For Oregon Charities For Accounting Periods Beginning in:

2020

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

(971) 673-1880 (800) 735-2900 TTY FAX (971) 673-1882

Line-by-line instructions for completing the annual

You can now file reports and pay by credit card using our online form at

https://justice.oregon.gov/ paymentportal/Account/Login

			report form ca	n be for	und on our web	site.					
S (ection I.	General	Information # 2 52	29			t Items and Correct f name or accounting p				
Ε	3oys & Girls C	Club of Western La	ane County		Registration	on #:	RECE	IVED			
F	P.O. Box 739				Organizati	on Name:	AUG 09	2021			
F	florence, OR	97439			Address:						
F	Phone: (541) 9	902-0304			City, State	, Zip:	DEPARTMENT (PORTLAND	LEGAL			
		ing: 01/01/2020	Period Ending: 12/31/2020		Phone: Email:		Fax:		ended port?		
					Period Be	ginning: / /	Period Ending:	1 1			
2.			ntant audit your financial reco lules, or other documents su					Yes	☐ No		
3.	solicitation	ıs; 🛘 in-person;	o a contract with a fundraisin □direct mail; □advertising; of the fundraising firm(s) here an explanation.)	uendii					No.		
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.										
5.	organizatio	on receive a deter	did the organization amend mination or revocation letter ended document or letter.	its article from the	es of incorporation, Internal Revenue	bylaws, or trust do Service relating to it	cuments, OR did the s tax-exempt status? If	Yes			
6.	Is the orga	nization ceasing	operations and is this the fina	l report?	(If yes, see instru	actions on how to clo	ose your registration.)	Yes	✓ No		
7.	Provide co	ntact information	for the person responsible fo	r retainin	g the organization	's records.					
		Name	Position		Phone	Ma	ailing Address & Email A	ddress			
	Chuck Tren	nt	Executive Direct	tor 5	41-551-0649	83421 Hwy 101 Florence, OR 97					
8.	not receive the phrase	e compensation. , "See IRS Form" nefit corporation	rustees and Key Employees Attach additional sheets if ne may be entered in lieu of con s.) A) Name, mailing address, d and email ad	cessary. pleting t aytime pl	If an attached IR:	S form includes sub	stantially the same comminimum of three dire (B) Title & average weekly	ctors for nonprocessing (C) Compensation	ation, ofit		
	<u></u>						hours devoted to position	(enter \$0 if position unpa			
	Name: Address:	See Attached 9	90								
	Phone:	[Email:								
	Name:							<u>-</u>			
	Address: Phone:										
	Name:	<u> </u>	Email:					<u> </u>	_		
	Address:										
	Phone:	()	- — — — — — — — — — — — Email:								

Form Continued on Reverse Side

Sec	tion II	. Fee Calculation			
1	(From Part I,	/enue	Form 990-PF: Line 9 on Form	\$773,348.00	
	(See chart b	Fee			\$300.00
1	(From Part I, III, Line 6 on	ts or Fund Balances at End of the Reporting Period Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part Form 990-PF; or see the CT-12 instructions to calculate. Attach If amount is \$0 or a negative number)	\$1,197,324.00		
	(Generally, fig. 990-EZ; or P	Assets Used to Conduct Charitable Activities	\$582,776.00		
13. /	Amount S (Line 11 min	Subject to Net Assets or Fund Balances Feeus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)		\$614,548.00	
14. l	Net Asset (Line 13 mut	ts or Fund Balances Feetiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Roun	d cents to the nearest whole dollar.)		\$61.00
15.	(If yes, the la	ate fee is a minimum of \$20. You may owe more depending on how late the report ctivities Section at (971) 673-1880 to obtain late fee amount.)		tion or contact the	
16.	Total Amo (Add Lines 1	ount Due			\$361.00
17.	Form 990 Total Rev complete	copy of the organization's federal 990 or other return and all so a 990EZ filers do not need to attach a copy of their Schedule renue of \$50,000 or more, or Net Assets or Fund Balances of certain IRS forms for Oregon purposes only. If the attached records only. If your organization files IRS Form 990-N (e-Postcard	B. Also, if the organization did n \$100,000 or more, see the instruc- eturn was not filed with the IRS, the	ot file with the IRS or filed a 99 tions. Such organizations ma hen mark any such return as "	90-N, but had y be required to
Plea Sign Here	1	Under penalties of perjury, I declare that I am an officer/dire accompanying forms, schedules, and attachments, and te the Signature of officer Chuck Trent Officer's name (printed)	ctor of the organization. I have expense best of my knowledge and believe best of the best	Executive Director	all lete.
Paid Prepa Use O		⇒ muhas A. Euskeln @ Preparer's signature	<u> 7-≥2-</u>	541-997-7173 Phone	
	_	Michael S. Buckwald Preparer's name (printed)	P.O. Box 239, Florence, OR 9 Address	7439	<u>.</u>

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

B Creek a pagetable: Address capture Applications and provided in the change into the change in the change i	A	For t	ne 2020 calen	dar year, or tax year beg	inning	, 202	20, and endir	ng	***************************************	,	20	
Name change Piorence No. 8 97439	В	Check	if applicable:	C					D Employ	er identi	fication numbe	,
Florence, OR 97439 Florenc		Ac	ddress change	BOYS & GIRLS CL	UB OF WES	TERN LANE COU	NTY		93-	12368	354	
Part		Na	ame change						E Telepho	ne numb	er	
Tare-exempt status: Same As C Above Tare-exempt status: Tare-exe		In	itial return	Florence, OR 97	439				541	-902-	-0304	
Application panding Application panding February and address of principal officer: Same As C Above Tree Mo Mo The a group college including Tree Mo Mo Mo Mo Mo Mo Mo			at return/terminated					- 1				
Application pending F Name and address of principal offices: Same AS C Above Sa		\blacksquare						Ì	G Gross r	eceipts \$	79	4.765
Same As C Above		\vdash		F Name and address of princi	pal officer:			H(a) Is this a				
Tax-emempt status: X 30(c/3) 30(c) 3 4 (insert no.) 4847(x)(1) or 577		۳. ا						H(b) Are all	subordinates	included		
Website: www.bgcwlc.org	T	Tax-	exempt status:			sert no.) 4947(a)(1)	or 527	if "No,"	attach a list	. See inst	ructions —	, –
Summary	÷				, , , , , , , , , , , , , , , , , , , ,		VV=:	H(c) Group e	exemption nu	ımher 🕨		
Summary	_				Association	Other	Year of formal				aal domicile: (קר קר
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 6 and 18 years. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3	_				Association	Odici	- rear or format	2002	. [tate of le	gai dominione. (<u> </u>
educational, vocational and character development of youth between the ages of 6 and 18 years. 2 Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2020 (Part VI, line 1b). 6 Cotal number of voting members of the governing body (Part VI, line 1b). 7 Total number of voting members of the governing body (Part VI, line 1b). 8 Contributions and grants (Part VIII, column (C), line 12. 7 Total number of voting members of the governing body (Part VI, line 1b). 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 1b). 10 Investment income (Part VIII, line 1b). 11 Other revenue (Part VIII, column (A), lines 3 4, a 1	15.4	1			sion or most s	significant activities:T	o promot	e the h	nealth	500	rial	
2 Check this box		•	educatio	nal, vocational	and char	acter develop	ent of	vouth b	etweer	the	ages o	f 6
Second S	JCe											= <i>-</i>
Second S	Ē											
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Second S	Ğ									3		
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Second S	iţie											
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8 Contributions and grants (Part VIII, line 1h). 226,145. 567,222. 9 Program service revenue (Part VIII, line 2g). 77,316. 51,341. 10 Investment income (Part VIII, column (A), lines 3, 4, a	4											
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 77, 316. 51, 341. 10 Investment income (Part VIII, column (A), lines 3, 4, and 10 Investment income (Part VIII, column (A), lines 3, 4, and 11 Other revenue (Part VIII, column (A), lines 3, 4, and 12 Total revenue – add lines 8 through 11 Outs and Jan VIII, column (A), line 12. 13 Grants and similar amounts paid (Part IX, sortman (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4). 16 A Professional fundraising fees (Part IX, column (A), line 4). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Net assets or fund balances. Subtract line 21 from line 20. 25 Net assets or fund balances. Subtract line 21 from line 20. 26 Signature Block 27 Defarts (Part X, line 2fo). 28 Signature Block 29 Date 29 Chuck Trent 29 Treparer (bert than these examined this return, including accompanying schebilise statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaredor of perparer (bert better lines address because of the settors, and the lines are any knowledge. 20 Firm's address 7777 MAPLE ST STE 2 21 Firm's address 7777 MAPLE ST STE 2 31 Fione no. (541) 997-7173	_		ivet uinelateu	business taxable income	s Holli i Olli 9	50-1, 1 art 1, mile 11				/b 	Current	
9 Program service revenue (Part VIII, line 2g)		8	Contributions	and grants (Part VIII. line	e 1h)					15		
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12 Total revenue — add lines 8 through 11 (past b) at a revill, column (A), line 12)	æ	11	Other revenue	e (Part VIII, column (A), I	ines 5 60 80	, ca, oc, and 1e)						
13 Grants and similar amounts paid (Part IX, Solumn (A), line 4). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Signature Block 25 Under penalties of perjuy, I declare that I have examined this return, including accompanying scheduler and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Primtry per or print name and title Preparer Use Only Firm's address PickWALD Firm's address PickWALD Firm's address Fir	ļ											
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and si	milar amounts paid (Part	IX, column (A	A), lines 1-3)						
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16a Professional fundraising fees (Part IX, column (A), line 11e).		15	Salaries, othe	r compensation, employe	ee benefits (Pa	art IX, column (A), lin	es 5-10)		254,5	38.	32	7.975.
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233,532. 381,320.	5 5	20	Total assets (Part X line 16)								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Chuck Trent Type or print name and title Print/Type preparer's name Preparer's signature MICHAEL BUCKWALD Pirm's name Firm's name Firm's name Firm's name Firm's name Firm's address Firm's address Firm's address Firm's address Firm's EIN ▶ 93-0860004 FIORENCE, OR 97439 Phone no. (541) 997-7173	Bar	21	Total liabilities	(Part X. line 26)				·				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Chuck Trent Type or print name and title Print/Type preparer's name Preparer's signature MICHAEL BUCKWALD Pirm's name Firm's name Firm's name Firm's name Firm's name Firm's address Firm's address Firm's address Firm's address Firm's EIN ▶ 93-0860004 FIORENCE, OR 97439 Phone no. (541) 997-7173	100	22	Not accets or	fund halances Subtract	lina 21 from li	AUG U	2021	·				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Chuck Trent Type or print name and title Print/Type preparer's name Preparer's signature MICHAEL BUCKWALD Firm's name Firm's name Firm's name Firm's name Firm's name Firm's name Firm's address Firm's address Firm's address Firm's address Firm's address Firm's elin 93-0860004 FLORENCE, OR 97439 Phone no. (541) 997-7173			INCL GSSCIS UI	Turid Dalarices, Subtract	inte 21 nom in	ne 20		·	981,1	<u> </u>	1,19	<u>1,324.</u>
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Sign Here Chuck Trent Type or print name and title Print/Type preparer's name Preparer Use Only BUCKWALD Firm's name Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's name	comp	lete. De	claration of prepar	er (other than officer) is based or	turn, including acco all information of	ompanying schedules and sta which preparer has any know	itements, and to viledge.	the best of my	knowledge a	and belief	, it is true, corre	ct, and
Chuck Trent Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if PTIN Self-employed PO1280326 Pirm's name Firm's name BUCKWALD & HORNUNG CPAS PC Firm's name Firm's address Firm's address Firm's address Firm's EIN ▶ 93-0860004 FLORENCE, OR 97439 Phone no. (541) 997-7173						• • • • • • • • • • • • • • • • • • • •						
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Paid Preparer Use Only Firm's address PC PloRENCE, OR 97439 Plone no. (541) 997-7173			Print/Type pr	eparer's name	Preparer's signa	ature	Date	10	Check	if P	TIN	
Preparer Use Only Firm's name Firm's address BUCKWALD & HORNUNG CPAS PC Firm's eln ► 93-0860004 FLORENCE, OR 97439 Phone no. (541) 997-7173	Dai	H	MICHAE	I BUCKWALD				- 1		J "		6
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			, initis addies									72
	Mav	the IF	I RS discuss this			? See instructions				(341)	X Yes	. / 3 No

	1 990 (2020) BOYS & GIRLS CLUB OF WESTERN LANE COUNTY	93-123685	4	Page 2
$\mathbb{P}_{\mathbb{N}}$	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	To promote the health, social, educational, vocational and chara			<u>of</u>
	youth between the ages of 6 and 18 years.			
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior		
2	Form 990 or 990-EZ?	_	v _{oc} ⊽	No
	If "Yes," describe these new services on Schedule O.		Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program si	ervices?	Yes X	No
•	If "Yes," describe these changes on Schedule O.		ics A	110
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported.	vices, as measure ns to others, the t	ed by exper otal expen	ises. ses,
4 a	(Code:) (Expenses \$ 402,238. including grants of \$) (Revenue \$	50,9	51)
-, -	Operating a program for young people, between the ages of 6-18 y			
	and on non-school days, including salaries of personnel who are			
	program.			
			- -	
				
4 b		Revenue \$		<u>90.</u>)
	Operating an athletic program for people, between the ages of 6-			
	school and on non-school days, including salaries of personnel w	<u>no are hire</u>	<u>a to</u>	
	operate the program.			
		- -		
4 -	(Code:) (Expenses \$ including grants of \$) (Pavanua Š		١
40	Code) (Expenses φ) (Code)	veveride p		—′
4 0	d Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e BAA	e Total program service expenses ► 407,758. TEEA0102L 10/07/20		Form 990	(2020)
	ILLO IVEL IVIVIEV			,

Page 2

Form 990 (2020) BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

Schedule A Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 3 bid the organization engage in direct or indirect political campaign ectivities on behalf of or in opposition to candidates for public or inferior of the Complete Schedule C, Part I. 4 Section 501(c)30 organizations, Did the organization engage in lobbying activities, or have a section 501(r) election in effect during the lax year? If Yes, complete Schedule C, Part II. 5 Is the organization a section 501(c)4, 501(c)5), or 501(c)6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes, complete Schedule C, Part III. 5 Is the organization maintain any done advised funds or any similar funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part III. 6 Did the organization mental and account in such funds or accounts? If Yes, complete Schedule D, Part III. 7 Did the organization mental collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III. 9 Did the organization mental manual in Part X, line 21, for secrew or custodial account liability, serve as a custodial or amounts not listed in Part X, or provide credit courseling, debt management, oredit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, complete Schedule D, Part VI. 11 If the organization report an amount for investments – other securities in Part X, line 12 ft Yes, complete Schedule D, Part VI. 12 Did the organization report an amount for investments – other securities in Part X, line 13 that				Yes	No
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Did the organization maintain an office, employees, or agents outside of the United States?. 14a 15 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 II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If 'Yes,' complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part II. 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a 20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
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b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes.'	19		x
	20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II			20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2020) BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

Partly Checklist of Required Schedules (continued)

U			V	Ma					
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	Yes	No 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? <i>If 'Yes,' complete Schedule J.</i>	23		x					
	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					
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d							
25	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I								
1	s 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		_x					
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? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х					
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X					
(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		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х					
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
i	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х						
j'sì	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · ·	Yes	No					
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, 53						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
RΔΔ	(gambling) winnings to prize winners? TEEA0104L 10/07/20	Form	990 (2020)					

Form 990 (2020) BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 22			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O.</i>	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
		5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	h 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 organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ŧ	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12.0		T LT
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			S 7 (1)
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			
AΑ	TEEA0105L 10/07/20	Form	990 (2	2020)

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

_		Check if Schedule O contains a response or note to any line in this Part VI			. X
<u>S</u>	ec	tion A. Governing Body and Management			
	1 -	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	10	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.			
	Ł	Enter the number of voting members included on line 1a, above, who are independent 1b	*		
	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
	4	Did the organization make any significant changes to its governing documents	3		Х
		since the prior Form 990 was filed?	4		Х
	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	6	Did the organization have members or stockholders?	6		X
	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?	7a		Х
	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	а	The governing body?	8a	Х	
	b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		
c		tion B. Policies (This Section B requests information about policies not required by the Internal Re	_	10 C	
3		tion b. Foncies (This Section b requests information about policies not required by the internal re	1	Yes	<u> </u>
4	۸.	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
•			10 a		
		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		
1		Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ	-
		Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
1		Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
		Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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. Q	12 c	Х	
1	3	Did the organization have a written whistleblower policy?	13	X	
1	4	Did the organization have a written document retention and destruction policy?	14	X	
1	5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	а	The organization's CEO, Executive Director, or top management official. See Schedule 0	15 a	Χ	
	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).			
1	6 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	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		organization's exempt status with respect to such arrangements?	16 b		<u></u>
<u>S</u>	ec	tion C. Disclosure			
1		List the states with which a copy of this Form 990 is required to be filed ► OR			
1	8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s or	ıly)
		X Own website Another's website X Upon request Other (explain on Schedule O)			
	9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year. See Schedule O	ible to		
2	20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		Chuck Trent P.O. Box 739 Florence OR 97439 (541) 902-0304			

Form 990 (2020)	BOYS &	GTRT.S	CLITE	OF	WESTERN	T.ANE.	COLIMITY

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Form 990 (2020)

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 employees.'
- 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.

BAA

Check this box in Heither the organization flor any felal	led organiz	T	1 001	(C)		su arı	y cc	irent onicer, direct	l lastee.	
(A) Name and title	(B) Average hours per	i	s botl dir	(do no box,	ot ch unle: officei /trust		ŀ	(D) Reportable compensation from the organization	Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chuck Trent	60									
Executive Dir.	0	Х		<u> </u>		Ш		2.	0.	0.
(2) Eddie Osorio	10_									
Director	0	X				Ш		0.	0.	0.
(3) Michael Pearson	5									
Director	0	X						0.	0.	0.
(4) Jimmie Zinn	_ 5									
Director	0	X						0.	0.	0.
(5) Laurie Green	5							-		
Director	0	X						0.	0.;	0.
(6) Nancy Pearson	15_									•
Secretary	0			X				0.	0.	0.
(7) Pat Bennett	20_									· · · · · · · · · · · · · · · · · · ·
Treasurer	0			X			_	0.	0.	0.
(8) Larry Martindale	20									-
President	0			X				0.	0.	0.
(9) Pixie Center	10_									
Vice President	0			Х				0.	0.	0.
(10)										
(11)										*****
(12)									, ,	
(13)										·
(14)								70		

TEEA0107L 10/07/20

Part Air Section A. Officers, Directors, Ir		ney	En			es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B) (C) Position Average (do not check more than one							(5)		
(A) Name and title	Average hours per	box	, unie	ess p	erson	than is bot or/trus	h an	(D) Reportable	(E) Reportable	(F) Estimated amount
	week (list any	L	1					the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from
	hours for related	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	me	(2. 103300)	(11-2/1033-111100)	the organization and related organizations
	organiza - tions	g ≱	onal	,	ploye	® com	Ι.			organizations
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1 b Subtotal	<u> </u>									
c Total from continuation sheets to Part VII, Secti							•	<u>2.</u> 0.	0.	0.
d Total (add lines 1b and 1c)							▶ '	2.	0.	0.
2 Total number of individuals (including but not limited	l to those li	sted	abov	/e) v	vho	receiv	ved	more than \$100,00	0 of reportable comp	ensation
from the organization 0				····					· 	
3 Did the organization list any former officer, direct	tor tructo	م اده					hiak			Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	al	:y e:	прк			i irgi	iest compensated	employee	. 3 Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le coi	mpe	nsa	tion	and	oţh	er compensation t	rom	
such individual	er than \$1	50,00	JU? 	<i>IT 'Y</i>	es,		ipie	te Scheaule J for		. 4 X
5 Did any person listed on line 1a receive or accru	e compen	satio	n fro	om a	any	unre	late	d organization or	individual	5 X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	s, comple	ie Sc	nea	uie	J 10	suc	n p	erson		. 5 X
Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epend	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of	
		uie ca	AIGI K	uai j	Cai	CHUII	ig v	(B)		
(A) Name and business add	ress							Description o	f services	(C) Compensation
										
2 Total number of independent contractors (including t		ted to	tho	se li	istec	abo	ve) י	who received more	than	
\$100,000 of compensation from the organization		TEFAN	1081	10/0	17/20					Form 990 (2020)

Total revenue Related or exampt Property Proper		13.47				a res	ponse or note to an	v line in this Part V	7111		Г
Description								(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tag under sections
2a Program Service Revenue 611710 50,951. 50,951. b Athletic Program 611710 390. 390. c c c c c c d c c c c f All other program service revenue	ts t	1 a	Federated campaig	gns.							
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d Net rental income or (loss)		1	•			· · · · · · · · · · · · · · · · · · ·					
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of contributions reported on line 1c). See Part IV, line 18	울	& a		iraisin		,					
9 a Gross income from gaming activities. See Part IV, line 19	Ş		of contributions reported	d on li	ne 1c).	'-					
9 a Gross income from gaming activities. See Part IV, line 19	8					8	a 104.135				
9 a Gross income from gaming activities. See Part IV, line 19	重	b	Less: direct expens	ses		8					
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b Less: direct expenses	~	1									
c Net income or (loss) from gaming activities			See Part IV, line 19			9	a				
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	8 2	d	All other revenue								
A STATE OF THE PROPERTY OF THE	Σ							16.335			
								773,348.	123,408.	0.	0.

Part X 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 response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors. trustees, and key employees..... 2 0 2 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 14,784 286,234 271,450 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 11,713 2,226 9,487 10 Payroll taxes..... 30,026 29,486 540 11 Fees for services (nonemployees): a Management..... **b** Legal....... c Accounting..... **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column 53,869 27,384 26,485 (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 6,335. 5,983 304 48. **13** Office expenses...... 3,662 1,337. 2,325. 14 Information technology..... **15** Royalties..... **16** Occupancy..... 40,002 19,134 20,868 2,77417 2,067 707. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 8,459. 8,459 21 Payments to affiliates..... 26,853 22 Depreciation, depletion, and amortization ... 26,853 15,461. 23 Insurance..... 15,461. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 28,500 24,161 4,339 a Teen & Elementary Program b Miscellaneous_____ 5,287 1,164 13,203 <u>19,654</u> 9,054 9,054 c <u>Supplies _____</u> 5,520 5,520 d Athletics Expense 4,286 62. 9,017. 4,669 e All other expenses..... 407,758 25 Total functional expenses. Add lines 1 through 24e . . . 557,135 147,847 1,530. 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).....

Pank Balance Sheet

1 2	Cash — non-interest-bearing	Beginning of year		(B) End of year
2		101,683.	1	441,233
1	Savings and temporary cash investments	15,057.	2	16,006
3	Pledges and grants receivable, net		3	
4			4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	591,543.	10 c	582,776.
11	Investments – publicly traded securities.	0,01,010.	11	302,110.
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.	506,360.	15	F20 620
16	Total assets. Add lines 1 through 15 (must equal line 33).	1,214,643.	16	538,629.
, , ,		1,214,043.	10	1,578,644.
17	Accounts payable and accrued expenses	17,185.	17	9,350.
18	Grants payable		18	
19	Deferred revenue	55,000.	19	173,000.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D [21	
21 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
! ₂₃	Secured mortgages and notes payable to unrelated third parties.	1.61 247		150 170
24	Unsecured notes and loans payable to unrelated third parties.	161,347.	23	153,170.
25			24	45,800.
26	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25.	222 520	25	201 202
20		233,532.	26	381,320.
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	457,167.	27	646,457.
28	Net assets with donor restrictions	523,944.	28	550,867.
ļ	Organizations that do not follow FASB ASC 958, check here ►			
l	and complete lines 29 through 33.		وأريك	فداما بالقائما فعطابية فالمادا معا
90	Capital stock or trust principal, or current funds		29	
29			30	
30	Paid-in or capital surplus, or land, building, or equipment fund		-	
30 31	Retained earnings, endowment, accumulated income, or other funds		31	
30		981,111.		1,197,324.

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	kas sp		
ł	b Were the organization's financial statements audited by an independent accountant?	2 b	X	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
(c If '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?	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
k	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 b		
BAA	TEEA0112L 10/19/20	Form	990 ((2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Opsa to Priblic Inspection

Employer identification number

BOY	S & GIRLS CLUB OF WE					93-12368	54		
D_{nr}	Reason for Public Ch						ictions.		
The o	organization is not a private foun				-	.)			
1	A church, convention of churc			•					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative					•			
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's								
	name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	A federal, state, or local gov	ū			, , , , , , ,	•			
,	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial ¡ (Complete Part II.)	part of its support from a	governme	ntal unit or	from the general pu	ıblic described		
8	A community trust described	d in section 170(b)(1)	A)(vi). (Complete Part	II.)					
9	An agricultural research organ or university or a non-land-grauniversity:								
10	An organization that normal from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sub elated business taxabl 509(a)(2). (Complete	oject to certain exception e income (less section Part III.)	ns; and (511 tax)	2) no more from busin	e than 33-1/3% of esses acquired by	ees, and gross receipts its support from gross the organization after		
11	An organization organized a	nd operated exclusive	ely to test for public saf	ety.See s	section 509	(a)(4).			
12	An organization organized a or more publicly supported or lines 12a through 12d that d	and operated exclusive organizations describe lescribes the type of s	ely for the benefit of, to ed in section 509(a)(1) (upporting organization	perform or section and comp	the function 509(a)(2). Diete lines	ns of, or to carry o See section 509(a 12e, 12f, and 12d,	out the purposes of one a)(3). Check the box in		
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections 2	ion operated, supervise	d, or controlled by its sur	norted or	anization(s	typically by giving	n the supported		
b	_ '	zation supervised or o	controlled in connection the same persons that c	with its s ontrol or n	upported on anage the	organization(s), by supported organiza	having control or tion(s). You		
c	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must com	ion operated in connection letter Part IV, Sections	n with, and A, D, and	l functionally E.	v integrated with, its	supported		
d	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting orgorganization generally	anization operated in cor must satisfy a distribute A and D. and Part V.	nection w tion requi	ith its suppo rement and	orted organization(s d an attentiveness) that is not requirement (see		
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS th					
f	Enter the number of supported								
g	Provide the following information	n about the supported	d organization(s).				L		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizatio in your gov docume	n listed sur) Amount of monetary poort (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No		ļ		
				103					
<u>(A)</u>									
(B)							·		
(C)									
(D)									
(E)	-		a para ter til primaling springer menerang og år menera negera e pang monerans er om en						
Total									

Schedule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF WESTERN LANE COUNTY 93-1236854

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			osinpioto i die in	·		
	ndar year (or fiscal year	4-3-0016	(h) 0017	(-) 0010	(d) 2010	(-) 0000	Ø T -↓-1
begi	nning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	563,104.	410,653.	168,582.	204,312.	567,222.	1,913,873.
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.
	Total. Add lines 1 through 3	563,104.	410,653.	168,582.	204,312.	567,222.	1,913,873.
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						740 562
6	shown on line 11, column (f) Public support. Subtract line 5						740,563.
Cas	from line 4tion B. Total Support		والمراجعة والمتاكرة والمستراء والمتاجعة والمتاجعة والمتاجعة				1,173,310.
Care begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	563,104.	410,653.	168,582.	204,312.	567,222.	1,913,873.
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.
	Total support. Add lines 7 through 10						1,913,873.
	Gross receipts from related activ					12	489,219.
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶□
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	. 11		1 4 4 1	61 01 0/
14 15	Public support percentage for 20 Public support percentage from 2	ı∠∪ (iine 6, columr 2019 Schedule Δ	i (ī), aivided by lir Part II, line 14	ie II, column (f))		61.31 % 46.78 %
	33-1/3% support test—2020. If the and stop here. The organization	he organization di	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—2019. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	and line 15 is 3	3-1/3% or more. o	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	est—2020. If the or meets the facts-a -and-circumstance	ganization did no nd-circumstances es test. The organ	t check a box on test, check this l sization qualifies a	line 13, 16a, or 16 box and stop here as a publicly supp	5b, and line 14 is LExplain in Part` orted organization	10% VI how □►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances' l	nd-circumstances lest. The organiza	test, check this intion qualifies as	oox and stop nere a publicly support	ed organization	vi now the ►
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a 		s box and see ins	

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						
Caler 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services			1]		
	performed, or facilities furnished in any activity that is	1			Ì		
	related to the organization's]			
3	tax-exempt purpose Gross receipts from activities						ļ <u>-</u>
Ī	that are not an unrelated trade or business under section 513.				į		
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on				1		
5	its behalf						<u> </u>
	facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
/a	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					1	
_	for the year		· · · · · · · · · · · · · · · · · · ·				<u> </u>
8	Public support. (Subtract line		and the second s			*** *** *** *** *** *** *** *** *** **	
	7c from line 6.)	Lean a marianta	. <u> </u>		<u> </u>		
Sec	tion B. Total Support					·	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6		-				
IVA	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
_	acquired after June 30, 1975						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on			:			
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in		ĺ				
12	Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is a organization, check this box and	for the organizatio stop here	n's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
	tion C. Computation of Pub	blic Support Po	ercentage				
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Investment						
	Investment income percentage for						%
	Investment income percentage fr 33-1/3% support tests—2020. If the						%
	is not more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies a	s a publicly suppo	rted organization	1, ▶ │ │
b	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%	he organization di	d not check a box	on line 14 or line	e 19a. and line 16	is more than 33	-1/3% and
20	Private foundation. If the organiz	, check this box at ation did not chec	ck a box on line 1	angamzation qua 4, 19a, or 19b. cl	annes as a publici neck this box and	y supported orga: see instructions	nization
5 A A				-,,,	uno box and	ooo madacacaa.	

Para V Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Ď	Supporting Organizations (continued)	-		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
-	Did the according hade manshers of the according hade afficers esting in their efficial canacity as wealth and		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	nt ries.	
Se	ction D. All Type III Supporting Organizations			
1	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction 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.			
	. 🛱			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstru	ctions).
2	Activities Test. Answer lines 2a and 2b below.	MISSES OF THE PERSON NAMED IN	Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	_	
1	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

				•
	edule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF WESTERN LA			36854 Page 6
Pg	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
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	t on No	ov. 20, 1970 (explain in st complete Sections A	ı Part VI). See through E.
Sec	tion 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):			
- E	Average monthly value of securities	1a		
l	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			

8	Minimum Asset Amount (add line / to line 6)	0		
Sec	tion C Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally ir (see instructions).	ntegrated	d Type III supporting orga	anization

3

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7

2 Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

see instructions).

6

	Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continue	d)	
Sec	ction D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ıs,	2	
3	Administrative expenses paid to accomplish exempt purposes of so	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	_
9	Distributable difficult for 2020 from Control of fine o			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ction E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	engage = analy regarded			
	Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2020				
	a From 2015	ti.	Salaharan Salaha		منواد داملا والاراز والرادان
	From 2016	Bertheld freezist sur Artist free Frances.	a interes of suppose the second		
	From 2017				
	From 2018	grand the transfer of			
	From 2019		· · · · · · · · · · · · · · · · · · ·		
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years	og sum summer om restore a livre i vince.			The second control and a secon
	Applied to 2020 distributable amount	Andrew Control of the			
	i Carryover from 2015 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		; ————————————————————————————————————		
	Distributions for 2020 from Section D, line 7:				
 -	Applied to underdistributions of prior years	erina. Para tanàna dia mandria dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia			
	Applied to 2020 distributable amount				The second secon
	Remainder. Subtract lines 4a and 4b from line 4.				no est de semanto en 1900 de de retidad.
5 	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			and the second	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016			i (
b	Excess from 2017				
С	Excess from 2018	The state of the s			
d	Excess from 2019				
	Evenes from 2020		(

BAA

PartWij

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)

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 Negaction

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BO	IS & GIRLS CLUB OF WESTERN LANE COUNTY			93-1236854	
(P)	Organizations Maintaining Donor Advised F Complete if the organization answered 'Yes'	Funds or Other on Form 990, f	Similar Funds o Part IV, line 6.	r Accounts.	
		Donor advised fur		(b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's	writing that the as exclusive legal co	sets held in donor ad	dvised funds	No No
6	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the donor cimpermissible private benefit?	advisors in writing or donor advisor, o	that grant funds can r for any other purpo	be used only se conferring	No
5).5	Conservation Easements.				
<i>F</i> : !!	Complete if the organization answered 'Yes'	on Form 990. I	Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organizat			 	
•	Preservation of land for public use (for example, recreation of	•	<u></u>	a historically important lar	nd area
	Protection of natural habitat	n caacation,	L	certified historic structur	
	Preservation of open space			. Jordinou motorio atruotur	• .
2	Complete lines 2a through 2d if the organization held a qualified	conservation contrib	ution in the form of a	onservation easement on t	ho
_	last day of the tax year.	CONSCIVATION CONTIND	ation in the form of a t	onservation easemett on t	I IC
				Held at the End of the	ne Tax Year
ā	Total number of conservation easements		<i>.</i>	a	
t	Total acreage restricted by conservation easements			:b	
C	: Number of conservation easements on a certified historic str	ructure included in	(a)	:c	
c	Number of conservation easements included in (c) acquired structure listed in the National Register	after 7/25/06, and	not on a historic	d	
3	Number of conservation easements modified, transferred, release tax year ►	ed, extinguished, or	terminated by the orga	nization during the	
4	Number of states where property subject to conservation easeme	ent is located ▶			
5	Does the organization have a written policy regarding the pe		inspection handling	of violations	
•	and enforcement of the conservation easements it holds?				No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand				ear
7	Amount of expenses incurred in monitoring, inspecting, handling ►\$	of violations, and er	oforcing conservation e	asements during the year	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requi	rements of section 1	70(h)(4)(B)(i) Yes	☐ No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization easements.	ion easements in i	ts revenue and exper tements that describe	nse statement and balances the organization's acco	e sheet, and unting for
5^{51}	Organizations Maintaining Collections of Ar Complete if the organization answered 'Yes'	rt, Historical Tre on Form 990, F	easures, or Othe Part IV, line 8.	r Similar Assets.	
1 a	If the organization elected, as permitted under FASB ASC 95 historical treasures, or other similar assets held for public ex Part XIII the text of the footnote to its financial statements the	chibition, education	, or research in furthe	nt and balance sheet work erance of public service, p	s of art, provide in
b	If the organization elected, as permitted under FASB ASC 95 historical treasures, or other similar assets held for public exhibiti following amounts relating to these items:	58, to report in its roon, education, or re	revenue statement ar search in furtherance o	nd balance sheet works of public service, provide the	f art,
	(i) Revenue included on Form 990, Part VIII, line 1			►\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasure amounts required to be reported under FASB ASC 958 relations.	es, or other similar and to these items:	assets for financial gain	n, provide the following	
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X			►\$	

Paralle Organizations Maintai	ning Collections	or Art, Histor	ricai i reasures, c	or Other Similar Ass	ets (contil	nued)				
3 Using the organization's acquisition, items (check all that apply):	accession, and other		-	make significant use of its	collection					
a Public exhibition			r exchange program							
b Scholarly research		e Other								
c Preservation for future genera						;				
Part XIII.	Part XIII.									
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the or	ganization's collection	n?	Yes	No				
Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	990, Part X, li	ne organization ai	nswered 'Yes' on Fo	rm 990, P	art IV,				
1 a Is the organization an agent, trust on Form 990, Part X?				her assets not included	Yes	No				
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the followin	g table:		<u> </u>					
					Amount					
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance				1f	1 1/2	110				
2 a Did the organization include an ar					Yes	No				
b If 'Yes,' explain the arrangement	in Part XIII. Check r	ere ii the explana	ation has been provid	ied on Part XIII						
Endowment Funds. Co	mplete if the or	nanization and	wered 'Yes' on F	orm 990 Part IV lir	ne 10					
Lildownient Funds. Oc	(a) Current year	(b) Prior year	(c) Two years ba		(e) Four ye	are hark				
1 a Beginning of year balance	502,859.	448,81			(e) rour ye	0.				
b Contributions	302,033.	440,01	201,2	408,665.	3.	7,000.				
				400,003.	 	7,000.				
c Net investment earnings, gains, and losses	59,731.	83,20	110,86	65. 49,108.		453.				
d Grants or scholarships	20,353.	20,63								
e Other expenditures for facilities and programs	20,000.	20,00		0.						
f Administrative expenses	8,841.	8,52	21. 7,24	44. 6,230.		52.				
g End of year balance	531,526.	502,85	9. 448,8	11. 487,279.	3.	7,401.				
2 Provide the estimated percentage a Board designated or quasi-endowme b Permanent endowment	_	end balance (line	1g, column (a)) held	d as:						
c Term endowment	%									
The percentages on lines 2a, 2b, an	d 2c should equal 100)%.								
3a Are there endowment funds not in th			معمدة سنست الماما ماما	ad for the						
organization by:	ie possession of the c	ilganization that an	e neiu anu aummistere	ou for the	Yes	No				
(i) Unrelated organizations					3a(i) X					
(ii) Related organizations					3a(ii)	Х				
b If 'Yes' on line 3a(ii), are the related	ted organizations lis	ted as required or	n Schedule R?		. 3b					
4 Describe in Part XIII the intended	uses of the organiz	ation's endowmer	nt funds. See Pa	rt XIII						
Land, Buildings, and E Complete if the organiz		'Yes' on Form	990 Part IV lin	e 11a See Form 99	0 Part X	line 10				
			· · · · · · · · · · · · · · · · · · ·							
Description of property	(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value				
1 a Land			50,000.			0,000.				
b Buildings			599,492.	1	49	<u>1,121.</u>				
c Leasehold improvements			37,119.			<u>4,370.</u>				
d Equipment			60,728.	43,443.	1	7,285.				
e Other					· · · · · · · · · · · · · · · · · · ·					
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, co	olumn (B), line 10c.).			2,776.				
BAA				Sched	ule D (Form 9	90) 2020				

Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C)	·		
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Para VIII Investments - Program Related.	l'Voo! on Form 000	N/A	00 Dayl V line 10
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(b) book value	(C) Method of Valuation. Cost of end-	or-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		Proposition of the control of the co	
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d, See Form 99	90. Part X. line 15.
(a) Des	scription		(b) Book value
(1) Vehicle held for sale			5,233.
(2) West Lane Community Foundation			533,396.
(3)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(8)			
(8) (9) (10))) (i.e. 15.)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	3) line 15.)		538,629.
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.			538,629.
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo			538, 629.
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form 1. (1) Federal income taxes	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form 1. (1) Federal income taxes (2)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Complete if the organization answered 'Yes' on Form (a) Descripation (b) Federal income taxes (c) (c) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	orm 990, Part IV, line 11		·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line 11 ption of liability	e or 11f. See Form 990, Part X, line 25.	·
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	orm 990, Part IV, line 11 ption of liability	e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line 11 ption of liability thote to the organization's fin	e or 11f. See Form 990, Part X, line 25.	(b) Book value

Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	•
1 Total revenue, gains, and other support per audited financial statements		1 773,348.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3 773,348.
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	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5 773,348.
Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per F	Return.
Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P		Return.
	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	2a 2b	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses	2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	2a 2b 2c 2d	1 557,135. 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	2a 2b 2c 2d	1 557,135. 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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	2a 2b 2c 2d	1 557,135. 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.).	2a	1 557,135. 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	2a	1 557,135. 2e 3 557,135.
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.).	2a	1 557,135. 2e 3 557,135.

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 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.

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020 lead to Public

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number BOYS & GIRLS CLUB OF WESTERN LANE COUNTY 93-1236854 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization column (i) Yes No 1 2 3 5 6 7 8 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.K.J		more than \$15,000 of fundraising List events with gross receipts great the street of t	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, I on Form 990-EZ,	ine 18, or reported lines 1 and 6b.
e e			(a) Event #1 Fraudville (event type)	(b) Event #2 Summer Golf To (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	81,966.	27,675.		109,641.
OZ.	2	Less: Contributions	4,629.	877.		5,506.
	3	Gross income (line 1 minus line 2)	77,337.	26,798.		104,135.
	4	Cash prizes			:	
	5	Noncash prizes	566.			566.
TS es	6	Rent/facility costs	775.	2,025.	· · · · · · · · · · · · · · · · · · ·	2,800.
Direct Expenses	7	Food and beverages	3,497.	76.		3,573.
<u>rect</u>	8	Entertainment				
Δ	9	Other direct expenses	11,225.	3,253.		14,478.
e i grane	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from the summary.	om line 3, column (d)		.	82,718.
<u>የሚ</u>) (})));	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	t IV, line 19, or re	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
<u>~</u>	1	Gross revenue			······································	
Ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				Control of the Contro
	6	Volunteer labor	Yes%	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	n (d)	>	
	ls th	er the state(s) in which the organization content or organization licensed to conduct gaming o,' explain:	activities in each of th			Yes No
		e any of the organization's gaming license es,' explain:		or terminated during th		Yes No

Schedule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

93-1236854

Page 2

Sch	edule G (Form 990 or 990-EZ) 2	020 BOYS & GIRLS	CLUB OF WESTERN LANE CO	<u> </u>	.236854	Page 3
11	Does the organization conduct	gaming activities with r	nonmembers?		· · · Yes	No
12			ust, or a member of a partnership or othe		Yes	No
13	Indicate the percentage of gamin	a activity conducted in:				
					Ba	8
					Bb	
14	Enter the name and address of the	he person who prepares tl	ne organization's gaming/special events b	pooks and records:		
	Name ►					
	Address					
15 a	Does the organization have a country of graning revenue retained by	aming revenue received	y from whom the organization receive by the organization► \$	s gaming revenue? and the ar	nount	No
•	If 'Yes,' enter name and addre	ss of the third party:				
	Name •					
						į
16	Gaming manager information:					
	Name •			~	~	
	Gaming manager compensatio					
	Description of services provide	d ►				
	Director/officer	Employee	Independent contractor			•
17	Mandatory distributions:					
	state gaming license?	required under state law t	able distributions from the gaming procee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····· Yes	No
Par	Supplemental Infor	mation. Provide the 9b, 10b, 15b, 15c,	explanations required by Part 16, and 17b, as applicable. Als	I, line 2b, column so provide any ad	ns (iii) and (Iditional	v);
BAA			TEEA3703L 08/18/20	Schedule G (F	orm 990 or 990)-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

Employer identification number 93–1236854

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 members should also be reported.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management
Using the Job Classification & Compensation Management Report, we compared
compensation of CEOs with like size, budget, scope of responsibilities

We also reviewed the CEO salary from the 990 of other Non-profits in Florence, Eugene, and Coos Bay.

Working with the Boys & Girls Clubs of America Director of Organizational

Development and CEO National Search Director made recommendation to the Board on

Salary Range.

Boys & Girls Club of Western Lane County Board voted on CEO compensation based on research data and job qualifications/experience of the candidate. Voted approve annual salary of \$75,000

Name of the organization

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

93-1236854

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, 2020 and 2019

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

CONTENTS

Independent Auditors' Report	2
Financial Statements:	
Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	



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, 2020, 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 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, 2020 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, 2019 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 27, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Capstone Certified Public Accountants, L.L.C. March 26, 2021

BOYS & GIRLS CLUB OF WESTERN LANE COUNTY

STATEMENTS OF FINANCIAL POSITION

(See Independent Auditor's Report)

December 31,		2020	2019
A	SSETS		
Current assets:			
Cash (Note 2)	<u>\$</u>	457,239	\$ 116,740
Total current assets		457,239	116,740
Property and equipment (Note 3)		747,339	729,253
Less accumulated depreciation		164,563	 137,7 10
Net property and improvements		582,776	591,543
Vehicle held for sale		5,233	3,501
Beneficial interests (Note 4)		533,396	 502,859
	\$	1,578,644	\$ 1,214,643

December 31,	2020	2019						
LIABILIITES AND NET ASSETS								
Current liabilities:								
Accounts payable	\$ 2,508	\$ 2,093						
Accrued payroll liabilities	6,842	15,092						
Deferred revenues (Note 5)	173,000	55,000						
Line of credit (Note 7)	11,011	15,983						
SBA Payroll Protection Loan (Note 6)	45,800	-						
Current portion of long term debt (Note 6)	3,494	3,314						
Total current liabilities	242,655	91,482						
Long term debt (Note 6)	138,665	142,050						
Total liabilities	381,320	233,532						
Net assets:								
Without donor restriction	646,457	457,167						
With donor restriction (Note 9)	550,867	523,944						
Total net assets	1,197,324	981,111						
	\$ 1,578,644	\$ 1,214,643						

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

(See Independent Auditor's Report)

For the Year Ended December 31, 2020 (With Comparative Totals for the Year Ended December 31, 2019)

		ut Donor striction	With Donor Restriction			2020 Total		2019 Total	
Support, revenues and									
program receipts:		Fi 0.44	•			E4 044 /		PE 047	
Program fees Grants	\$	51,341 213,208	\$	106,980	\$	51,341 / 320,188 \	\$	77,316 111,500	
Contributions		247,035		200/200		247,035		92,812	
Special events, net of cost		82,717		_		82,717		173,330	
Miscellaneous		16,372		-		16,372		14,556	
Total support, revenues and									
program receipts	<u></u>	610,673		106,980		717,653	<u></u>	469,514	
Vet assets released									
from restriction:		80,057	(80,057)		-			
Operating expenses:									
Program services		407,758		-		407,758		318,068	
General and administrative		147,847		•		147,847		104,227	
Fundraising		1,530				1,530		14,233	
Total expenses	·	557,135				557,135		436,528	
Change in net assets from operations		133,595		26,923		160,518		32,986	
Nonoperating activities								دسد هذ	
Investment return, net	 	55,695				55,695		60,881	
Total nonoperating activities	·····	55,695		-		55,695		60,881	
Change in net assets		189,290		26,923		216,213		93,867	
Net assets - beginning of year		457,167		523,944		981,111		887,244	
Net assets - end of year	\$	646,457	\$	550,867	\$	1,197,324	\$	981,111	

STATEMENTS OF FUNCTIONAL EXPENSES

(See Independent Auditor's Report)

For the Year Ended December 31, 2020
(With Comparative Totals for the Year Ended December 31, 2019)

				Supporting Services						
		rogram Services	Management and General Fundraising		2020 Total		2019 Total			
Salaries	\$	271,450	\$	14,786	\$	-	\$	286,236	\$	224,545
Payroll taxes and										
workers' compensation		29,486		540		-		30,026		24,692
Employee benefits		2,226		9,487	· · ·			11,713		5,301
Total salaries and related expenses		303,162		24,813		•		327,975		254,538
Advertising		5,983		48		304		6,335		8,628
Athletic program		5,520		-		-		5,520		8,407
Bank charges		•		1,168		-		1,168		2,474
Depreciation		-		26,853		}		26,853		22,807
Dues and subscriptions		3,524		1,783		-		5,307		3,775
Insurance		• •		15,461				15,461		10,866
Interest expense		- :		8,459		-		8,459		8,875
Licenses and fees		<u> </u>		389		4		389		279
Miscellaneous expense		5,287		13,203		1,164		19,654		13,405
Office		1,337		2,325		+		3,662		4,297
Printing and publications		703		727		62		1,492		4,282
Professional fees		27,384		26,096		-		53,480		30,371
Program expenses		24,161		4,339		-		28,500		21,029
Occupancy		19,134		20,868		-		40,002		29,774
Staff development		442		608		-		1,050		3,837
Supplies		9,054		-		•		9,054		7,007
Travel expense	_	2,067	<u> </u>	707				2,774		1,877
Total expenses	\$	407,758	\$	147,847	\$	1,530	\$	557,135	\$	436,528

STATEMENTS OF CASH FLOWS

(See Independent Auditor's Report)

For the Years Ended December 31,		.,	2019	
Operating activities:				· · · · · · · · · · · · · · · · · · ·
Net change in assets	\$	216,213	\$	93,867
Adjustments to reconcile change in net assets cash provided by operating activities:				
Depreciation		26,853		22,807
(Decrease) increase in operating liabilities:		44.5	,	1.050
Accounts payable Accrued payroll and benefits	7	415 8,250)	Ć	1,259) 6,108
Deferred revenue	(118,000	(900)
Net cash provided by operating activities		353,231	***************************************	120,623
Investing activities:				
Acquisition of equipment	(19,818)	(25,183)
Investment in beneficial interests	(30,537)	<u>(</u>	54,048)
Net cash used in investing activities	(50,355)	(79,231)
Financing activities:				
Payments on line of credit, net	(4,972)		(4,142)
Proceeds from PPP SBA Payroll Protection Loan	_	45,800		<u>.</u>
Principal payments of long-term debt	(3,205)	<u>(</u>	12,074)
Net cash provided by (used in) financing activities		37,623	(16,216)
Net increase in cash		340,499		25,176
Cash, beginning of year	<u> </u>	116,740		91,564
Cash, end of year	\$	457,239	\$	116,740

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 exceed the insured amount during the period. ended December 31, 2020 and 2019, 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, 2020 and 2019 were \$26,853 and \$22,807, 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 \$6,335 and \$8,628 in advertising costs, for the years ended December 31, 2020 and 2019, 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, 2020 and 2019, 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 December 31, 2020	With	nout Donor strictions	With Donor Restrictions		Total Net Assets		
Net asset classifications As previously presented:							
Unrestricted Temporarily restricted Permanently restricted	\$	646,457	\$	17,471 533,396	\$	646,457 17,471 533,396	
Net assets as reclassified	\$	646,457	\$	550,867	\$	1,197,324	
Net assets as of December 31, 20	Witl	9: Without Donor Restrictions		With Donor Restrictions		Total et Assets	
Net asset classifications							
As previously presented:							
	\$	457,167 - -	\$	- 21,085 502,859	\$	457,167 21,085 502,859	

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 26, 2021, 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.

The organization has resolved beginning in the year ended December 31, 2021 to restrict \$150,000 as contingent operating reserves.

Management was unaware of any other reportable material subsequent events that required disclosure.

- Availability and Liquidity		2020	2019		
The following represents the Organization's financial assets	as of:				
Cash and cash equivalents Beneficial interests	\$.	457,239 533,396	\$	116,740 502,859	
Total financial assets		990,635		619,599	
Less amounts not available to be used within one year:					
Net assets with donor restrictions	-	550,867		523,944	
Financial assets available to meet general expenditures over the next twelve months	\$	439,768	\$	95,65 5	

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 Accumulated Net Book 2020 Cost Depreciation Value Land 50,000 \$ 50,000 **Building and improvements** 636,610 121,120 515,490 Furniture and equipment 50,998 33,712 17,286 Vehicles 9,731 9,731 747,339 164,563 582,776 Accumulated Net Book 2019 Cost Depreciation 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

591,541

NOTES TO FINANCIAL STATEMENTS - Continued (See Independent Auditor's Report)

4 - Beneficial Interests

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 \$550,867 and \$523,944 beneficial interest in assets held by The Oregon Community Foundation (beneficial interest) reported in the Statement of Financial Position at December 31, 2020 and 2019, 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:		2020	2019		
Oregon Community Foundation K-12 Initiative Grant for 2019 - 2020 school year	\$	8,000	\$	55,000	
Oregon Community Foundation K-12 Initiative		40.000			
Grant for 2020 - 2021 school year BGCA Grant		10,000 80,000		-	
Ford Family Grant		75,000		-	
•	\$	173,000	<u>\$</u>	55,900	
6 - Long-Term Debt		2020		2019	
installments of \$910, including interest at 5.29% per annum, due March 26, 2028. Less current portion	<u>\$</u>	142,159 142,159 3,494 138,665	-	145,364 145,364 3,314 142,050	
Maturities of long-term debt are as follows for the years ending December 31,					
• • • • • • • • • • • • • • • • • • • •	_	3,494			
2021	\$	O/T/T			
2021 2022	\$	3,683			
2021 2022 2023	\$	3,683 3,883			
2021 2022 2023 2024	\$	3,683 3,883 4,093			
2021 2022 2023	\$	3,683 3,883 4,093 4,315			
2021 2022 2023 2024 2025		3,683 3,883 4,093	_		
2021 2022 2023 2024 2025	\$	3,683 3,883 4,093 4,315 132,691	_		

NOTES TO FINANCIAL STATEMENTS - Continued

(See Independent Auditor's Report)

6 - Long-Term Debt -Continued

SBA Paycheck Protection Program

In response to the coronavirus (COVID-19) outbreak in 2020, the U.S. Federal Government enacted the Coronavirus Aid, Relief, and Economic Security Act that, among other economic stimulus measures, established the Paycheck Protection Program (PPP) to provide small business loans. In April 2020, the Company obtained a PPP loan for \$48,500, which is included in the Company's loan payable balance at December 31, 2020. The note matures in April 2022 and bears interest at a fixed annual rate of 1%, with the first ten months of interest deferred. The Company believes it used all of the proceeds from the note for qualifying expenses and thus applied for forgiveness for the loan on September 15th, 2020.

7- Line of Credit

On April 27, 2019, 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. Level 1 is the unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date, or the historical cost.

NOTES TO FINANCIAL STATEMENTS - Continued

(See Independent Auditor's Report)

9 - Net Assets with Donor Restriction		
Net assets with donor restrictions consisted of the following:	2020	
	 2020	 2019
Beneficial Interest	\$ 533,396	\$ 502,859
Van replacement	8,000	
Edmund Josephine Wallock Memorial Fund	÷	800
Florence Air Academy	<i>7</i> 50	1,000
Fraudville	.	290

 Hardison van/bus cover
 7,500

 Peacehealth - SMARTGirls / Passport to Manhood
 8,721
 10,000

 \$ 550,867
 \$ 522,449

10 - Change in Presentation

Certain amounts in the 2019 financial statements have been reclassified to conform to the 2020 presentation.