII,)	46 808,365.		
C	Add lines 4a and 4b		4c	808,365.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,957,551.
Pa	T XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	***************************************	1	6,633,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b	Prior year adjustments	2b		
C		2c		
đ		2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	······	3	6,633,100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
а	, , , , , , , , , , , , , , , , , , , ,	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,633,100.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li		i; Part)	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	al information,		
~ ~ 1				
PA.	RT X, LINE 2:			
~=	·			
GA.	AP REQUIRES AN ENTITY TO RECOGNIZE THE FINANC	CIAL STATEMENT	IME	PACT OF A
	DOCUMENTON LINES TO THE PARTY WAS AND THE			
I A.	Y POSITION WHEN IT IS MORE LIKELY THAN NOT THE	HAT THE POSITI	ON W	ILL BE
777	THE THEN HOLD EVENTUE MEAN DOUG EATH GOID			
SU;	STAINED UPON EXAMINATION. BOYS AND GIRLS COUR	NTRY BELIEVES	I'AH'I	ALL
a T /	WITETGAME MAY DOGGETONG VIETTERD DV DOVG AVE	07DI 0 001DI-		
210	SNIFICANT TAX POSITIONS UTILIZED BY BOYS AND	GIRLS COUNTRY	MTT	L MORE
	THE WILLIAM NOW BE CHART THEN WOLLD THE WILLIAM TOWN	1.0 00 000		
րդյ	KELY THAN NOT BE SUSTAINED UPON EXAMINATION.	AS OF SEPTEMB	ER 3	0, 2022,
ΙΉΙ	E TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION	ON BY THE MAJO	R TA	<u> </u>
JUI	RISDICTIONS UNDER THE STATUTE OF LIMITATION A	ARE FROM THE F	ISCA	L YEAR
	10 HODELD (
20.	19 FORWARD (WITH LIMITED EXCEPTIONS). TAX PEN	NALTIES AND IN	TERE	ST, IF_
AN'	, WOULD BE ACCRUED AS INCURRED AND WOULD BE	CLASSIFIED AS	MAN	AGEMENT
	A-11-11-11-11-11-11-11-11-11-11-11-11-11			
ANI	GENERAL EXPENSE IN THE STATEMENT OF ACTIVITY	ries.		
			-	
AS	OF SEPTEMBER 30, 2022, THERE WERE NO ACCRUAI	LS RECORDED FO	R AN	IY ጥልሄ

Schedule D (Form 990) 2021

132054 10-28-21

Schedule D (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC. Part XIII Supplemental Information (continued)	74-6026198 Page 5
CONTINGENCIES.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PPP LOAN FORGIVEN	752,078.
ROYCE G. ROBERTS ESTATE	56,287.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	808,365.
	· · · · · · · · · · · · · · · · · · ·
	

SCHEDULE G (Form 990)

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

Open to Public Inspection

Department of the Treasury

Attach to Form 990 or Form 990-EZ,

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

Name of the organization Employer identification number BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants C Phone solicitations Special fundraising events ☐ In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes U No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralser have custody (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser or control of contributions: organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HERITAGE SPRING (add col. (a) through AWARD DINNERFESTIVAL 1 col. (c)) (event type) (event type) (total number) 2,028,123. 523,758. 117,439. 1 Gross receipts 2,669,320. 529,748. 89,008. 85,444. 704,200. 2 Less: Contributions 1,498,375. 434,750. 31,995. 1,965,120. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 364,248. 50.212. Other direct expenses _____ 21,679. 436,139. 10 Direct expense summary. Add lines 4 through 9 in column (d) 436,139. 11 Net income summary. Subtract line 10 from line 3, column (d) 1,528,981. Part III. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct F 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary, Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **b** If "Yes," explain;

BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Page 2

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	BOYS	AND	GIRLS	COUNTRY	OF HOU	USTON,	INC. 74	<u>1-602619</u>	8 Page 3
11	Does the organization conduct ga									
12	Is the organization a grantor, bene	eficiary or t	rustee d	of a trust, or	a member of a	partnership o	r other entit	y formed		
	to administer charitable gaming?								Yes	☐ No
13	Indicate the percentage of gaming					***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	
	The organization's facility								134	%
	The organization's facility ,,,,,,,		•••••				****************	****************	12h	
b	An outside facility	*************							,, [130]	/0
14	Enter the name and address of th	e person w	mo prej	pares the or	ganization's gai	ning/special e	events book	s and records:		
	Name >									
	Address >									
15a	Does the organization have a con	tract with a	a third p	arty from w	hom the organi	zation receive	es gaming re	venue?	Yes	No No
ь	If "Yes," enter the amount of gam	ing revenu	e receiv	ed by the o	rganization 🕨	\$	a	nd the amount	:	
	of gaming revenue retained by the	e third part	y ▶ \$							
C	If "Yes," enter name and address	of the third	d party:							
	Name									
	Address >									
16	Gaming manager information:									
	Name ▶									
	<u></u>									_
	Gaming manager compensation	▶ \$								
	Description of services provided									
						<u> </u>				
				r						
	Director/officer	Emp	loyee	l	Independe	nt contractor				
	Mandatory distributions:									
ē	Is the organization required unde									
	retain the state gaming license?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	Ye	s L. No
ŀ	Enter the amount of distributions	required u	ınder st	ate law to b	e distributed to	other exempt	t organizatio	ns or spent in	the	
	organization's own exempt activi	ties during	the tax	year 🕨 \$						
Pa	rt IV Supplemental Info	rmation.	Provide	e the explan	ations required	by Part I, line	2b, column	s (iii) and (v); ar	nd Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicabl	e. Also	provide any	additional infor	mation. See ii	nstructions.			
		•			<u> </u>					
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Schedule G	(Form 990) Supplemental Info	BOYS AND	GIRLS	COUNTRY	OF	HOUSTON,	INC.	74-6026198	Page 4
Part IV	Supplemental Info	rmation (continue	eď)			=			
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for the latest information.										
Name of the organizat		GIRLS COU	NTRY OF HOU	STON, INC				Employer identification number 74-6026198			
Part I General In	nformation on Grants a										
1 Does the organiz	zation maintain records	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as:	sistance, and the sele	ction			
criteria used to a	ward the grants or assi	stance?	D111114411241211117417417474					Yes No			
Describe in Part	IV the organization's pr	ocedures for monit	toring the use of grant	funds in the Unite	d States.						
	d Other Assistance to hat received more than					anization answered "	es" on Form 990, Pa	t IV, line 21, for any			
	ddress of organization vemment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	·			-				 			
							<u> </u>	_			
			<u>, </u>								
								·			
2 Enter total numb	er of section 501(o)(3) a	and government or	ganizations listed in th	ne line 1 table		1	1	<u> </u>			
	er of other organization		4 4 1 1								

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

Schedule I (Form 990) 2021

132101 10-26-21

Schedule (Form 990) 2021 BOYS AND GIRLS					74-6026198	Page 2
Part III Can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form !	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
LIVING EXPENSE, BOOKS, EQUIPMENT FEES FOR						
COLLEGE/CAREER RESIDENTS	14	202,288.	. 0.			_
•						
						
			ļ			
Part IV Supplemental Information. Provide the Information rec	quired in Part i, I[r	ne 2; Part III, column	ı (b); and any other a	dditional information.		·
SCHEDULE I, PART III:						
MOST PAYMENTS ARE MADE DIRECTLY TO	VENDORS	, COLLEGE	AND CAREER	STAFF		
STAYS IN CONTACT WITH STUDENT THRO	OUGHOUT T	HE YEAR, S	STUDENT MUS	T PROVIDE		
PROOF OF ENROLLMENT AND COPY OF RE	PORT CAR	D.				
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132102 10-26-21			 -		Schedule I (For	m 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS COUNTRY OF HOUSTON, INC.

Employer identification number 74-6026198

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	; ::::::::::::::::::::::::::::::::::::		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	, , , , , , , , , , , , , , , , , , , ,			
Ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	fizition.	11111111111
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tractions, and difficulting the OEO/Excounts Director, regularing the Refine director of line 14:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	· · · · ·			
	■ Independent compensation consultant Written employment contract ■ Undependent compensation consultant Independent compensation survey or study			
	Through the form 990 of other organizations Through the form 990 of other organizations Through the form 990 of other organizations Through the form 990 of other organization committee			
	Approval by the board of compensation committee			
	During the year did any name of the day of Court Off County A Roy 4 - with year at the 40 -			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
_	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a	X	X
Đ	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	^	- 7
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	A L III MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b	:	Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.]-i		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III	8	L	Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	· ·	1

BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198

Page 2

Schedule J (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198

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

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

Note: The sum of columns (3)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable				reported as deferred on prior Form 990
(1) DURAN, VINCENT	(0)	146,767.	0.	0.	0.	27,700.	174,467.	-0.
EXECUTIVE DIRECTOR	(n)	0.	0.	0.	0.	0.	0.	0.
	(i)							Î .
	[(ii)					_		
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Schedule J (Form 990) 2021

132112 11-02-21

Schedule J (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC.	74-6026198	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Als	so complete this part for any additional informa	tion.
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132113 11-02-21

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Schedule L (Form 990) 2021

Name of the organization Employer identification number BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ______ > \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (a) Name of (c) Purpose (e) Original (f) Balance due (i) Written (g) In by board or from the interested person with organization of loan principal amount agreement? default? organization? committee? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of interested person and assistance assistance assistance the organization

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

TEVE STEPHENS art V Supplemental Information. Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: STEVE D) DESCRIPTION OF TRANSA	STEPHENS	nstructions).	TED PERSONS:	Yes	No X
art V Supplemental Information. Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: STEVE	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	nstructions).			
Provide additional information for res	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS NAME OF PERSON: STEVE	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS NAME OF PERSON: STEVE	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS NAME OF PERSON: STEVE	ponses to questions on Schedule L (see in TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS) NAME OF PERSON: STEVE	TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS NAME OF PERSON: STEVE	TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	PED PERSONS:		
Provide additional information for res H L, PART IV, BUSINESS) NAME OF PERSON: STEVE	TRANSACTIONS INVOLVING STEPHENS	IG INTEREST	FED PERSONS:		
) NAME OF PERSON: STEVE	STEPHENS		PED PERSONS:		
) NAME OF PERSON: STEVE	STEPHENS		TED PERSONS:		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1546-0047

2021

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS COUNTRY OF HOUSTON, INC.

Employer identification number 74-6026198

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR CHILDREN BETWEEN THE AGES OF 5 AND 18 WHO ARE IN CRISIS, PRIMARILY
FROM THE HOUSTON, TX AREA. IT ALSO PROVIDES AFTERCARE AND SCHOLARSHIPS
AS NEEDED FOR POST-HIGH SCHOOL EDUCATION.
FORM 990, PART VI, SECTION A, LINE 2:
MICHAEL GATEWOOD HAS A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
FOR THE TAX YEAR ENDED 09/30/2022, BOYS AND GIRLS COUNTRY OF HOUSTON, INC.
HAS RETAINED HARPER & PEARSON COMPANY, P.C. TO PREPARE THE FORM 990 TAX
RETURN. THE FORM 990 IS REVIEWED BY MANAGEMENT AND THEN BY THE AUDIT AND
FINANCE COMMITTEE PRIOR TO PROVIDING A COPY TO THE BOARD AND SUBMISSION TO
THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
A QUESTIONNAIRE WHICH ASKS BOARD MEMBERS TO DISCLOSE RELATIONSHIPS AND
POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY AND REVIEWED BY THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE
OFFICER. SALARY SCALES ARE COMPARED TO THOSE OF SIMILAR ORGANIZATIONS.
THE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES ARE APPROVED BY THE CHIEF
EXECUTIVE OFFICER. SALARY SCALES ARE COMPARED TO THOSE OF SIMILAR

Schedule O (Form 990) 20	21					Page 2
Name of the organization	BOYS AND	GIRLS COUN	rry of hous	TON, INC.		Employer identification number 74-6026198
ORGANIZATIONS	•			· · ·		
FORM 990, PAR	T VI, SECI	ION C, LIN	E 19:			
THE ORGANIZAT	ION MAKES	GOVERNING 1	DOCUMENTS,	CONFLICT	OF II	NTEREST POLICIES
AND FINANCIAL	STATEMENT	S AVAILABL	E TO THE PU	BLIC UPON	REQ	JEST. THE
ORGANIZATION'	S FINANCIA	L STATEMEN	IS ARE AVAI	LABLE ON	THEI	R WEBSITE AND THE
WEBSITE OF OT	HERS.					
FORM 990, PAR	T XI, LINE	9, CHANGE	S IN NET AS	SSETS:		
NET CHANGE IN	BENEFICIA	L INTEREST	IN ENDOWME	ENT FUND		-3,759,088.
ROYCE G. ROBE	RTS ESTATE	<u> </u>				-56,287.
TOTAL TO FORM	990, PART	XI, LINE	9			-3,815,375.
FORM 990, PAR	T XII, LIN	IE 2C:				
THE ORGANIZAT	ION HAS NO	T CHANGED	ITS OVERSIO	HT PROCES	S OR	SELECTION
PROCESS DURIN	G THE TAX	YEAR ENDED	09/30/2022	2.		
AS OF 1/1/201	8 THE ORGA	NIZATION C	HANGED ITS	TAX YEAR	FROM	DECEMBER 31ST
TO SEPTEMBER	30TH.					
			• • •			
						
	-					· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS COUNTRY OF HOUSTON, INC.

Employer identification number 74-6026198

(a)	(b)	(c)	(d)		(e)		(n)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total Inco	ome E	End-of-year assets				1
								,-	
				Ť					
			į.						
Part II Identification of Related Tax-Exempt Organ organizations during the tax year,	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because	it had one	or more	related tax-exe	ampt	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year. (a) Name, address, and EIN of related organization	izations. Complete if the organization (b) Primary activity	answered "Yes" on Form 99 (o) Legal domicile (state or foreign country)	0, Part IV, line 34, (d) Exempt Code section	Publik status	(e) o charity (if section		(f) ct controlling entity	Section contract) 12(b)(13) rolled ity?
OYS & GIRLS COUNTRY OF HOUSTON ENDOWMENT	(b) Primary activity	(o) Legal domicile (state or	(d) Exempt Code	Publik status	(e) c charity		(f) ct controlling	Section :	offed
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(o) Legal domicile (state or	(d) Exempt Code	Publik status 501	(e) o charity (if section		(f) ct controlling	Section contract	offed ity?
(a) Name, address, and EIN of related organization OYS & GIRLS COUNTRY OF HOUSTON ENDOWMENT - 6-0162538, 18806 ROBERTS ROAD, HOCKLEY, TX	(b) Primary activity SUPPORT BOYS & GIRLS	(o) Legal domicile (state or foreign country)	(d) Exempt Code section	Publik status 501	(e) o charity (if section 1(o)(3))		(f) ct controlling	Section contract	offed ity?
(a) Name, address, and EIN of related organization OYS & GIRLS COUNTRY OF HOUSTON ENDOWMENT - 6-0162538, 18806 ROBERTS ROAD, HOCKLEY, TX	(b) Primary activity SUPPORT BOYS & GIRLS	(o) Legal domicile (state or foreign country)	(d) Exempt Code section	Publik status 501	(e) o charity (if section 1(o)(3))		(f) ct controlling	Section contract	offed ity?
(a) Name, address, and EIN of related organization OYS & GIRLS COUNTRY OF HOUSTON ENDOWMENT - 6-0162538, 18806 ROBERTS ROAD, HOCKLEY, TX	(b) Primary activity SUPPORT BOYS & GIRLS	(o) Legal domicile (state or foreign country)	(d) Exempt Code section	Publik status 501	(e) o charity (if section 1(o)(3))		(f) ct controlling	Section contract	offed ity?

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

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

(a)	(b)	(c)	(d)	(e)	(1)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ertionale Mens?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin partner	Percentage ownership
		country]		sections 512-514)		2 250(0	Yes	No	K-1 (Form 1065)	Yes N	<u></u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	
		- Calley)				<u> </u>	ļ	Yes	No
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Part V Transactions With Related Organizations. Complete if the organization	n answered "Yes" on Form	n 990, Part IV, line 34, 35b, or 3	6,			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transa	actions with one or more re	elated organizations listed in Pa	erts II-IV?	2233		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled				1a	_	Х
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c	Х	\Box
d Loans or loan guarantees to or for related organization(s)				1d		Х
Loans or loan guarantees by related organization(s)				1e	Х	
, and the same and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Dividends from related organization(s)				11		X
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Ì	Х
				1000		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1 Performance of services or membership or fundraising solicitations for related	d organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related	d organization(s)	***************************************		1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related orga	anization(s)			10	Х	\vdash
Sharing of paid employees with related organization(s)				10	Х	
	***************************************				7	1
p Reimbursement paid to related organization(s) for expenses				lp.	Х	
q Reimbursement paid by related organization(s) for expenses				_		X
,		***************************************			2 200	
r Other transfer of cash or property to related organization(s)				1r	X	
s Other transfer of cash or property from related organization(s)				15	1	х
2 If the answer to any of the above is "Yes," see the instructions for information						
(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining amount in	volved		
BOYS AND GIRLS COUNTRY OF HOUSTON		C#F 800				
(1) ENDOWMENT FUND, INC.	С	655,000.				
BOYS AND GIRLS COUNTRY OF HOUSTON	_					
(2) ENDOWMENT FUND, INC.	L	33,000.				
BOYS AND GIRLS COUNTRY OF HOUSTON		1				
(3) ENDOWMENT FUND, INC.	E	750,000.				
BOYS AND GIRLS COUNTRY OF HOUSTON		l l				
(4) ENDOWMENT FUND, INC.	R	22,652.				
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501 (c)(3) orgs.? Yes No	(f) Share of total Income	(g) Share of end-of-year assets	(h) Dispreportienzie zilocaliensi Yess No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1965)	(j) General or mahaging partner? Yes NO	(k) Percentage ownership
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Schedule R (Form 990) 2021 BOYS AND GIRLS COUNTRY OF HOUSTON, INC. 74-6026198 Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
FORM R, PART V
IN SEPTEMBER 2011, BOYS AND GIRLS COUNTRY OF HOUSTON, INC. (BGCH)
ENTERED INTO A SERVICE AGREEMENT WITH BOYS AND GIRLS COUNTRY OF HOUSTON
ENDOWMENT FUND (ENDOWMENT) WHEREBY BGCH PROVIDES FUND RAISING AND OTHER
SERVICES TO THE ENDOWMENT. THE ENDOWMENT REIMBURSES BGCH FOR PAYROLL
AND OTHER COSTS ASSOCIATED WITH THESE FUND RAISING ACTIVITIES. FOR THE
YEARS 9/30/2022 AND 9/30/2021, \$22,652 AND \$0, RESPECTIVELY, WERE
CHARGED TO ENDOWMENT UNDER THIS ARRANGEMENT. IN ADDITION, THE ENDOWMENT
FUND RECEIVED \$33,000 AND \$28,000 OF IN-KIND ACCOUNTING SERVICES FROM
BGCH FOR YEARS 9/30/2022 AND 9/30/2021 RESPECTIVELY.

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