

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
THE BOYS' AND GIRLS' CLUB OF TOPEKA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
550 SE 27TH ST.

City or town, state or province, country, and ZIP or foreign postal code
TOPEKA KS 66605

D Employer identification number
48-0636732

E Telephone number
785-234-5601

G Gross receipts \$ **4,492,132**

F Name and address of principal officer:
DAWN MCWILLIAMS
550 SE 27TH ST
TOPEKA KS 66605

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BGCTOPEKA.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1956** **M** State of legal domicile: **KS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	22
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	143
	6 Total number of volunteers (estimate if necessary)		6	218
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	3,318,155	Current Year 3,615,440
	9 Program service revenue (Part VIII, line 2g)		785,114	874,095
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,582	2,597
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,105,851	4,492,132
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,089,042	2,283,421
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) 157,475			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,237,586	1,000,860
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,326,628	3,284,281	
19 Revenue less expenses. Subtract line 18 from line 12		779,223	1,207,851	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	9,791,016	End of Year 11,646,003
	21 Total liabilities (Part X, line 26)		492,627	797,189
	22 Net assets or fund balances. Subtract line 21 from line 20		9,298,389	10,848,814

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **DAWN MCWILLIAMS** Date: _____

CHIEF EXEC OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **SCOTT D. LAKE** Preparer's signature: **SCOTT D. LAKE** Date: **09/25/24** Check if self-employed PTIN: **P01079467**

Firm's name: **SINK GORDON ACCOUNTANTS & ADVISORS, LLP** Firm's EIN: **48-0787299**

Firm's address: **1960 KIMBALL AVE # 400 MANHATTAN, KS 66502** Phone no.: **785-537-0190**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.