Form CT-12

For Oregon Charities
For Accounting Periods Beginning in:

2019

Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.state.or.us Website: https://www.doj.state.or.us VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/paymentportal/Account/Login

Line-by-line instructions for completing the annual report form can be found on our website.

Email: Period Beginning: / / Period Ending: / / Period Beginning: / / Period Ending: / / 2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. 3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon? If yes, circle the type of campaign(s) above to which the contract(s) relate and write the name of the fundraising firm(s) below: (If you circled "other," attach an explanation.) 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.	Se	ction I.	General Inform	ation			•	
Boys & Girls Club of Western Lane County PO Box 739 Florence, OR 97439	1.				Cross Thi (See instruc	ough Incorre tions for change	ct Items and Correct of name or accounting per	Here: riod.)
PO Box 739 Florence, OR 97439 Phone: 541-902-0304 Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Period Beginning: 01/01/2019 Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Phone: Fax: Amend Report Port I Period Ending: 1 / Per		•			Registration	#:		
Phone: 541-902-0304 Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Phone: Fax: Amend Email: Fax: Amend Email: Fax: Amend Report Phone: 541-902-0304 2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report of financial statements. 3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon's manew of the fundraising firm(s) below: If yes, crice the type of campalph(s) above to which the conducted of other, attach an explanation. 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or frust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to fits fax-exempt status? If yes, statich a copy of the amended document or letter. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or frust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to fits fax-exempt status? If yes, statich a copy of the amended document or letter. 6. Is the organization organization consists of the amended document or letter. 7. Provide contact information for the person responsible for retaining the organization's records. 8. List of Officers, Directors, Trustees and Key Employees — List each person who held one of these	В	oys & Girls Cl	ub of Western Lane County	,	Organization	Name:	AUG 0 7 2020	
Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Period Beginning: Fax: Amend Report Phone: Fax: Amend Report Phone Period Beginning: Period Beginning			7439		Address:		AOG O P STEE	
Period Beginning: 01/01/2019 Period Ending: 12/31/2019 Period Ending: 12/31/2019 Period Ending: Amendia Report Period Beginning: I Period Ending: I Period Endi	Р	hone: 541-90	2-0304		City, State,	Zip:		
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organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Provide contact information for the person responsible for retaining the organization's records. Name Position Phone Mailing Address & Email Address Chuck Trent Exec. Director 541-551-0649 83421 Hwy 101 Florence, OR 97439 8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if the not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation informati the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprof public benefit corporations.) (A) Name, mailing address, daytime phone number and email address (B) Title & average weekty hours devoted to position position unpaid) Name: Address: Phone:	4.	governmen administrat	t agency or been a party to ion, management, or fiducia	legal action in any cou	ırt or administrative ageı	ncy regarding ch	aritable solicitation,	Yes V No
7. Provide contact information for the person responsible for retaining the organization's records. Name	5.	organizatio	n receive a determination o	r revocation letter from	rticles of incorporation, l the Internal Revenue S	oylaws, or trust of ervice relating to	documents, OR did the bits tax-exempt status? If	Yes V No
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Address: See Attached Form 990 Compensation (enter \$0 if position unpaid)	8.	not receive the phrase	compensation. Attach add "See IRS Form" may be er	litional sheets if neces:	sarv. If an attached IRS	form includes s	ubstantially the same comp	ensation information,
Address: Phone: Address: Phone: Carried Full See Attached Form 350 Email: Name: Address: Phone: Address: Phone: Carried Full See Attached Form 350 Email: Email: Phone: Carried Full See Attached Form 350 Email: Email: Email: Phone: Carried Full See Attached Form 350 Email: Email: Phone: Carried Full See Attached Form 350 Email: Ema			(A) Name,				average weekly hours devoted to	Compensation (enter \$0 if
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Sec	tion II.	Fee Calculation	1 1	National and a second of the s
9.	(Crow Line 42	enue	Form 990-PF: Line 9 on Form 1041: I	
10.	(See chart be	low. Minimum fee is \$20, even if total revenue is a negative amount.) on Line 9 \$24,999 \$20 \$49,999 \$50 \$99,999 \$90 \$249,999 \$150 \$499,999 \$200 \$999,999 \$300		10. \$300.00
11.	(From Line 22 6 on Form 99	s or Fund Balances at End of the Reporting Period t (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 0-PF; or see the CT-12 instructions to calculate. Attach explanation \$0 or a negative number)	\$981,111.00	
12.	(Generally, fro II, Line 14b or CT-12 instruc	Assets Used to Conduct Charitable Activities pm Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part Form 990-PF; or see the CT-12 instructions to calculate. See the tions if organization owns income-producing assets.)	\$591,543.00	
13.	Amount Si (Line 11 minu	ubject to Net Assets or Fund Balances Fees Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)		
14.	Net Assets (Line 13 multi	s or Fund Balances Feeplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,00	10. Round cents to the nearest whole dollar.)	14. \$39.00
15.	(If yes, the lat	ing this report late? Yes No	the report is. See Instruction 15 for additional information or contact the	15. \$0.00
16.	Total Amo	ount Due	······································	16. \$339.00
17.	Form 990 Total Rev	& 990EZ filers do not need to attach a copy of their So	nd all supporting schedules and attachments that were filed chedule B. Also, if the organization did not file with the IRS lices of \$100,000 or more, see the instructions as the organ ached return was not filed with the IRS, then mark any suc- ostcard) please attach a copy if available.	or filed a 990-N, but had nization may be required to
Ple Sig Hei		Under penalties of periury, I declare that I am an office accompanying forms, schedules, and attachments, a signature of officer Chuck Trent Officer's name (printed)	cer/director of the organization. I have examined this returned to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of my knowledge and belief, it is true, correspond to the best of th	n, including all ct, and complete. e Director
	l parer's Only	⇒ Muluel S. Buelusel Preparer's signature	8-3-70 Date 541-997.	-7173
		Michael S. Buckwald Preparer's name (printed)	PO Box 239, Florence, OR 97439 Address	

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Α	For th	e 2019 calen	dar year, or tax y	ear begir	nning		, 201	9, and e	nding			,		.1	
В	Check if	applicable:	С										fication nun	nber	
	Add	dress change	BOYS & GIF	LS CLU	JB OF WES	STERN LA	NE COU	NTY		<u> </u>		12368			
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			F Name and addre	es of princip	al officer:					H(a) Is this a g				Yes	X No
	L Ap	plication pending			ai omeer.				ļ	H(b) Are all su if "No," at	bordinates	included	1?	Yes	No
			Same As C		\d (i)	nsert no.)	4947(a)(1)	or 5	27	if "No," at	tach a list.	(see ins	structions) —		
<u>i</u>		exempt status:	X 501(c)(3)	501(c) () - (11	isert iio.)	4347 (a)(1)	01 34		H(c) Group exe	amption n	ımhar Þ			
J_			w.bgcwlc.o		т т	Tau b	I	L Year of f					egal domicile	- OR	
K		of organization:	X Corporation	Trust	Association	Other >		L Year or i	iornauc	31. ZUUZ	1111 0	tate of it	cgar donner	<u> OIC</u>	
Pe	irt l	Summa	y			-i-nificant o	otivitios (M		mo+c	tho he	221th	80	cial		
	1	Briefly describe the organization's mission or most significant activities: To promote the health, social, educational, vocational and character development of youth between the ages of													.———
ģ															
Activities & Governance		<u>and 18 </u>	nd 18 years.												
Ē					on discontinu		tions or d	icnosed (re than 250	% of its	net as	sets		. — — —
Š	2	Check this b	ox ► ∐ if the o oting members o	organizatii	on discontinu	Part VI line	1110115 OF U	ishosea (OI IIIO	ic than 20		3	0010.		7
<u>ල</u>	3	Number of v	oting members o ndependent votin	a membe	errillig body (ernina bodv	(Part VI.	ine 1b)				4			6
S	4	Total number	r of individuals e	mnloved	in calendar v	ear 2019 (P	art V. line	2a)				5			28
ŧ	5	Total numbe	r of volunteers (estimate i	f necessarv).							6		***	65
ਚੁੱ	72	Total unrelat	ed business reve	enue from	Part VIII. co	lumn (C), lii	ne 12					7a			0.
⋖	h	Net unrelate	d business taxab	le income	e from Form 9	990-T, line 3	39					7b			0.
	+ -	THE GITTER								Pri	or Year		Curr	ent Ye	ar
ē	8	Contribution	s and grants (Pa	rt VIII. lin	e 1h)						174,2	208.			145.
	9	Program ser	vice revenue (Pa	rt VIII. lir	ne 2a)						75,2	27.		77,	316.
듄	10	Investment i	ncome (Part VIII	. column	(A), lines 3, 4	4, and 7d)					-35,1	20.		60,	901.
Revenue	111	Other reven	ue (Part VIII, col	umn (A).	lines 5, 6d, 8	c, 9c, 10c, a	and 11e)				134,0)51.		166,	033.
-	12	Total revenu	e – add lines 8	through 1	1 (must equa	ıl Part VIII, d	column (A), line 12	2)		348,3	366.		530,	395.
	13	Grants and	similar amounts	paid (Part	t IX, column ((A), lines 1-	3)								
	14	Renefits nai	d to or for memb	ers (Part	IX. column (A), line 4)									
	15	Salaries of	ner compensation	n. employ	ee benefits (f	Part IX, colu	ımn (A), li	nes 5-10)		235,3	384.		254,	538.
es	10-	Professions	fundraising fees	(Part IX	column (A)	line 11e)									
Expenses	loa							14,2							
ă	b	Total fundra	ising expenses (Part IX, c	olumn (D), III	Te 23) -			33.		1.00	206		101	990.
ш		Other exper	ses (Part IX, col	umn (A),	lines 11a-110	d, 11f-24e)		· · · · · · · · · · · · · · · · · · ·		<u> </u>	169,				
	18	Total expen	ses. Add lines 13 s expenses. Sub	3-17 (mus	t equal Part I	X, column		2:11	SOUTH STREET)	404,				528.
		Revenue les	s expenses. Sub	tract line	18 from line	12	Martin March	phrahad gr. 199, 19	Section Towns	<u> </u>	-56,4		End	of Ye	867.
5	8						6	. 24 DOD	n	Beginning					
ş.	<u>\$</u> 20	Total assets	(Part X, line 16)			AUU) 4 - 202	<u></u>	·	133,0		<u>_</u>	, 214,	532.
₹:	21	Total liabilit	ies (Part X, line)	26)						·	245,				
Net Assets	22	Net assets	or fund balances	Subtract	line 21 from	line 20. DF	PARTME	VT-OF-J	USTI	CE	887,	244.		981,	, 111 .
P	arl II	Signatu	re Block				PORTLA								
Un	der pena	Ities of perjury, I	declare that I have exparer (other than office	mined this r	eturn, including a	ccompanying so	hedules and	statements,	and to	the best of my	knowledge	e and be	lief, it is true	e, correct,	and
cor	nplete. D	eclaration of pre	parer (other than office	er) is based o	on all information	Of WillCit prepar	ci ilas atīy ki	— —							
		.								Date					
Si	ign	Signa	ture of officer									~ .			
H	ere		uck Trent							Execu	<u>tive</u>	Dire	ctor		
		Туре	or print name and title				_,						LOTIN		_
		Print/Type	preparer's name		Preparer's si	gnature		Date	9		Check	if	PTIN		
P	aid	MICHA	EL BUCKWAI	D _							self-emplo	yed	P0128	<u>0326</u>	
	aiu repar				HORNUNG	CPAS PC									
	se Or									Firm's EIN ► 93-0860004					
			FLORE		R 97439-	9491					Phone no.	(54		7-717	/3
N 4	the	IDS discuss	this return with t				structions)					X Y	es	No

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*..... X 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III... Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V..... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a **b** Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI and XII. 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... X 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. Х 14b 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..... Х 15 Х 16 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)..... Х 17 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. Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b X Form 990 (2019)

Pa	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	165	X
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	Schedule J a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
30	contributions? If 'Yes.' complete Schedule M	30 31		X
31	· · · · · · · · · · · · · · · · · · ·	31	-	
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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 35a	_	X
35	Sa Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a	├	 ^
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		ļ
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	ļ	Х
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
P	Art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
_	Uneck it Schedule O contains a response of note to any line in this rail v		Yes	
	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>]</u>		
	Did the execution comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		
B/	(gambling) winnings to prize winners?		n 990	(2019
				•

Form 990 (2019) BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

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

Contraction Consister			Yes	No
2 - [Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
1	ments, filed for the calendar year ending with or within the year covered by this return 2a 28			19
	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	5.00 Petra	X
ı	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 -	33.5	X
3 a [Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	30		
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▶		762	110
5	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?	5 a		X
b l	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u> </u>	<u> </u>
:	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?	6 a		х
ı	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Signatur 4.	
	Organizations that may receive deductible contributions under section 170(c).			
a l	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.	(*X)&	X
	services provided to the payor?	7a 7b		<u> </u>
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	'		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		14.5	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	<u></u>	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	34.794	A	1111
	organization have excess business holdings at any time during the year?	8	* 2 4 17 31 24.	50 St 90 St
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ļ	↓
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	305136	\$ 6.5 5.0
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	+		
	Section 501(c)(12) organizations. Enter:	1		1.
11	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1 342	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	+ .	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	0 40474	3.34.5.2.2.
	Note: See the instructions for additional information the organization must report on Schedule O.		175.57	1500
L	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			
c	Enter the amount of reserves on hand	555		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	+^
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	141	<u>'</u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	7.7	4.5	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	12.34		1
BAA	TEEA0105L 07/31/19	For	n 990	(2019)

Pai	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	iges (on						
	Check if Schedule O contains a response or note to any line in this Part VI		• • • • •	. X					
Sec	tion A. Governing Body and Management			T 31.					
		CULT PER AD A DE	Yes	No					
1 a	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
ı	b Enter the number of voting members included on line 1a, above, who are independent 1b								
2	officer, director, trustee, or key employee?	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?	3		x					
4	Did the organization make any significant changes to its governing documents								
	since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		X					
7 a 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?									
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	a The governing body?	8a	X						
1	b Each committee with authority to act on behalf of the governing body?	8 b	Х	<u> </u>					
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		х					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	<u>ie Ci</u>	<u>ode.)</u>					
			Yes						
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X					
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		V	20.					
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	ļ <u> </u>					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х						
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee. Schedule O	12 c	х						
13	Did the organization have a written whistleblower policy?	13	Х	ļ					
14	Did the organization have a written document retention and destruction policy?	14	X						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		¥.7						
	a The organization's CEO, Executive Director, or top management official	15 a		X					
	b Other officers or key employees of the organization	15 b		X					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	100							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X					
	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	16 b							
	organization's exempt status with respect to such arrangements?	1 1011							
	Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► OR								
17				 nh/\					
18	available for public inspection. Indicate how you made these available. Check all that apply.)(C)(J)S 01	illy)					
19	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail	able to							
20	the public during the tax year. See Schedule 0								
_5	Chief Tront B.O. Boy 739 Florence OR 97439 (541) 902-0304								

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relati	ed organız	ation	con	nper	isate	ed any	y cu	irrent oπicer, airect	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours	thar	n one s both	box,	unle: office: trust/		on	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	nours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee		(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chuck Trent	60								_	
Executive Dir.	0	X				ļ		2.	0.	0.
(2) Eddie Osorio	$-\frac{10}{0}$	X						0.	0.	0.
Director	15	 ^			-			0.	0.	<u> </u>
(3) Nancy Pearson Secretary	-13-	1		Х				0.	0.	0.
(4) Pat Bennett	10									
Treasurer	0	1		Х				l o.	0.	0.
(5) Larry Martindale	20									
President	0	1		Х				0.	0.	0.
(6) Pixie Center	10									
Vice President	0	1		Х				0.	0.	0.
(7) Michael Pearson	10_									
Past President	0]					Х	0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	T	Key	Em			es,	and	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	box	, unle cer ar	theck ess pe nd a	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)								,		
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal	ion A						*	2.	0.	0
d Total (add lines 1b and 1c)							▶	2.	0.	0
2 Total number of individuals (including but not limited from the organization ▶ 0	to those i	istea	abo	ve)	wno	recei	vea	more than \$100,00	ou of reportable comp	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, truste ch individu	ee, ko ual	ey e	mpl	loye	e, or	higl	hest compensated	i employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$	150,0	00?	IT :	res,	con	npie	ete Scheaule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compet	nsatio	on fi	'nm	anv	unre	elate	ed organization or	individual	5 X
Section B. Independent Contractors 1. Complete this table for your five highest compen	nsated ind	lener	nden	t co	ntra	ctors	tha	at received more	han \$100,000 of	
compensation from the organization. Report compensation from the organization. Report compensation from the organization and the compensation from the organization of the compensation from the organization.	nsation for	the c	aler	ndar	yea	r end	ing v	with or within the o (B) Description	rganization's tax yea	(C)
Name and business add	iress							Description	ot services	Compensation
										····
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	to th	ose	liste	d abo	ove)	who received more	than	
RAA		TEFA	กากผ	07	/31/10				[Alex is	Form 990 (2019

		Check if Schedu	le O contains	a resp	oonse or note to an	y line in this Part V	/III		<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats at		ederated campaig		1 a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1 b					7.00
S. C.	l .	Fundraising events.		1 c	21,833.				
ᇍ	ì	Related organizatio		1 d			94.5		
S E		Government grants (cont		1 e					
20		All other contributions, gamilar amounts not incl		1 f	004 010				
૱		Noncash contributions in			204,312.				
E o		ines 1a-1f		1 g	4,720.				
	h T	Total. Add lines 1a	-1f			226,145.			
ē					Business Code	1.00			
Œ ≪		<u>Program Serv</u>		e <u>nue</u>		68,481.	68,481.		
æ	b <u>7</u>	<u>Athletic Pro</u>	ogram		611710	8,835.	8,835.		
Š.	С_								
Program Service Revenue	d _								
E	е _								
8		All other program s			·		China in the control of the control	Calcalante i La vicini di Silata di	
<u> </u>		Fotal. Add lines 2a				77,316.			1655 291-41
	3 lr	nvestment income (inther similar amour	including divid	dends, i	nterest, and	60 001	60 001		
i			•			60,901.	60,901.		
	Income from investment of tax-exenRoyalties			•					
	,			Real	(ii) Personal				5,0
	6a G	Gross rents	6a						
			6b					76	1
		Rental income or (loss)							
		Net rental income of			>				**************************************
		Gross amount from		curities	(ii) Other				
		ales of assets	_	· · · · · · · · · · · · · · · · · · ·				37	3
	0	other than inventory ess: cost or other basis	7a						
	al	and sales expenses	7b						
	c G	ain or (loss)	7c						
	d N	Net gain or (loss)							
ō	8a G	Gross income from fundr	raising events				8 7 9 6	10 mg	
	(r	not including \$	21,83	3.					
ě.	of	of contributions reported	l on line 1c).				470		
Other Reven	S	See Part IV, line 18		8	a 209,199.				
亨		ess: direct expens		8	<u> </u>				
ಕ	c N	Net income or (loss	s) from fundr	aising o	events	151,497.	. 24		
	9a G	cross income from gami	ng activities.						
		See Part IV, line 19		9					
		ess: direct expens		9	 				
	c N	Net income or (loss	s) from gamii	ng activ	vities ▶	A STORY CAST SECTION	The second secon	BANGS STATISTICS OF PROMISE STATISTICS OF	
	10a G	Pross sales of inventory, eturns and allowances	less			4:24			
				10					
		ess: cost of goods		10					
	C IV	Net income or (loss	o) irom sales	or inve	Business Code	The state of the s			
2	11 a 1	Missellanse			Busiliess Oute	14,536.	1/ 526		
8 3	11a <u>N</u> b _ c _ d A	<u>Miscellaneou</u>	ಡ			14,330.	14,536.		
	- C								
Se Se	д <u>¬</u>	All other revenue							· · · · · · · · · · · · · · · · · · ·
Miscellaneous Revenue		Fotal. Add lines 11a				14,536.			
		Total revenue. See				530,395.	152,753.	0.	0.
BAA	 -					A0109L 07/31/19		<u> </u>	Form 990 (2019)

Part IX Statement of Functional Expenses

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 r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.			in in the second se	14 m 14 m
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			2	
5	Compensation of current officers, directors, trustees, and key employees	2.	0.	2.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	224,543.	201,495.	23,048.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,301.	1,278.	4,023.	
10	Payroll taxes	24,692.	23,481.	1,211.	
11	Fees for services (nonemployees):				
	Management				
	Legal		-		
	: Accounting				
	I Lobbying				
	Investment management fees		7		
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule 0.) L	30,650.	2,805.	27,845.	
12	Advertising and promotion	8,628.	1,060.	5,464.	2,104.
13	Office expenses	4,297.	980.	2,512.	805.
14	Information technology.				
15	Royalties.	00 774	01 150	0 615	
16 17	Occupancy	29,774. 1,877.	21,159. 792.	8,615. 1,085.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,0//.	792.	1,005.	
19	Conferences, conventions, and meetings				
20	Interest	8,875.		8,875.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,807.	22,807.	10.000	
23 24	InsuranceOther expenses. Itemize expenses not	10,866.		10,866.	
24	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	Teen & Elementary Program	21,029.	20,649.	380.	
	Miscellaneous	13,405.	1,121.	3,143.	9,141.
	Athletics_Expense	8,407.	8,407.		
	Supplies	7,007.	7,007.		
	All other expenses	14,368.	5,027.	7,158.	2,183.
25	Total functional expenses. Add lines 1 through 24e	436,528.	318,068.	104,227.	14,233.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			76,868.	1	101,683.
	2	Savings and temporary cash investments			14,696.	2	15,057.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner offic I contri rsons	cer, director, ibutor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
\$	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		.,		9	
Ä	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	729,253.			
	b	Less: accumulated depreciation	10b		592,669.	10 c	591,543.
	11	Investments – publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		448,811.	15	506,360.	
	16	Total assets. Add lines 1 through 15 (must equal line	1,133,044.	16	1,214,643.		
\dashv	17	Accounts payable and accrued expenses			12,337.	17	17,185.
	18	Grants payable		18	55.000		
	19	Deferred revenue	55,900.	19	55,000.		
	20	Tax-exempt bond liabilities				20	
<u>ĕ</u>	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ticer, d utor, oi rsons.	r 35%		22	
!	23	Secured mortgages and notes payable to unrelated th			168,563.	23	161,347.
	24	Unsecured notes and loans payable to unrelated third		, i		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete f	elated third parties, Part X of Schedule D.	9,000.	25	
	26	Total liabilities. Add lines 17 through 25			245,800.	26	233,532.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
Ē	27	Net assets without donor restrictions			428,106.	27	457,167.
8	28	Net assets with donor restrictions			459,138.	28	523,944.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	re ► 🗍			
5	29	Capital stock or trust principal, or current funds			a produce the second of the second	29	
\$	30	Paid-in or capital surplus, or land, building, or equipm				30	
Š	31	Retained earnings, endowment, accumulated income,			· ·	31	
4	32	Total net assets or fund balances			887,244.	32	981,111.
2	33	Total liabilities and net assets/fund balances		i i	1,133,044.	33	1,214,643.
							· · · · · · · · · · · · · · · · · · ·

TEEA0111L 07/31/19

TIT - 1

Form 990 (2019)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes No	Pa	Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1. 3 93,867 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 887,244 5 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Investment expenses. 8 Prior period adjustments. 8 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990: Cash Accrual Other 12 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 12 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 10 Separate basis Consolidated basis Doth: 11 Separate basis Consolidated basis Doth: 12 Separate basis Consolidated basis Doth: 13 Separate basis Consolidated basis Doth: 14 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 15 Were the organization's financial statements and selection of an independent accountant? 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 17 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis. 18 Yes No 19 Yes No 19 Yes No 20 X Yes No 21 Yes No 22 X Yes No 23 Yes No 24 Yes No 25 Yes No 26 Yes No 27 Yes No 28 Yes No 29 Yes No 29 Yes No 20 Yes No			<u>.</u>			[
2 Total expenses (must equal Part IX, column (A), line 25. 3 Revenue less expenses. Subtract line 2 from line 1. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Donated services and use of facilities. 7 Prior period adjustments. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990: Cash Accrual Other 12 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 13 Accounting method used to prepare the Form 990: Cash Accrual Other 14 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: 15 Separate basis Consolidated basis Doth: 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both: 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 16 Were the organization's financial statements and selection of an independent accountant? 17 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis or both: 16 Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 Yes No 17 Yes, 'Check a box below to indicate whether the financial statements for the year were audited on a separate basis. 18 Yes	1		1	5	30,3	95.
3	2		2			
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 Net unrealized gains (losses) on investments. 6 Donated services and use of facilities. 7 Investment expenses. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	3			
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7 Investment expenses 7 8 9 0 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting Method used to prepare the Form 990: Cash X Accrual Other	5	Net unrealized gains (losses) on investments	5			
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Audit Act and OMB Circular A-133?		on Schedule O.		e e		13.
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	ŀ			3 b		
	BAA				990 (2	2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	lame of the organization Employer identification number								
	BOYS & GIRLS CLUB OF WESTERN LANE COUNTY 93-1236854								
Par		Reason for Public Cha	arity Status (All o	rganizations must (comple	te this	part.) See instruc	ctions.	
The d	rga	nization is not a private found		•		-	•		
1	L	A church, convention of church	•				(i).		
2		A school described in section 1							
3	L	A hospital or a cooperative h					* * *		
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	Enter the hospital's	
		name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).		
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pu	blic described	
8	Ш	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	l.)				
9	П	An agricultural research organi							
	_	or university or a non-land-gran		•		ne, city, a	and state of the college	or	
	_	university:							
10		An organization that normally r from activities related to its c investment income and unre June 30, 1975. See section!	eceives: (1) more than exempt functions—sub- lated business taxable	33-1/3% of its support froject to certain exception income (less section)	om contr	ributions (2) no i from b	, membership fees, and more than 33-1/3% of usinesses acquired by	gross receipts its support from gross the organization after	
11	\prod	An organization organized ar			ety. See	section	1 509(a)(4).		
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a	X2). See section 509 (a	ut the purposes of one (X3). Check the box in	
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect					g the supported on. You must	
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	ation supervised or c	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You	
c		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar A. D. an	nd function	onally integrated with, its	supported	
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s t and an attentiveness) that is not requirement (see	
е		Check this box if the organization integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS				
f		ter the number of supported o	organizations						
g	Pre	ovide the following information	n about the supported	d organization(s).					
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) l organizat in your g docur	Overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)							_		
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	292,732.	563,104.	410,653.	168,582.	204,312.	1,639,383.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	292,732.	563,104.	410,653.	168,582.	204,312.	1,639,383.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						872,539.
	Public support. Subtract line 5 from line 4						766,844.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	292,732.	563,104.	410,653.	168,582.	204,312.	1,639,383.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,639,383.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				393,387.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	>
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2						46.78 % 53.21 %
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2018. If th and stop here. The organization	e organization dic qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' l	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her e a publicly supporte	e. Explain in Part ed organization	VI how the ►
BAA	Tourisation it the organia		on a box on mic				
~~~					SCI	euule A (FOIM 99	0 or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6		_				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						_
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<b>&gt;</b>
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2						%
	tion D. Computation of Inv						
17	Investment income percentage for						8
	Investment income percentage fr						8
	<b>33-1/3% support tests—2019.</b> If t is not more than 33-1/3%, check	this box and <b>stop</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly suppo	orted organization.	▶ │ │
	<b>33-1/3% support tests—2018.</b> If t line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a publicl	y supported organi	zation ►
	Private foundation. If the organiz	zation did not che	ck a box on line 1	14, 19a, or 19b, cl	heck this box and	see instructions	▶ []
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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10b	11 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	urent (ile
90 or 99	0-EZ)	2019

Pa	it IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the neural to regularly enhants	and the second	Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
		Statege	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		50000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	76	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruct	ions).	
_		-		
2	Activities Test. Answer (a) and (b) below.	en orași i	Yes	No
i	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.	2a		
l	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	ur.	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
á	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? <i>Provide details in Part VI.</i>	3a		
ŀ	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUB OF WESTERN LA	ANE	COUNTY 93-12	36854 Page
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	<u> </u>
_1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on I	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). <b>See</b> through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2	<b>3</b> +	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	anization

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Schedule A (Form 990 or 990-EZ) 2019

	addie v (totti aan ol aan-F7) 501a DOID & GIKTO CTOD O			36854 Page
37.7 (7.19 -1)	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	T
_	tion D — Distributions	:		Current Year
	Amounts paid to supported organizations to accomplish exempt p			
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	tion is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015	Language - Augusta paraga	575 775 (Sept. 1772) (S. 194)	Mariatical Calculation
	From 2016			
C	From 2017	- A		
e	From 2018			A Section 1
1	f Total of lines 3a through e			100
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		18	
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	CANCEL FROM PLANT I BROWN MANN THE PLANT I STONE AND A STONE OF THE		Later Co.
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	See Section 1		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		4.	\$4.7 (s. 10 miles (* 10 miles
8	Breakdown of line 7:			4-1
a	Excess from 2015			
	Excess from 2016	1		
С	Excess from 2017			
d	Excess from 2018		Care Salar Company	

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e Excess from 2019 . . . . .

Schedule A (Form 990 or 990-EZ) 2019

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	BOYS & GIRLS CLUB OF WESTER			93-1236854
Pai	Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Othe wered 'Yes' on Form 990.	r Similar Funds Part IV. line 6.	or Accounts.
		(a) Donor advised fu		(b) Funds and other accounts
1	Total number at end of year	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(a) and and other december
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_	,			. 1
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal of	ontrol?	Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing t of the donor or donor advisor,	that grant funds ca or for any other purp	n be used only bose conferring 
Dat	tal Conservation Easements.		· ·	
Fai	Complete if the organization answers	wered 'Yes' on Form 990.	Part IV. line 7.	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for example)		rmore.	f a historically important land area
	Protection of natural habitat	or of recognition of caucation,		f a certified historic structure
	Preservation of open space			. a continua motorio di actare
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contri	bution in the form of a	a conservation easement on the
_	last day of the tax year.	iora a qualifica conscivation contin	Salon III ale loi III el	
	Total construction of a second state of the se			Held at the End of the Tax Year
	a Total number of conservation easements		1	2a
	Total acreage restricted by conservation easer		<del>-</del>	2 b
	Number of conservation easements on a certif		· · · · · ·	2c
(	d Number of conservation easements included in structure listed in the National Register			2 d
3	Number of conservation easements modified, tran tax year ►	nsferred, released, extinguished, or	terminated by the or	ganization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, handling of violations, and $\epsilon$	enforcing conservation	n easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	uirements of section	170(h)(4)(B)(i) 
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	oorts conservation easements in to the organization's financial st	its revenue and exp atements that descr	pense statement and balance sheet, and ibes the organization's accounting for
Par	till Organizations Maintaining Colle Complete if the organization ansv	ctions of Art, Historical T wered 'Yes' on Form 990,	reasures, or Oth Part IV, line 8.	ner Similar Assets.
1 8	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	ld for public exhibition, educatio	n, or research in fur	nent and balance sheet works of art, therance of public service, provide in
ŧ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or r	esearch in furtherance	e of public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, he amounts required to be reported under FASB.	nistorical treasures, or other similar	assets for financial o	
á	Revenue included on Form 990, Part VIII, line	_		\$
ŀ	Assets included in Form 990, Part X			b\$

Part III Organizations Maintai	ning Collec	ctions of A	Art, mistoric	ai ireasures, o	r Otner S	imiiar Ass	ets (C	ontinu	<u>iea)</u>
3 Using the organization's acquisition, items (check all that apply):	accession, an	nd other record	ds, check any of	the following that n	nake signific	ant use of its	collection	n n	
a Public exhibition d Loan or exchange program									
<b>b</b> Scholarly research	b Scholarly research e Other								
c Preservation for future genera	ations								
4 Provide a description of the organiza Part XIII.	ation's collection	ons and explai	in how they furt	her the organization	's exempt pu	ırpose in			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part IV Escrow and Custodial line 9, or reported an a	Arrangem amount on	<b>ents.</b> Com Form 990,	plete if the Part X, line	organization an 21.	swered '	Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trust							□ Vac		
on Form 990, Part X?							Yes	L	
<b>b</b> if fes, explain the arrangement	in Part Alli ai	ia complete i	the following to	able.			Amoun		
<b>c</b> Beginning balance					1c		Amoun		
d Additions during the year									
e Distributions during the year									
							-		
f Ending balance.						h:11:42			<b></b>
2a Did the organization include an ar							Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	neck nere if	tne explanatio	n nas been provide	ed on Part 7	XIII		· · · · · L	
		L		L IV L		D-4 N/ 15	10		
Part V Endowment Funds. Co				1			<del></del>		
Benjamian of ween belones	(a) Current y		(b) Prior year	(c) Two years bac		ree years back	(e)	Four years	
1 a Beginning of year balance	448,	811.	487,279.	37,40	<del>// // / /   / / / / / / / / / / / / / /</del>	0.	-		0.
<b>b</b> Contributions				408,66	5.	37,000.	<u> </u>		
c Net investment earnings, gains, and losses	83,	201.	-10,865.		8.	453.			
<b>d</b> Grants or scholarships	20,	632.	20,359.	1,66	5.				
Other expenditures for facilities and programs						0.			
f Administrative expenses	8,	521.	7,244.	6,23	0.	52.			
<b>g</b> End of year balance	502,	859.	448,811.	487,27	9.	37,401.			0.
2 Provide the estimated percentage	of the currer	nt year end b	alance (line 1g	, column (a)) held	as:				
a Board designated or quasi-endowme	ent ►		%						
<b>b</b> Permanent endowment ►	<del>-</del> %								
c Term endowment ►	%								
The percentages on lines 2a, 2b, an	d 2c should eq	jual 100%.							
3a Are there endowment funds not in th	nocoocion	of the organiza	ation that are b	ald and administered	d for the				
organization by:	ie hossession	or the organiza	ation that are in	and administered	a for the		Γ	Yes	No
(i) Unrelated organizations							3a(i)	Х	
(ii) Related organizations							3a(ii)		Х
<b>b</b> If 'Yes' on line 3a(ii), are the relat							3b		<u> </u>
4 Describe in Part XIII the intended	-		•				L		
Part VI Land, Buildings, and E									
Complete if the organization			on Form 9	90, Part IV, line	e 11a. Se	e Form 99	0, Par	t X, lir	ne 10.
Description of property		(a) Cost or otl (investm	her basis (i ent)	b) Cost or other basis (other)	depre	ımulated ciation	(d) [	3ook va	alue
<b>1 a</b> Land				50,000.				50	,000.
<b>b</b> Buildings				599,492.		91,211.			,281.
c Leasehold improvements				22,707.		8,323.			,384.
d Equipment				57,054.		38,176.			,878.
<b>e</b> Other	<u> </u>								
Total. Add lines 1a through 1e. (Column	n (d) must ea	ual Form 990	, Part X, colur	nn (B), line 10c.)				591	,543.
BAA							ule D (Fo		

Part VII Investments - Other Securities.	LDV1 F 001	N/A	2 David V 15 16
Complete if the organization answered	T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1) Financial derivatives. (2) Closely held equity interests			
(0) (0.1)			
(3) Other (A)			
(B)			
(C)			<del>-,</del>
(D)			
(E)			
(F)			
(G)			
(H)			
_(l)			to the second of the second second
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •		N /2	
Part VIII Investments – Program Related. Complete if the organization answered	Yes' on Form 990	N/A ). Part IV. line 11c. See Form 990	). Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered		0, Part IV, line 11d. See Form 990	
The state of the s	scription		(b) Book value
(1) Vehicle held for sale (2) West Lane Community Foundation			3,501. 502,859.
(3)			002,003.
(4)			•
(5)			
(6)			
<u>(7)</u> (8)	·		· · · · · · · · · · · · · · · · · · ·
(9)	<del>,</del>		·
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)		506,360.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 1	10 or 11f Son Form 990 Part Y line 25	
	iption of liability	10 of 111. occ 101111 030, 1 art A, fille 23.	(b) Book value
(1) Federal income taxes	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the formation under FASE ASC 740. Cheek here if the text of the fortacte has			
tax positions under FASB ASC 740. Check here if the text of the footnote has	TEE A22021 9/20/10		o D /Form 990\ 2019

Part XI Reconciliation of Revenue per Audited Financial Statement		eturn N/A
Complete if the organization answered 'Yes' on Form 990, P		Ctuiii. 14/11
1 Total revenue, gains, and other support per audited financial statements		11
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.	2 a	
b Donated services and use of facilities		<b>†</b>
c Recoveries of prior year grants		1
d Other (Describe in Part XIII.)		1 1
e Add lines 2a through 2d.		2 e
· ·		3
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	1
c Other losses		
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)		1
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII Supplemental Information.		

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 XI, 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 V, Line 4 - Intended Uses Of Endowment Fund

The purpose of the fund is to establish a permanent endowment, the earnings of which will be used to fund continuing education scholarships. Distributions from the fund are intended for the award of academic scholarships to graduates of the Siuslaw High School, Florence, Oregon and/or Mapleton High School, Mapleton, Oregon. It is for colleges or trade/vocational schools.

Schedule D (Form 990) 2019

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY 93-1236854								
Part 1 Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza quired to comp	ation answ lete this p	ered 'Yes' part.	on Form 990, Part IV, line	e 17.			
1 Indicate whether the organization	raised funds th	rough any	of the foll	lowing activities. Check	all that apply.			
a Mail solicitations		5 5	е					
· 一								
	•		_	H ₂				
c Phone solicitations			g	Special fundraising	events			
d In-person solicitations								
2 a Did the organization have a written o employees listed in Form 990, Par	r oral agreemen t VII) or entity	t with any in connec	individual ( tion with p	including officers, directo professional fundraising	rs, trustees, or key services?	Yes X No		
<b>b</b> If 'Yes,' list the 10 highest paid inc compensated at least \$5,000 by the	lividuals or ent ne organization	ities (fund	raisers) pu	ursuant to agreements	under which the fundra	iser is to be		
		CIIIN DIA			(v) Amount paid to	(vi) Amount paid to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dv or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)		
or entity (turidraiser)		have custody or control of contributions?		HOH activity	column (i)	organization		
		Yes	No		· ·			
•		165	110					
1								
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7								
		-						
8								
9								
<b>3</b>								
		<del> </del>	+					
10								
Total						0.		
3 List all states in which the organization	on is registered	or licensed	to solicit o	contributions or has been	notified it is exempt from	ı registration		
or licensing.								

Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gre	(a) Event #1  Homecoming (event type)	(b) Event #2 Other (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))	
REVENUE	1	Gross receipts	124,687.	68,892.	37,453.	231,032.	
Ē	2	Less: Contributions	10,372.	9,555.	1,906.	21,833.	
	3	Gross income (line 1 minus line 2)	114,315.	59,337.	35,547.	209,199.	
	4	Cash prizes	·				
	5	Noncash prizes					
D I RECT	6	Rent/facility costs				-	
E C T	7	Food and beverages					
E X P	8	Entertainment		·			
EXPENSES	9	Other direct expenses	23,676.	23,323.	10,703.	57,702.	
E S	10	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 from	ough 9 in column (d)		<b>&gt;</b>	57,702. 151,497.	
Pai	11   t	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or re	ported more than	
REVENUE		\$15,000 off Form 990-L2, line oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
N U E	1	Gross revenue					
	2	Cash prizes					
D P E N S E S	3	Noncash prizes				·	
Č Š T E S	4	Rent/facility costs					
	5	5 Other direct expenses	Yes %	Yes %	Yes %		
		3 Volunteer labor	No	No	No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	1	8 Net gaming income summary. Subtract	line 7 from line 1, colu	mn (d)			
	als blf	nter the state(s) in which the organization c the organization licensed to conduct gamir 'No,' explain:	ng activities in each of	these states?			
10		ere any of the organization's gaming licens					
<u></u>	TEEA3702L 08/19/19 Schedule G (Form 990 or 990-EZ) 2019						

Sche	edule G (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUB OF WESTERN LANE COUNTY 93-1236854	Page 3
	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No
á	Indicate the percentage of gaming activity conducted in:  The organization's facility	8
	An outside facility	%%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address >	
ŀ	Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If 'Yes,' enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$	No
	Name •	
	Address ►	
16	Gaming manager information:	
	Name •	
	Gaming manager compensation ▶ \$	
	Description of services provided	<b></b>
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year > \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v);

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

93-1236854

Employer identification number

#### Form 990, Part VI, Line 11b - Form 990 Review Process

990 prepared by organization's CPA and reviewed by the board prior to filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Disqualified persons must disclose any activity or relationship that is or might appear to be a conflict of interest. Once per year, each board member shall be required to submit a signed disclosure statement that describes activities such as employment, other board memberships (corporate or nonprofit), relevant affiliations, related personal or professional dealings, and any other relationships or business interest that might result in conflict. The related activities of close family memebers should also be reported.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing docs and policies are disclosed on own website and are made available on request.

# BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

FINANCIAL STATEMENTS
(Audited)

For the Years Ended December 31, 2019 and 2018

## **BOYS & GIRLS CLUB OF WESTERN LANE COUNTY**

### **CONTENTS**

Independent Auditors' Report	ements of Financial Position3	
Financial Statements:		
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Statements of Functional Expenses	5	
Statements of Cash Flows	6	
Notes to Financial Statements	7	



The Board of Directors

Boys & Girls Club of Western Lane County

Florence, Oregon

#### **INDEPENDENT AUDITORS' REPORT**

We have audited the accompanying financial statements of Boys & Girls Club of Western Lane County (a non-profit organization) which comprise the statements of financial position as of December 31, 2019, and the related statements of activities, changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the

CAPSTONE CERTIFIED PUBLIC ACCOUNTANTS, LLC

698 NW York Dr., Bend, OR 97703 phone: 541-382-5099 fax: 541-388-1056 735 SW 9th St., Redmond, OR 97756 phone: 541-548-3569 fax: 541-548-3580 257 S Pine St, Sisters, OR 97759 phone: 541-549-1237 fax: 541-549-4465 7555 Falcon Crest Dr., Redmond, OR 97756 phone: 541-797-0649 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Boys & Girls Club of Western Lane County as of December 31, 2019 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Report on Summarized Comparative Information

We have previously audited Boys & Girls Club of Western Lane County's December 31, 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated May 17, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Capatone Certified Public accountants, X.X.C.

Capstone Certified Public Accountants, L.L.C. March 27, 2020

## **BOYS & GIRLS CLUB OF WESTERN LANE COUNTY**

### STATEMENTS OF FINANCIAL POSITION

(See Independent Auditor's Report)

December 31,	2019	2018	
A	ASSETS		
Current assets:			
Cash (Note 2)	\$ 116,740	\$ 91,564	
Total current assets	116,740	91,564	
Property and equipment (Note 3) Less accumulated depreciation	729,253 137,710	707,571 114,903	
Net property and improvements	591,543	592,668	
Vehicle held for sale	3,501	-	
Beneficial interests (Note 4)	502,859	448,811	
	\$ 1,214,643	\$ 1,133,043	

December 31,	2019			2018
LIABILIITES AND NET ASSETS  Current liabilities:  Accounts payable \$ 2,093 \$  Accrued payroll liabilities 15,092  Deferred revenues (Note 5) 55,000  Line of credit (Note 7) 15,983  Current portion of long term debt (Note 6) 3,314  Fotal current liabilities 91,482  Long term debt (Note 6) 142,050  Fotal liabilities 233,532				
Current liabilities:				
Accounts payable	\$	2,093	\$	3,352
Accrued payroll liabilities		15,092		8,984
Deferred revenues (Note 5)		55,000		55,900
Line of credit (Note 7)		15,983		20,125
Current portion of long term debt (Note 6)		3,314	_	12,148
Total current liabilities		91,482		100,509
Long term debt (Note 6)		142,050		145,290
Total liabilities		233,532		245,799
Net assets:				
Without donor restriction		457,167		428,106
With donor restriction (Note 9)		523,944		459,138
Total net assets		981,111		887,244
	\$	1,214,643	\$	1,133,043

# STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

(See Independent Auditor's Report)

# For the Year Ended December 31, 2019 (With Comparative Totals for the Year Ended December 31, 2018)

		out Donor striction		th Donor striction	 2019 Total		2018 Total
Support, revenues and		v 4					
program receipts:							
Program fees	\$	77,316	\$	-	\$ 77,316	\$	75,227
Grants		15,500		96,000	111,500		50,000
Contributions		87,312		5,500	92,812		85,484
Special events, net of cost		173,330		-	173,330		160,728
Miscellaneous		14,556			 14,556		837
Total support, revenues and							
program receipts		368,014		101,500	 469,514		372,276
Net assets released							
from restriction:		97,575	(	97,575)	 		<u> </u>
Operating expenses:							
Program services		318,068		-	318,068		323,984
General and administrative		104,227		-	104,227		78,910
Fundraising		14,233			 14,233		1,886
Total expenses	-	436,528			 436,528		404,780
Change in net assets from operations		29,061		3,925	32,986	(	32,504)
Nonoperating activities							
Investment return, net		-		60,881	60,881		-
Loss on disposition of assets					 	(	23,910)
Total nonoperating activities				60,881	 60,881	(	23,910)
Change in net assets		29,061		64,806	93,867	(	56,414)
Net assets - beginning of year		428,106		459,138	 887,244		943,658
Net assets - end of year	\$	457,167	\$	523,944	\$ 981,111	\$	887,244

# STATEMENTS OF FUNCTIONAL EXPENSES

(See Independent Auditor's Report)

For the Year Ended December 31, 2019 (With Comparative Totals for the Year Ended December 31, 2018)

			orting vices			
	Program	Management		2019	2018	
	Services	and General	<b>Fundraising</b>	<u>Total</u>	Total	
Salaries	\$ 201,495	\$ 23,050	\$ -	\$ 224,545	\$ 206,978	
Payroll taxes and						
workers' compensation	23,481	1,211	-	24,692	22,885	
Employee benefits	1,278	4,023		5,301	5,521	
Total salaries and related expenses	226,254	28,284	-	254,538	235,384	
Advertising	1,060	5,464	2,104	8,628	6,556	
Athletic program	8,407	-	-	8,407	11,872	
Bank charges	95	511	1,868	2,474	1,660	
Depreciation	22,807	-	-	22,807	11,015	
Dues and subscriptions	3,265	510	-	3,775	5,585	
Insurance	-	10,866	-	10,866	10,928	
Interest expense	-	8,875	-	8,875	5,828	
Licenses and fees	-	279	~	279	346	
Miscellaneous expense	1,121	3,143	9,141	13,405	6,189	
Office	980	2,512	805	4,297	3,098	
Printing and publications	1,619	2,348	315	4,282	3,221	
Professional fees	2,805	27,566	-	30,371	31,487	
Program expenses	20,649	380	-	21,029	30,751	
Occupancy	21,159	8,615	-	29,774	33,873	
Staff development	48	3,789	-	3,837	4,199	
Supplies	7,007	-	-	7,007	2,180	
Travel expense	792	1,085	<u>-</u>	1,877	608	
Total expenses	\$ 318,068	\$ 104,227	\$ 14,233	\$ 436,528	\$ 428,690	

# STATEMENTS OF CASH FLOWS

(See Independent Auditor's Report)

For the Years Ended December 31,			2018	
Operating activities:		<u> </u>		
Net change in assets	\$	93,867	(\$	56,414)
Adjustments to reconcile change in net assets				
cash provided by operating activities:		22.005		11 015
Depreciation		22,807		11,015
Loss on disposition of property and equipment		-		23,910
(Decrease) increase in operating liabilities:				224
Accounts payable	(	1,259)	(	886)
Accrued payroll and benefits		6,108	(	1,284)
Deferred revenue	(	900)		55,900
Net cash provided by operating activities		120,623		34,291
Investing activities:				
Acquisition of equipment	(	25,183)	(	137,445)
Proceeds from note receivable		-		4 <i>,</i> 793
Investment in beneficial interests	(	54,048)		38,468
Net cash used in investing activities	(	79,231)	(	94,184)
Financing activities:				
Proceeds from line of credit, net	(	4,142)		20,125
Proceeds from issuance of long-term debt		-		9,000
Principal payments of long-term debt	(	12,074)	(	2,482)
Net cash (used in) provided by financing activities	(	16,216)		26,643
Net increase (decrease) in cash		25,176	(	33,250)
Cash, beginning of year		91,564		124,814
Cash, end of year	\$	116,740	\$	91,564

#### NOTES TO FINANCIAL STATEMENTS

(See Independent Auditor's Report)

### 1 - Significant Accounting Policies

#### Organization's Activities

The Boys & Girls Club of Western Lane County (hereafter, "the Organization"), is a nonprofit youth guidance agency. It is a local chapter of the Boys & Girls Club of America, and has served the area's youth, ages six to eighteen since 1996. The Organization promotes the health, social, education, vocational, and character development of each member and provides a variety of wholesome, adult-guided activities, and services.

#### **Basis of Accounting**

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board Accounting Standards Codification (ASC) 958, Not-For-Profit Organizations. Under ASC 958, the Organization is required to report information regarding its financial position and activities per two classes of net assets; net assets without donor restriction, and net assets. with donor restriction. As permitted by ASC 958, the Organization does not use fund accounting.

#### **Basis of Presentation**

The accompanying financial statements are prepared on the accrual basis of accounting as required under accounting principles generally accepted in the United States of America of voluntary health and welfare organizations. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions - net assets that are not subject to donor imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Organization's management and board of directors.

Net assets with donor restrictions - net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by the actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

#### NOTES TO FINANCIAL STATEMENTS

(See Independent Auditor's Report)

# 1 - Significant Accounting Policies - continued

#### Basis of Presentation - continued

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

## Fair Value Measurements - Beneficial Interests

Fair value is defined as the price that would be received to sell an asset in principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. Fair value should be based on the assumptions market participants would use when pricing an asset. U.S. GAAP establishes a fair value hierarchy that prioritizes investments based on those assumptions. The fair value hierarchy gives the highest priority to quoted prices in active markets (observable inputs) and the lowest priority to an entity's assumptions (unobservable inputs). The Organization groups assets at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date.

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets / liabilities in active markets;
- Quoted prices for identical or similar assets in non-active markets;
- Inputs other than quoted prices that are observable for the asset / liability; and,
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data.

## Cash and Cash Equivalents

For the purpose of the statement of cash flows, the Organization considers petty cash and all demand deposits to be cash and cash equivalents. Cash held by financial institutions is insured by the Federal Deposit Insurance Corporation up to \$250,000 for each institution. The balance held by these institutions did not exceed the insured amount during the periods ended December 31, 2019 and 2018, respectively.

#### NOTES TO FINANCIAL STATEMENTS

(See Independent Auditor's Report)

### 1 - Significant Accounting Policies - continued

#### **Public Support and Revenue**

The organization is supported primarily through donor contributions, grants, and fund raising activities. Contributions may be generated through mail solicitations and special event activities. Contributions are recognized upon receipt. Contributions received are recorded as support without donor or with donor restrictions depending on existence or nature of any donor restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the calendar year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

#### Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supported services benefitted.

#### **Property and Equipment**

It is the Organization's policy to capitalize property and equipment over \$500. All significant acquisitions and renovations which increase the value of assets are capitalized. All expenditures for repairs and maintenance are expensed in the period in which the cost is incurred. Purchased property and equipment is capitalized as cost. Depreciation expense for the years ended December 31, 2019 and 2018 were \$22,807 and \$11,015, respectively. The estimated useful lives are as follows:

Property 5 - 39 years Equipment 3 - 10 years

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

(See Independent Auditor's Report)

### 1 - Significant Accounting Policies - continued

#### **Donated Assets**

Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as contributions without restriction unless the donor has restricted the donated asset to a specific purpose or use. Absent donor stipulations regarding how long the donated asset must be maintained, the Organization reports expirations of donor restrictions when the donated assets are placed in service.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### **Advertising Costs**

The Organization expenses advertising costs as incurred. The Organization incurred \$8,628 and \$6,556 in advertising costs, for the years ended December 31, 2019 and 2018, respectively.

#### **Income Taxes**

The Boys & Girls Clubs is a nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes and classified by the Internal Revenue Service as other than a private foundation.

The Organization follows accounting standards for uncertain income tax positions. The Organization will recognize in its financial statements the benefit of a tax position when it believes that tax position will more likely than not be sustained on audit based on the technical merits of the position. For an exempt organization, uncertain tax positions could result from unrelated business income activities or actions that jeopardize its status as tax-exempt, such as political activity, substantial lobbying expenditures or excessive unrelated business activities. The Organization has concluded that it had no unrecognized income tax benefits at December 31, 2019 and 2018, and it has no tax positions for which it estimates a significant change over the next 12 months.

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

(See Independent Auditor's Report)

## 1 - Significant Accounting Policies - continued

## **New Accounting Pronouncement**

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly. The following table represents the presentation of the reclassification of net asset classification:

Net assets	as E	ecember)	31.	2019:

		nout Donor strictions	With Donor Restrictions		No	Total et Assets
Net asset classifications						
Unrestricted	\$	457,167	\$	-	\$	457,167
Temporarily restricted		-		21,085		21,085
Permanently restricted		-		502,859		502,859
Net assets as reclassified	\$	457,167	\$ 523,944		\$	981,111
Net assets as of December 31, 20	With	nout Donor strictions	With Donor Restrictions		N	Total et Assets
Net asset classifications As previously presented:						
Unrestricted	\$	428,106	\$	-	\$	428,106
Temporarily restricted		-		10,327		10,327
Permanently restricted				448,811		448,811
Net assets as reclassified	\$	428,106	\$ 459,138		\$	887,244

## **NOTES TO FINANCIAL STATEMENTS - Continued**

(See Independent Auditor's Report)

# 1 - Significant Accounting Policies - continued

#### Date of Management's Review

Subsequent events have been evaluated through March 27, 2020, which is the date the financial statements were available to be issued. The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of the Organization's facilities. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings. Therefore, the Organization expects this matter to negatively impact its operating results. However, the related financial impact and duration cannot be reasonably estimated at this time. Management was unaware of any other reportable material subsequent events that required disclosure.

2 - Availability and Liquidity		2019	2018
The following represents the Organization's financial assets	as of:		
Financial assets at year end:			
Cash and cash equivalents Beneficial interests	\$	116,740 502,859	\$ 91,564 448,811
Total financial assets		619,599	540,375
Less amounts not available to be used within one year:			
Net assets with donor restrictions		523,944	 459,138
Financial assets available to meet general expenditures over the next twelve months	\$	95,655	\$ 81,237

The Organization's goal is generally to maintain financial assets to meet 90 days of operating expenses. As part of its liquidity plan, excess cash may be invested in short-term investments, including money market accounts and certificates of deposit.

# NOTES TO FINANCIAL STATEMENTS - Continued

(See Independent Auditor's Report)

# 3 - Property and Equipment - continued

2019	Cost		Accumulated Depreciation		Net Book Value	
Land	\$	50,000	\$	-	\$	50,000
Building and improvements		622,198		99,535		522,663
Furniture and equipment		47,322		28,444		18,878
Vehicles		9,731		9,731		-
	\$	729,251	\$	137,710	\$	591,54
2018		Cost		rumulated preciation	N	let Book Value
<b>2018</b> Land	\$	<b>Cost</b> 50,000			<b>N</b> \$	Value
	\$		De			
Land	\$	50,000	De	preciation -		50,00 539,33
Land Building and improvements	\$	50,000 619,698	De	ereciation - 80,362		<b>Value</b> 50,00

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

(See Independent Auditor's Report)

#### 4 - Beneficial Interests - continued

#### **Hardison Endowment:**

In 2016, the Organization received a donation to establish a Continuing Education Trust Fund. In 2017, the Organization established the John and Patricia Hardison Children's Charitable Endowment. The Organization established the funds with the Western Lane County Community Foundation. The funds are invested with the Oregon Community Foundation on behalf of the Organization.

The Organization has a \$502,859 and \$448,811 beneficial interest in assets held by The Oregon Community Foundation (beneficial interest) reported in the Statement of Financial Position at December 31, 2019 and 2018, respectively. The beneficial interest is a Level 3 investment. See Note 1 Fair Value Measurements.

The beneficial interest consists of net assets with donor restricted endowment funds, which are subject to The Oregon Community Foundation (OCF) Articles of Incorporation and Bylaws, including, without limitations, the provisions authorizing OCF to unilaterally vary or modify restrictions or conditions (variance power) that it believes are unnecessary, incapable of fulfillment, or inconsistent with the charitable, educational, and scientific needs of the state of Oregon.

Unless instructed otherwise, OCF will distribute a percentage of the beneficial interest determined by OCF's Board of Directors, at least annually, under its grant percentage payout policy for permanent funds. The annual distribution will not be less than a reasonable rate of return. OCF may make distributions in excess of the percentage determined by OCF's Board of Directors upon a majority vote of all of the directors of the Organization, subject to the sole judgement of OCF's Board of Directors that the distribution requested is consistent with the objectives and purposes of the Organization and with the charitable, educational, and scientific needs of the state of Oregon.

#### Al Pearn Endowment:

The Organization is also named as the beneficiary of a permanent endowment. The earnings of the endowment are to be used to benefit the Organization. The Organization cannot use the original principal of the endowment. Should the Organization cease to exist, the beneficiary would change to another organization named in the agreement. Based on the preceding facts, the Organization has not recorded an asset for the endowment and only records the distribution of earnings when received.

# NOTES TO FINANCIAL STATEMENTS - Continued

(See Independent Auditor's Report)

5 - Deferred Revenues					
The following is a summary of deferred revenues:		2019	2018		
Oregon Community Foundation K-12 Initiative Grant for 2019 - 2020 school year Oregon Community Foundation K-12 Initiative	\$	55,000	\$	-	
Grant for 2018 - 2019 school year 2019 Fraudville Event		<u>-</u>		55,000 900	
	<u>\$</u>	55,000	\$	55,900	
6 - Long-Term Debt		2019		2018	
Note payable to Chuck Trent, the Organization's Executive Director. Note is non interest bearing and was forgiven in 2019.	\$	-	\$	9,000	
Note payable to Oregon Pacific Bank, in monthly installments of \$910, including interest at 5.29% per annum, due March 26, 2028.		145,364		148,438	
		145,364		157,438	
Less current portion		3,314		12,148	
	<u>\$</u>	142,050	<u>\$</u>	145,290	
Maturities of long-term debt are as follows for the years ending December 31,					
2020	\$	3,314			
2021		3,494			
2022		3,683			
2023 2024		3,883 4,093			
Thereafter:		126,897			
		145,364			
Less current portion		3,314			
Long-term portion	<u>\$</u>	142,050	:		

## **NOTES TO FINANCIAL STATEMENTS - Continued**

(See Independent Auditor's Report)

#### 7- Line of Credit

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On April 27, 2018, the Company entered into a \$25,000 Line of Credit agreement with Oregon Pacific Bank. The line is collateralized by all property and equipment of the Organization. The interest rate on the line is a fixed rate of 5.290%. The credit line matures on April 27, 2024.

#### 8 - Fair Value of Financial Instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities which represent financial instruments, (none of which are held for trading purposes), approximate the Level 1 carrying value of the three levels of the hierarchy.

## 9 - Net Assets with Donor Restriction

Net assets with donor restrictions consisted of the following:

	2019		 2018
Beneficial Interest	\$	502,859	\$ 448,811
2018 K-12 Initiative Grant		-	2,943
Edmund Josephine Wallock Memorial Fund		800	-
Florence Air Academy		1,000	-
Fraudville		290	-
Hardison van/bus cover		7,500	6,000
Kiwanis Keep the Lights On		-	1,284
Peacehealth - SMARTGirls / Passport to Manhood		10,000	-
Write Brain Books		_	 100
	\$	522,449	\$ 459,138

### 10 - Change in Presentation

Certain amounts in the 2018 financial statements have been reclassified to conform to the 2019 presentation.

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