(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for each	return

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identificatio	n number (TIN)
print	NORTH PENN VALLEY BOYS AND	GIRL	S CLUB	23-7164617		
File by the due date for filing your return. See DOB DOX 103						
instruction		oreign add	lress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation)	07				
	ROBERT KREAMER					
 If the If this box 1 Ir th th 	bhone No. ► 215-855-7791 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization request a calendar year 2022 or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEI anization's	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file s return for: d ending	f this is fo f all memb	r the whole <u>g</u> ners the exten npt organizat 	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					•
_	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•				0
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Cautior instruct	If you are going to make an electronic funds withdrawal ions.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879	9-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Provide an endated business texable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 11,857,810. 3,380,407. 9 Program service revenue (Part VIII, line 2g) 5,390. 98,000. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,205. -210,999. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,256. -3,316. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 21,525.	Α	For th	e 2022 calendar year, or tax year beginning and	ending	_				
Doing business as 23-71646617 Number and street (or P.0. box if mall is not delivered to street address) Room/suite E Telephone number PO BOX 103 City or town, state or province, country, and ZIP or foreign postal code Gross-receipts 6 13,550,566. LANSDALE, PA 19446 File File File Yes X No I Tax-exempt status: IX 3010(x) 501(c)() (insert no.) 4947(a)(1) or 527 Yes X No Website: NVCLUB.ORG Trust Association Other L Veer of tormation: 1967/10 K State of legal domicile: PA Part I Summary Summary I Briefly describe the organization ission or most significant activities: TO INSPIRE AND ENABLE ALL YOUNG 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 111 4 Number of voting members of the governing body (Part VI, line 1a) 3 4 11 5 6 93 11 6 93 7 Total number of voting members of the governing body (Part VI, line 1a) 3 , 38.0, 407. 7 0. 5 6 <th>В</th> <td>Check if applicat</td> <td>le: C Name of organization</td> <td></td> <td>D Employer identific</td> <td>cation number</td>	В	Check if applicat	le: C Name of organization		D Employer identific	cation number			
Image: Second		Addr chan	NORTH PENN VALLEY BOYS AND GIRLS CLUB						
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J Website: NPVCLUB.ORG H(c) Group exemption number K Form of organization: Trust Association Other L Year of formation: 1967 M State of legal domicile: PA Part II Summary Summary Mistate of legal domicile: PA I Briefly describe the organization's mission or most significant activities: TO INSPIRE AND ENABLE ALL YOUNG PEOPLE ESPECTALLY THOSE WHO NEED Most TO REALIZE THEIR FULLEST 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 11 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 11 4 11 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 88 6 973 7 Total number of individuals employed in calendar year 2022 (Part V, line 1a) Prior Year Current Year 7 Total number of individuals employed in calendar year 2022 (Part V, line 12) 17 8 8 8 9 Program service revenue (Part VIII, column RO: Ine			SAME AS C ABOVE		H(b) Are all subordinates in	Included? Yes No			
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10, 256. -3, 316. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11, 882, 661. 3, 264, 092. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 21, 525. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 909, 472. 1, 186, 212. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 128, 021. 10, 472, 683. 1, 797, 106. 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10, 472, 683. 1, 466, 986. 19 Revenue less expenses. Subtract line 18 from line 12 10, 472, 683. 15, 905, 154. 20 Total assets (Part X, line 16) 14, 403, 643. 15, 905, 154. 21 Total liabilities (Part X, line 26) 184, 721. 219, 246. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 218, 922. 15, 685, 908. <th>ň</th> <td>9</td> <td></td> <td></td> <td>5,390.</td> <td>98,000.</td>	ň	9			5,390.	98,000.			
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.21,525. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 909,472.1,186,212. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. 17 Other expenses (Part IX, column (A), line 25) 128,021. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,409,978.1,797,106. 19 Revenue less expenses. Subtract line 18 from line 12 10,472,683.1,466,986. 20 Total assets (Part X, line 16) 14,403,643.15,905,154. 21 Total liabilities (Part X, line 26) 14,218,922.15,685,908. 22 Net assets or fund balances. Subtract line 21 from line 20 14,218,922.15,685,908.	Œ	11							
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11 Definite pair is of the number (number) (num) (number) (number) (number) (number) (number) (number		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		• •	21,525.			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 128,021. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 500,506. 589,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,409,978. 1,797,106. 19 Revenue less expenses. Subtract line 18 from line 12 10,472,683. 1,466,986. 20 Total assets (Part X, line 16) 14,403,643. 15,905,154. 21 Total liabilities (Part X, line 26) 184,721. 219,246. 22 Net assets or fund balances. Subtract line 21 from line 20 14,218,922. 15,685,908.		14	Benefits paid to or for members (Part IX, column (A), line 4)		-	0.			
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TT-24e) 1300, 300. 300, 300. 300, 300. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,409,978. 1,797,106. 19 Revenue less expenses. Subtract line 18 from line 12 10,472,683. 1,466,986. 20 Total assets (Part X, line 16) 14,403,643. 15,905,154. 21 Total liabilities (Part X, line 26) 184,721. 219,246. 22 Net assets or fund balances. Subtract line 21 from line 20 14,218,922. 15,685,908.	es	15							
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	Bala	20		······					
	let A	21							
					14,410,944.	13,005,908.			

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	Signature of officer		Date						
-	ROBERT K. KREAMER, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	KARIN J. HONEYBONE	KARIN J. HONEYBONE	06/13/23 ^{if} self-employed P0093						
Preparer	Firm's name DUNLAPSLK , PC		Firm's EIN 23-30185	14					
Use Only	Firm's address 1300 HORIZON DRIV								
	CHALFONT, PA 1891	L 4	Phone no. 267 – 594 – 3	755					
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No								
232001 12-1	J2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) NORTH PENN VALLEY BOYS AND GIRLS CLUB 23-7164617 Page 2
Pa	t 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 INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US
	MOST, TO REALIZE THEIR FULLEST POTENTIAL AS PRODUCTIVE, CARING,
	RESPONSIBLE CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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 \$ 622,633. including grants of \$) (Revenue \$)
	PROJECT LEARN IS OUR FREE, FORMALIZED HOMEWORK ASSISTANCE PROGRAM
	OFFERED TO 153 LOW-INCOME STUDENTS EACH DAY AFTER SCHOOL FROM SEPTEMBER
	THROUGH JUNE. THE PROGRAM IS ADMINISTERED IN CLASSROOMS AT OUR (3) MAIN
	CLUBHOUSES IN LANSDALE, SOUDERTON, AND AMBLER. THREE SCHOOL DISTRICTS-
	NORTH PENN, SOUDERTON, AND WISSAHICKON-PARTNER WITH US ON PROJECT LEARN. THE DISTRICTS IDENTIFY, SELECT, AND TRANSPORT STUDENTS TO US
	DAILY AS WELL AS SHARE CRITICAL INFORMATION TO HELP US ASSIST EACH
	STUDENT THAT INCLUDES REPORT CARD GRADES AND READING BENCHMARK SCORES.
	PROJECT LEARN HAS BEEN AWARDED THE PENNSYLVANIA STATEWIDE YOUTH
	DEVELOPMENT AWARD. ALL STUDENTS WILL BE LOW-INCOME AND RECEIVED FREE OR
	REDUCED-COST LUNCH. DURING THE PANDEMIC, ACADEMIC HELP AND KEEPING
	CHILDREN HEALTHY WERE THE FOCUS OF OUR PROGRAM.
4b	(Code:) (Expenses \$ 163,687. including grants of \$ 14,925.) (Revenue \$ 98,000.)
	SUMMER DAY CAMP IS AN 8-WEEK SUMMER PROGRAM THAT OFFERS AN AFFORDABLE
	OPTION FOR FAMILIES, AND A SAFE AS WELL AS SUPERVISED OPTION FOR
	CHILDREN AGES 6-12 YEARS DURING THE SUMMER MONTHS. WE ANNUALLY PROVIDE MORE THAN 100 SCHOLARSHIPS FOR CHILDREN FROM LOW-INCOME HOUSEHOLDS. OUR
	SUMMER CAMP STRATEGICALLY ENGAGES CHILDREN IN DISCOVERING NEW INTERESTS
	AND EXPRESSING THEIR CREATIVITY. CAMP PROVIDES BOTH A FUN SUMMER AND
	CONTINUED LEARNING, SO THAT CAMPERS RETURN TO SCHOOL READY FOR ACADEMIC
	CHALLENGES. THEME WEEKS, TRIPS, AND CONTESTS ARE HELD THROUGHOUT THE SUMMER TO KEEP OUR CHILDREN EXCITED TO ATTEND CAMP EACH DAY.
	DOMMER TO REEL OOK CHILDREN EXCITED TO ATTEND CAMI EACH DAT.
4c	(Code:) (Expenses \$ 626,555. including grants of \$ 6,600.) (Revenue \$ 43,342.)
	OUR ORGANIZATION OFFERS ADDITIONAL PROGRAM ACTIVITIES TO THE CHILDREN
	WE SERVE ANNUALLY. THESE PROGRAMS ARE TYPICALLY SMALL-GROUP INSTRUCTION
	IN FIVE CORE AREAS: EDUCATION & CAREER DEVELOPMENT, CHARACTER &
	LEADERSHIP DEVELOPMENT, HEALTH & LIFE SKILLS, THE ARTS, AND
	FITNESS/SPORTS AND RECREATION. THESE PROGRAMS ARE CRITICALLY IMPORTANT
	TO THE CHILDREN AND TEENS WE SERVE, AND ALLOW THEM TO EXPLORE THEIR
	INTERESTS IN DIVERSE ACTIVITIES. WHETHER THEY LEARN COOKING,
	PHOTOGRAPHY, OR INTERVIEW SKILLS, WE OFFER IMPORTANT OPPORTUNITIES FOR
	OUR CLUB MEMBERS. DUE TO THE COVID-19 PANDEMIC, PROGRAMS WERE NOT
	FORMALLY RUN LIKE IN PRIOR YEARS. HOWEVER, WITH THE HELP OF AN EITC
	GRANT, WE WERE ABLE TO PROVIDE PROGRAMS FOR OUR HOMEWORK ROOM
	PARTICIPANTS. THESE PROGRAMS FOCUSED ON ART, SCIENCE, MUSIC, AND
14	Other program services (Describe on Schedule O.)
40	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,412,875.
-+0	Form 990 (2022)
23200	SEE SCHEDULE O FOR CONTINUATION(S)

Form	990	(2022)
	330	

			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	X	
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	-		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	•		х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	-	
b	o i	11b		х
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	arr		- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	TIC		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
~	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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)	NORTH	PENN	VALLEY
Part IV	Checklist	of Required S	chedule	es (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I. Dout I	25b		x
06	,	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
v	"Yes," complete Schedule L, Part IV	28c		x
00		200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31				v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c		

022)	NORTH	PENN	VALLEY	BOYS	AND	GIRLS	CLUB
Statements	Regarding	Other I	RS Filings	and Tax	Com	oliance (co	ontinued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 88							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X X				
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X				
g								
h								
8								
•	sponsoring organization have excess business holdings at any time during the year?							
	9 Sponsoring organizations maintaining donor advised funds.							
	a Did the sponsoring organization make any taxable distributions under section 4966?							
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
~	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-7						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2022)

Part V

NORTH PENN VALLEY BOYS AND GIRLS CLUB

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

X

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.

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	11			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		X
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?	L	3		Х
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?	L	5		Х
6	Did the organization have members or stockholders?	L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	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	Х	
b	Each committee with authority to act on behalf of the governing body?	L	8b	Х	
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.)				
		г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		Х
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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	?	11a	Х	
b				37	
12a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	L	12b	Х	
С				v	
	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	Х	
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?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
<u></u>	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA	.)(O) -	a va lu v		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	J(J)S	only	availa	aule
	for public inspection. Indicate how you made these available. Check all that apply.				
40	X Own website 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,	, and	tinar	icial	
00	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT KREAMER, CEO - $215-855-7791$				
	16 SUSQUEHANNA AVENUE, LANSDALE, PA 19446				

Part VII	Co	mpensation of Offi	icers, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Indep	pendent Contra	ctors			

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

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per week			ss pe nd a d				compensation from	compensation from related	amount of other
	(list any	ctor					Ē	the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	istee o	trustee		e	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com /ee	Ι.	1099-NEC)		and related organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT KREAMER	40.00	-	_		-					
CEO				Х				143,045.	0.	22,277.
(2) DANIELLE BRIDGE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(3) ROBERT CAPPS	4.00									_
BOARD MEMBER		X						0.	0.	0.
(4) JAMES CRISFIELD	4.00	.,							0	0
BOARD MEMBER	4 00	X						0.	0.	0.
(5) DAVID JAQUETTE	4.00	x						0.	0.	0.
BOARD MEMBER (6) TONY MAURIELLO	4.00	^						0.	0.	0.
BOARD MEMBER	4.00	x						0.	0.	0.
(7) BOB MORRIS	4.00							0.	••	
BOARD MEMBER		x						0.	0.	0.
(8) PHYLIIS MANN	4.00									
BOARD MEMBER		x						0.	0.	0.
(9) BLAIR RUSH	8.00									
PRESIDENT		X		Х				0.	0.	0.
(10) PHIL JANKE	4.00									
VICE PRESIDENT		X						0.	0.	0.
(11) MIKE DINUNZIO	8.00									
SECRETARY		X		X				0.	0.	0.
(12) JIM ANDERS	8.00	.,								0
TREASURER		X		X				0.	0.	0.
		-								
		1								

		PENN VALLE	ΞY	BO	YS	S Al	ND	GIRLS CLUB	23-716	4617	Page 8
Part	VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	d Higł	hest (Compensated Employe	ees (continued)		
	(A)	(B)		-	(C			(D)	(E)		(F)
	Name and title	Average	(do			i tion more th	an one	Reportable	Reportable	Esti	mated
		hours per	box,	unles	s per		both an		compensation		ount of
		week (list any				I ECIOI/I	l usiee)	from	from related		ther
		hours for	Individual trustee or director					the organization	organizations (W-2/1099-MISC/		ensation m the
		related	e or d	tee		sated		(W-2/1099-MISC/	1099-NEC)		nization
		organizations	truste	al trus		/ee mper		1099-NEC)	10001120)	Ű,	related
		below	idual	Institutional trustee	5	mplo; est co	oyee er	,			izations
		line)	Indiv	Instit	Officer	Key employee Highest compe	Former				
				$ \square $		\square				_	
						\square	_				
										<u> </u>	
					_						
1h 9	Subtotal							143,045.	. 0	. 22	,277.
c 1	otal from continuation sheets to Pa	art VII. Section A		•••••				0,	0		0.
	otal (add lines 1b and 1c)							143,045.	. 0	. 22	,277.
	otal number of individuals (including										
	ompensation from the organization					,			<i>,</i>		1
										۲	res No
3 [Did the organization list any former of	ficer, director, truste	ee, k	key e	mpl	oyee,	or hig	ghest compensated em	ployee on		
li	ne 1a? If "Yes," complete Schedule J	for such individual								3	Х
4 F	or any individual listed on line 1a, is t	he sum of reportabl	le co	mpe	ensa	ation a	and ot	ther compensation from	the organization		
a	nd related organizations greater than	\$150,000? If "Yes,	" coi	mple	te S	Sched	lule J i	for such individual		4	X
5 [Did any person listed on line 1a receive	e or accrue comper	nsati	ion fr	rom	any u	unrelat	ted organization or indiv	vidual for services		
	endered to the organization? If "Yes,"	complete Schedule	e J fe	or su	ich j	oerso	n			5	X
	on B. Independent Contractors										
	Complete this table for your five highe	-	-							nsation fro	m
t	he organization. Report compensation		ear e	endir	ng w	/ith or	r withi		year.	(0)	
	(A) Name and busi		NC	ONE	•			(B) Description of	services	(C) Compens	
			110		-						
					_						
2 T	otal number of independent contract	ors (including but n	ot lir	nited	d to	those	e listed	d above) who received	more than		
	100,000 of compensation from the o					0					

	Charle if Cahadula O	conto	ine a roona	nee	or note to any lin	a in this Dart \/!!!			
	Check if Schedule O	conta	ans a respo	nse	or note to any lin	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excl
1 a	Federated campaigns		1a		3,922.				
	Membership dues				14,725.				
c	Fundraising events				100,200.				
d	Related organizations				,				
е	Government grants (cont								
f	All other contributions, gifts,								
	similar amounts not included				3,261,560.				
a	Noncash contributions included ir								
h	Total. Add lines 1a-1f					3,380,407.			
					Business Code	, ,			
2 a	PROGRAM INCOME				900099	98,000.	98,000.		
b						,	,		
c									
d									
2 a b c d e									
f	All other program service	rever	านe						
g	Total. Add lines 2a-2f					98,000.			
3	Investment income (inclue								
	other similar amounts)	-				24,846.			24,
4	Income from investment								
5	Royalties								
			(i) Real		(ii) Personal				
6 a	Gross rents	6a							
	Less: rental expenses	6b							
	Rental income or (loss)	6c							
	Net rental income or (loss	s)							
	Gross amount from sales of		(i) Securiti		(ii) Other				
	assets other than inventory	7a	10,003,9	971.					
b	Less: cost or other basis								
	and sales expenses	7b	10,220,6	522.	19,194.				
c	Gain or (loss)								
d	Net gain or (loss)					-235,845.			-235,
	Gross income from fundraisi								
	including \$	100,	200. of						
	contributions reported on	line [·]	1c). See						
	Part IV, line 18			8a	0.				
b	Less: direct expenses			8b	46,658.				
	Net income or (loss) from			nts		-46,658.			-46,
	Gross income from gamin								
	Part IV, line 19			9a					
b	Less: direct expenses			9b					
	Net income or (loss) from			<u> </u>					
	Gross sales of inventory,								
1	and allowances			10a					
b	Less: cost of goods sold			10b					
	Net income or (loss) from			y	<u></u>				
					Business Code				
11 a	MISCELLANEOUS INCOM	Έ			900099	43,342.	43,342.		
b									
c									
11 a b c d	All other revenue								
l e	Total. Add lines 11a-11d					43,342.			
						3,264,092.	141,342.		-257,

NORTH PENN VALLEY BOYS AND GIRLS CLUB

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	10141 0Apor1303	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	01 505	21 525		
	individuals. See Part IV, line 22	21,525.	21,525.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	176 264	24 569	115 256	26 440
	trustees, and key employees	176,264.	34,568.	115,256.	26,440
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	817,372.	666,248.	88,402.	<u> </u>
	Other salaries and wages	01/,3/2.	000,240.	00,402.	62,722
	Pension plan accruals and contributions (include	34,541.	16,769.	10 667	7 105
	section 401(k) and 403(b) employer contributions)	<u> </u>	52,133.	10,667.	7,105 14,927
	Other employee benefits	73,150.	60,616.	17,825. 7,211.	5,323
	Payroll taxes	75,150.	00,010.	/, ᠘⊥⊥•	5,545
	Fees for services (nonemployees):				
	Management				
	Legal	19,387.	19,387.		
		19,307.	19,307.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	13,397.	11,757.	820.	820
	column (A), amount, list line 11g expenses on Sch 0.)	13,397.	11,137.	020.	020
	Advertising and promotion	16,713.	15,877.	418.	418
	Office expenses	10,713.	13,077.	410.	410
	Information technology				
	Royalties	181,777.	175,383.	3,197.	3,197
		13,362.	5,345.	6,681.	1,336
		13,302.	5,545.	0,001.	1,550
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,552.	1,552.		
	Interest Payments to affiliates	±,334•	±,552•		
		154,517.	146,791.	3,863.	3,863
	Depreciation, depletion, and amortization	74,801.	71,061.	1,870.	1,870
	Other expenses. Itemize expenses not covered	74,0010	/1,001•	1,070.	1,070
	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 0.) PROGRAM EXPENSES	79,540.	79,540.		
	AWARDS	19,540.	19,540.		
		9,725.	9,725.		
	MEMBERSHIP DUES				
•	MISCELLANEOUS EXPENSES	5,492.	5,492.		
	All other expenses	1 707 106	1 110 075	256 210	100 001
	Total functional expenses. Add lines 1 through 24e	1,797,106.	1,412,875.	256,210.	128,021
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202)

NORTH PENN VALLEY BOYS AND GIRLS CLU	NORTH	PENN	N VALLEY	BOYS	AND	GIRLS	CLUE
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i ui	L.X.						
		Check if Schedule O contains a response or not	e to any	line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			93,191.	1	1,028,391.
	2	Savings and temporary cash investments			2,153,776.	2	12,178,335.
	3	Pledges and grants receivable, net			10,000,000.	3	458,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			6,326.	9	5,916.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,619,053. 2,713,079.			
	b	Less: accumulated depreciation	10b	2,713,079.	2,150,350.	10c	1,905,974.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	328,538.
	16	Total assets. Add lines 1 through 15 (must equa			14,403,643.	16	15,905,154.
	17	Accounts payable and accrued expenses			33,785.	17	35,723.
	18	Grants payable			18		
	19	Deferred revenue		19	17,327.		
	20				20		
	21	Escrow or custodial account liability. Complete I	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	ns		22	
-	23	Secured mortgages and notes payable to unrela	ated thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			150,936.	25	166,196.
	26				184,721.	26	219,246.
s		Organizations that follow FASB ASC 958, che	eck here	X			
nce		and complete lines 27, 28, 32, and 33.			4 001 202		
ala	27			······	4,081,322. 10,137,600.	27	5,727,533. 9,958,375.
d B	28	Net assets with donor restrictions			10,137,600.	28	9,958,3/5.
un-		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec		F		30	
≥t A	31	Retained earnings, endowment, accumulated in			14 010 000	31	
ž	32	Total net assets or fund balances			14,218,922.	32	15,685,908.
	33	Total liabilities and net assets/fund balances			14,403,643.	33	15,905,154.
							Form 990 (2022)

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	990 (2022) NORTH PENN VALLEY BOYS AND GIRLS CLUB	23-	-7164	617	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,79		
3	Revenue less expenses. Subtract line 2 from line 1	3		,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,21	8,9	22.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15	,68	5,9	08.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

Department of the Treasury

(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Intern	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection										
Nan	ne of t	he organizati				~	~ ~ ~ ~ ~	_		identification number	
Do	rt I	Baaaan			LEY BOYS AND					3-7164617	
					(All organizations must c				ns.		
	organ		•		(For lines 1 through 12, c	•	,				
1	\square				on of churches describe		on 170(b)(*	1)(A)(I).			
2	\square				Attach Schedule E (Forn						
3	\square	•	•		anization described in s e					Ale a la cara de Danse anos	
4				ation operated in co	njunction with a hospita	described	a in sectio	n 170(a)(1)(A	.)(III). Enter	the hospital's name,	
5		city, and stat	-	or the bonefit of a co	llege or university owned	d or opora	tod by a a	ovornmontal	unit doscrik	ood in	
5					liege of university owned	u or opera	lieu by a g	oveninentai			
6		 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 									
6 7	T				intial part of its support f				the general	nublic described in	
'					initial part of its support i	rom a yov	ennentai		ule general	public described in	
8				complete Part II.)	(1)(A)(vi). (Complete Par	+ 11 \					
9	H				in section 170(b)(1)(A)		ed in coniu	inction with a	land-grant	college	
3					ulture (see instructions).						
		university:		grant conege of agric			name, or	y, and state c	i the colleg		
10			ion that norma	ally receives (1) more	than 33 1/3% of its sup	nort from	contributio	ons members	hin fees a	nd aross receipts from	
					ct to certain exceptions;						
					(less section 511 tax) fr					-	
				mplete Part III.)			0000 0040		gamzation		
11				,	ively to test for public sa	afety. See	section 50)9(a)(4).			
12		•	-	-	ively for the benefit of, to	•			arrv out the	e purposes of one or	
		-	-	-	ed in section 509(a)(1) o	-			-		
					of supporting organizatio						
а		7			supervised, or controlled					/ giving	
					gularly appoint or elect a						
				complete Part IV, Se							
b		7			d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d] Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)	
		that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	V .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III		
		functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number	of supported	organizations							
g			-	n about the supporte							
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	Istructions)	support (see instructions)	

Schedule A (Form 990) 2022 NORTH PENN VALLEY BOYS AND GIRLS CLUB 23-7164617 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,032,148.	1,967,338.	1,506,253.	11,857,810.	3,411,407.	20,774,956.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2,032,148.	1,967,338.	1,506,253.	11,857,810.	3,411,407.	20,774,956.			
	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)									
6	Public support. Subtract line 5 from line 4.						20,774,956.			
	ction B. Total Support						,,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	2,032,148.	1,967,338.	1,506,253.	11,857,810.	3,411,407.	20,774,956.			
	Gross income from interest,				, ,	, , ,				
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	3,364.	16,762.	9,854.	3,205.	24,846.	58,031.			
٥	Net income from unrelated business	5,5010	10,7020	5,0510	572050	21/0100	50,0510			
9	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital			9,389.	16,256.	43,234.	68,879.			
	assets (Explain in Part VI.)			9,309.	10,230.	45,2540	20,901,866.			
	Total support. Add lines 7 through 10						20,901,800.			
	Gross receipts from related activities,	-								
13	First 5 years. If the Form 990 is for th	-								
500	organization, check this box and stop ction C. Computation of Publ		contago							
-				olumn (f))		14	99.39 %			
	Public support percentage for 2022 (I					14	00 00			
	Public support percentage from 2021					15	,-			
108	33 1/3% support test - 2022. If the c									
la la	stop here. The organization qualifies									
U.	33 1/3% support test - 2021. If the c									
47-	and stop here. The organization qual									
1/a	10% -facts-and-circumstances test									
	and if the organization meets the fact			-		-				
-	meets the facts and circumstances te	-		• • • •	-					
b	10% -facts-and-circumstances tes	-					10% or			
	more, and if the organization meets th				-					
	organization meets the facts-and-circu									
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 NORTH PENN VALLEY BOYS AND GIRLS CLUB 23-7164617 Page 3 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		ivet econol thind	for white on fifth tory		<u> </u>	
14	First 5 years. If the Form 990 is for the	-			-		
50	check this box and stop here						<u></u>
	Public support percentage for 2022 (column (f)		15	0/
						15	%
<u>16</u> Se	Public support percentage from 2021 ction D. Computation of Inve						%
	-		-			17	0/
	Investment income percentage for 20						%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	•			•		
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t	ms box and see in	Istructions	L

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

23-7164617 Page 5 NORTH PENN VALLEY BOYS AND GIRLS CLUB Schedule A (Form 990) 2022 Part IV Supporting ationa

Fait	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c /	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
(detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			

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.	
2	Did the organization operate for the henefit of any supported organization other than the supported	Г

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type if Supporting	Organizations	

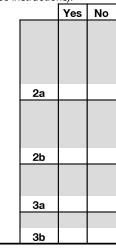
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations	

			res	UNU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



Yes No

1

2

Schedule A	(Form 990)) 2022
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NORTH PENN VALLEY BOYS AND GIRLS CLUB

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions).

7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022

Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Secti	ection E - Distribution Allocations (see instructions) (i) (ii) Pre-2022				(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

	(Form 000) 2022	NORTH	PENN	VALLEY	BOVS	ΔND	GTRI.S	CLUB	23-7164617	
Part VI	Section D, lines 5, 6, and (Section D, lines 1).	mation. Pro 2, 3b, 3c, 4b lines 2 and 3;	ovide the , 4c, 5a, Part IV, S	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	required by 11a, 11b, a s 1c, 2a, 2t	Part II, nd 11c; o, 3a, an	line 10; Par Part IV, Seo d 3b; Part \	t II, line 17a o ction B, lines ⁻ /, line 1; Part \	r 17b; Part III, line 12; 1 and 2; Part IV, Secti V, Section B, line 1e; F	on C,
	(See instructions.)									

(Form	990)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NORTH PENN VALLEY E			23-7164617
Pa			imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	96.		
		(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 w	riting that the assets hel	d in donor advised fu	inds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	/ other purpose confe	erring
	impermissible private benefit?			Yes 🗌 No
Pa	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hist	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	tion in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	-		2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enf	orcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements f	that describes the
	organization's accounting for conservation easements.	<u> </u>		
Pa			asures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form S			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for publ	, , ,		ance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial gain	n, provide
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2022

	dule D (Form 990) 2022 NORTH P t III Organizations Maintaining C	ENN VALLEY								7 Page 2			
3	Using the organization's acquisition, access												
Ū	collection items (check all that apply):			carly of the	iono ming the		grinioarit						
а	Public exhibition	c	ı 🗆 I	Loan or excl	hange progra	am							
b	Scholarly research	e			0.0								
с	Preservation for future generations												
4	Provide a description of the organization's c	ollections and explai	in how th	ney further th	he organizati	on's exen	npt purpo	ose in Par	t XIII.				
5													
	to be sold to raise funds rather than to be m	aintained as part of	the orgai	nization's co	ollection?				Yes	🗌 No			
Par	t IV Escrow and Custodial Arran								line 9, or				
	reported an amount on Form 990, Pa	rt X, line 21.											
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	is or other as	sets not i	included		-				
	on Form 990, Part X?							L	Yes	└── No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:			·						
									Amount				
	Beginning balance												
	Additions during the year												
е	Distributions during the year												
f	Ending balance												
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes	No			
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								<u></u>				
1 0		(a) Current year		rior year	(c) Two year			ears hack	(a) Four	vears hack			
10	Designing of year balance	(a) ourrent year		nor year						youro buon			
	Beginning of year balance												
	Contributions												
	Grants or scholarships												
	Other expenditures for facilities												
e													
f	and programsAdministrative expenses												
	End of year balance												
2	Provide the estimated percentage of the cur		ce (line 1)	a, column (a	a)) held as:								
	Board designated or quasi-endowment		%	9, 00.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Permanent endowment	%											
с	Term endowment	%											
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.											
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne						
	organization by:									Yes No			
	(i) Unrelated organizations								3a(i)				
	(ii) Related organizations								3a(ii)				
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b				
4	Describe in Part XIII the intended uses of the		owment	funds.									
Par	t VI Land, Buildings, and Equipm												
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV										
	Description of property	(a) Cost or c		.,	or other	• •	cumulate	ed	(d) Book	k value			
		basis (investr	nent)	basis	(otner)	dep	reciation						
	Land			<u> </u>	0 00E	1 7		16	1 101				
	Buildings				8,095.		307,5 332,4),550.			
	Leasehold improvements				2,442. 6,230.		08,7			9,993. 7,515.			
	Equipment				2,286.		.64,3			7,916.			
	Other		X ochur		-					5,974.			
IUId	. Aud mies la unough le. (Oolunnin (u) must e	yuan onn 330, Mart	л, сошн	ו שווו , נשן ווופ ו					-, - 0 -	· / · / = •			

Schedule D (Form 990) 2022

) (Form 990) 2022			VALLEY	BOYS	AND	GIRLS	CLUB	23-7164617 Page 3
Part VII									
	Complete if the orga					ne 11b.			
(a) Descrip	otion of security or categ	Ory (including name	e of security)	(b) Boo	ok value		(c) Method of	of valuation: Co	st or end-of-year market value
(1) Financi	al derivatives								
(2) Closely	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
<u>(H)</u>						_			
	b) must equal Form 990								
Part VII	Investments - I	•					0 5 0		
	Complete if the orga		ered "Yes						
	(a) Description of	Investment		(b) Boo	ok value		(C) Method (of valuation: Co	st or end-of-year market value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)				-					
(8)									
(9)									
Part IX	b) must equal Form 990 Other Assets.	, Part X, col. (B)	ine 13.)						
Failin	Complete if the orga	poization anow	orod "Voo	an Form 000	Dort IV li	no 11d	Soo Form Of	00 Dort V line	15
		anzation answ		Description	, Fait IV, II		. See I onn 3	50, Fait A, iiile	(b) Book value
(4)			(a)	Description					
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)	ımn (b) must equal Fo	rm 990 Part X	col (B) lir	ne 15)					
Part X	Other Liabilitie		001. (D) 11	10 101/					
	Complete if the orga		ered "Yes	" on Form 990	. Part IV. li	ne 11e	or 11f. See F	orm 990, Part)	K line 25
1.		scription of liab			,,.				(b) Book value
	deral income taxes		·····)						(,
	INANCE LEAS	E LIABII	TTY						140,822.
	PERATING LE			7					25,374.
(4)				-					
(5)									
(6)									
(7)									
(7)									
(9)									
· · ·	ımn (b) must equal Fo	rm 990 Part Y	col (R) lin	ne 25)					166,196.
									ements that reports the
-	-						-		been provided in Part XIII X
	action o nationaly for dric	on can ran posi	unut			1000		is issuincte nas	

23-7164617 Page 3

-	dule D (Form 990) 2022 NORTH PENN VALLEY BOYS AND			-	/16461/ Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	3,289,225.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	46,658.	,	
е	Add lines 2a through 2d			2e	46,658.
3	Subtract line 2e from line 1			3	3,242,567.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	21,525.	,	
~	Add lines 4a and 4b			4c	21,525.
C					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,264,092.
	t XII Reconciliation of Expenses per Audited Financial Statem	nents With			
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With	n Expenses per		irn.
	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	n Expenses per		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With	n Expenses per	Retu	irn.
Pa 1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With	n Expenses per	Retu	irn.
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 2a	n Expenses per	Retu	irn.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	n Expenses per	r Retu	irn.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	n Expenses per	r Retu	ırn.
Pa 1 2 a b c	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	n Expenses per 46 , 658 .	r Retu	rn. <u>1,822,239</u> . 46,658.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 Expenses per 46 , 658 .		ırn.
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other value Other value Other value	2a 2b 2c 2d	1 Expenses per 46 , 658 .	1 2e	rn. <u>1,822,239</u> . 46,658.
Pa 1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1 Expenses per 46 , 658 .	Petu 1 2e 3	rn. <u>1,822,239</u> . 46,658.
Pa 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1 Expenses per 46 , 658 .	Petu 1 2e 3	rn. 1,822,239. 46,658. 1,775,581.
Pa 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other statement Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1 Expenses per 46,658.	Petu 1 2e 3	rn. <u>1,822,239</u> . <u>46,658</u> . <u>1,775,581</u> . 21,525.
Pa 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per 46,658. 21,525.	Petu 1 2e 3	rn. 1,822,239. 46,658. 1,775,581.
Pa 1 2 4 6 3 4 8 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	1 Expenses per 46,658. 21,525.	Retu 1 2e 3 4c	rn. <u>1,822,239</u> . <u>46,658</u> . <u>1,775,581</u> . 21,525.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN THE CURRENT OR PRIOR YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

46,658.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022	NORTH PENN	VALLEY	BOYS	AND	GIRLS	CLUB	23-7164617	Page 5
Part XIII Supplemental Inf								
SCHOLARSHIPS TO IN	NDIVIDUALS						21,	525.
PART XII, LINE 2D	- OTHER ADJU	STMENTS	:					
SPECIAL EVENT EXPE	ENSE						46,	658.
PART XII, LINE 4B		STMENTS	:					
SCHOLARSHIPS TO IN	NDIVIDUALS						21,	525.

SCHEDULE G	Suppleme	ental In	formatio	n Regar	ding	Fun	drais	ing or Gaming	Acti	vities	OMB No.	1545-0047
(Form 990)								Part IV, line 17, 18, o rm 990-EZ, line 6a.		or if the	20	22
Department of the Treasury		-	Attac	h to Form	990 o	or Form	n 990	-EZ.			Open to Inspect	Public
Internal Revenue Service Name of the organization		to www.	irs.gov/For	m990 for ir	nstruc	ctions	and t	he latest information	on.	Employor	•	on number
Name of the organization	NORTH I	PENN	VALLEY	BOYS	AN	DG	IRL	S CLUB		23-71		
	complete this pa		ete if the org	ganization a	answe	red "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990)-EZ filers a	re not
c Phone solici d In-person so 2 a Did the organization	ions email solicitation tations vicitations on have a written red in Form 990, F) highest paid ind	or oral ag Part VII) o ividuals o	greement wi or entity in c or entities (fu	e So f So g Sp ith any indivionnection v	olicitat olicitat oecial vidual with pr	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services	stees ?		/es [to be	No
(i) Name and addres or entity (fund		., ,				Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (i		y) to (or r	nount paid etained by) anization	
						Yes	No					
Total	<u></u>				<u></u>							
3 List all states in whi or licensing.	ich the organizati	on is regi	stered or lic	ensed to s	olicit c	contrib	outions	s or has been notifie	d it is	exempt fro	n registratio	on

NORTH PENN VALLEY BOYS AND GIRLS CLUB 23-7164617 Page 2

Part II

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	• ·	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CLUB DINNER			
er			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	100,200.			100,200.
	2	Less: Contributions	100,200.			100,200.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	7,200.			7,200.
irect E>	7	Food and beverages	5,369.			5,369.
D	8	Entertainment	34,089.			34,089.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				46,658.
		Net income summary. Subtract line 10 from li				-46,658.
Ра	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

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?	L	Yes	No
b If "No," explain:			

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Ves

 b If "Yes," explain:
 Ves

7 Direct expense summary. Add lines 2 through 5 in column (d)

232082 10-27-22

Sch	edule G (Form 990) 2022	NORTH	PENN	VALLEY	BOYS	AND	GIRLS	CLUB	23-73	164	617	Page 3
11	Does the organization conduct g	aming activitie	es with no	nmembers?							Yes	No
12	Is the organization a grantor, ben	•			-		-	•			Yes	No No
13	to administer charitable gaming? Indicate the percentage of gamin										162	
	The organization's facility								I	13a		%
	An outside facility									13b		%
	Enter the name and address of the											
	Name											
	Address											
15a	Does the organization have a cor	ntract with a th	nird party	from whom th	ie organiza	tion rece	eives gamin	g revenue?			Yes	└── No
b	If "Yes," enter the amount of gam	ning revenue r	eceived b	y the organiza	ation \$			and the an	nount			
	of gaming revenue retained by th	e third party	\$		_							
С	If "Yes," enter name and address	s of the third p	arty:									
	Name											
	Address											
16	Gaming manager information:											
	Name											
	Gaming manager compensation	\$										
	Description of services provided											
	Director/officer	Employ	ee		dependent	contrac	tor					
17	Mandatory distributions:											
	Is the organization required unde	er state law to	make cha	aritable distribu	utions from	n the gar	ning procee	ds to				
	retain the state gaming license?										Yes	🗌 No
b	Enter the amount of distributions	required und	er state la	w to be distrib	outed to ot	her exer	npt organiza	ations or spent	t in the			
_	organization's own exempt activi											
Pa	rt IV Supplemental Info			-); and Par	t III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. A	Also provi	de any additio	nal informa	ation. Se	e instructio	ns.				

Schedule G	G (Form 990) Supplemental Infor	NORTH	PENN	VALLEY	BOYS	AND	GIRLS	CLUB	23-7164617	Page 4
Part IV	Supplemental Infor	mation (co	ntinued)							

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	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.										
Name of the organization Employer ide NORTH PENN VALLEY BOYS AND GIRLS CLUB 2											
NORTH PENN VALLEY BOYS AND GIRLS CLUB 23-7164617 Part I General Information on Grants and Assistance 23-7164617											
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 											
Part II Grants and Other Assistance											
1 (a) Name and address of organization or government	n (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				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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NORTH PENN VALLEY BOYS AND GIRLS CLUB

23-7164617

Page 2

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

(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
45	٥.	14,925.	воок	SCHOLARSHIP
264	0.	6,600.	воок	SCHOLARSHIP
+				
	45	recipients cash grant 45 0.	recipients cash grant cash assistance 45 0. 14,925.	recipients cash grant cash assistance (book, FMV, appraisal, other) 45 0. 14,925.ВООК

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

PART 1, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS - EACH SCHOLARSHIP HAS

SELECTION CRITERIA. THE STAFF AND ADMINISTRATION MEET TO REVIEW AND

SELECT THE SCHOLARSHIP RECIPIENTS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47			
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022					
ų. -		Compensated Employees		2022					
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public					
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organization		Employer	identificatio	on nu	mber			
		NORTH PENN VALLEY BOYS AND GIRLS CLUB	23-	716461	7				
Pa	rt I Questions	s Regarding Compensation							
					Yes	No			
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	harter travel Housing allowance or residence for perso	onal use						
	Travel for com		sidence						
		ation and gross-up payments Health or social club dues or initiation fee							
	Discretionary s	pending account Personal services (such as maid, chauffe	ur, chef)						
b		on line 1a are checked, did the organization follow a written policy regarding payment or							
0		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which if an	ny, of the following the organization used to establish the compensation of the organization?	's						
•		ctor. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensation								
	·	ompensation consultant							
		her organizations Approval by the board or compensation of	committee						
		5							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a rel	ated organization:							
а	Receive a severanc	e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the re			-		x			
		ntion?				X			
a		ation?		5b		Λ			
6		r 5b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion						
0	contingent on the n								
а	•			6a		x			
		ation?				x			
5		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s						
•		es 5 and 6? If "Yes," describe in Part III		7		х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to							
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х			
9		d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?	<u></u>	9					
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022			

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT KREAMER	(i)	143,045.	0.	0.	13,547.	8,730.	165,322.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE L (Form 990)	Complete if	OMB No. 1545-0047								
Department of the Treasury Internal Revenue Service	Go		Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for instructions and the latest information.							
Name of the organizatio	n			Employer	identifi	ication r	umber			
	NORTH	PENN VALLEY BOYS AND	GIRLS CLUB	23-71	6461	.7				
		sactions (section 501(c)(3), section 50 n answered "Yes" on Form 990, Part IV,								
1 (a) Name of disgual	lified person	(b) Relationship between disqualified				(d) Corrected?				
		person and organization	(c) Description of trans	Saction		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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
Total					\$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

Schedule L					ANI) GIRLS	CLU	в 23-7164	617	Page 2
Part IV	Business Transactions Involv	ing Inte	erested	Persons.						
	Complete if the organization answered	"Yes" on	Form 990	, Part IV, line 2	28a, 28	3b, or 28c.				
(a) Name of interested person	(b) Rela pers	ationship b son and th	etween intere e organizatior	sted 1	(c) Amount transactio		(d) Description of transaction	organiz	aring of zation's nues?
									Yes	No
DONNA	KREAMER	WIFE	OF CE	EO		45,9	00.	WAGES WAGES		Х
KELLY	CURTIS	DAUGI	HTER C	DF CEO		64,4	62.	WAGES		X
Part V	Supplemental Information.									
	Provide additional information for respo	onses to a	questions o	on Schedule I	_ (see ii	nstructions).				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

NORTH PENN VALLEY BOYS AND GIRLS CLUB



23-7164617

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PHOTOGRAPHY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CEO AND THE FINANCE COMMITTEE REVIEW THE FORM 990, WHICH HAS BEEN

PREPARED BASED ON THE FINANCIAL STATEMENTS. THE 990 IS ELECTRONICALLY

PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW IN ADDITION BEING PRESENTED

TO THE FULL BOARD AT THE JUNE BOARD MEETING. AFTER THE 990 IS APPROVED AT

THE JUNE BOARD MEETING, THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IN DECEMBER, ON AN ANNUAL BASIS, EACH BOARD MEMBER COMPLETES AND SIGNS A CONFLICT OF INTEREST DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION PROCESS FOR THE ORGANIZATIONS CEO AND TOP MANAGEMENT

OFFICIALS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL

BASIS. THE NATIONAL ORGANIZATION PROVIDES SALARY INFORMATION TO THE BOARD

OF DIRECTORS FOR BOTH NATIONAL AND REGIONAL SALARIES RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO THE AUDIT OVERSIGHT PROCESS FROM THE PRIOR

YEAR.