EXTENDED TO NOVEMBER 15, 2018

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 20	017 calendar year, or tax year beginning	ar	nd ending	<b>-</b>	
В	Check applic	ıf able	C Name of organization			D Employer identif	ication number
	Add cha	dress Inge	BOYS AND GIRLS CLUB OF	EASTON, INC.			0.41.000
느	cha	inge '	Doing business as		1	<del></del>	941228
Ļ	retu	ırn	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	
L	Fin retu	ai urn/ min-	PO BOX 741				)253-5846
_	ate	d	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	<u>571,596.</u>
Ļ	Iretu		EASTON, PA 18044-0741			H(a) Is this a group r	
L	tior	plica- i iding	F Name and address of principal officer.DEAL			for subordinate	
_			210 JONES HOUSTON WAY, 1	<del></del>	042	H(b) Are all subordinates	
			Dr. Grantagi. (22) GG ((G)(G)	(insert no.) 4947(a) (	1) of 527	7	ı list. (see instructions)
			► N/A		<del>,</del>	H(c) Group exemption	
	Form <b>art</b>		ganization: X Corporation Trust Ass ummary	sociation Other	L Year	of formation: 1974	M State of legal domicile; PA
	, 1		efly describe the organization's mission or most				
Governance		W.	ITH A FORUM FOR ATHLETIC	, SOCIAL AND I	NTELLEC	TUAL INTERA	CTION.
rus	2	Ch	eck this box 🕨 🔲 if the organization discor	ntinued its operations or disp	posed of more	e than 25% of its net a	ssets
Š	3	Nu	mber of voting members of the governing body	(Part VI, line 1a)	/ 3	3	14
		Nu	mber of independent voting members of the gov	erning body (Part VI, line 1b		4	14
V	5 5	To	tal number of individuals employed in calendar y	ear 2017 (Part V, line 2a) 🧳		5	26
į	6	To	tal number of volunteers (estimate if necessary)		Z/ %	6	30
Activities &	7	a To	tal unrelated business revenue from Part VIII, co	lumn (C), line 12		/ \ 7a	0.
_	`	b Ne	t unrelated business taxable income from Form	990-T, line 34		. / /0	0.
				/ /	\$ 1	Prior Year	Current Year
<u>a</u>	8   1	Co	intributions and grants (Part VIII, line 1h)			401,254.	473,574.
Revenue	9		ogram service revenue (Part VIII, line 2g)	and 7d)		9,677.	17,248.
٨	10	) Inv	vestment income (Part VIII, column (A), lines 3, 4,	and 7d)	\ \ \_	36.	0.
	1.	I Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)	$\searrow$	78,339.	67,698.
	12		tal revenue - add lines 8 through 11 (must equal		) •	489,306.	558,520.
	13		ants and similar amounts paid (Part IX, column (/	•	<u> </u>	<u> </u>	0.
	14		nefits paid to or for members (Part IX, column (A	• •		0.	0.
ď	3   15		lanes, other compensation, employee benefits (F		0)	362,764.	404,814.
Typenege	2   16		ofessional fundraising fees (Part IX, column (A), II		~~~ <del> </del>	0.	0.
2	{		tal fundraising expenses (Part IX, column (D), line	·	832.	116 050	112 056
-	1   17		her expenses (Part IX, column (A), lines 11a-11d,		<u> </u>	116,252.	113,956.
	18		tal expenses. Add lines 13-17 (must equal Part I)		<u> </u>	479,016.	518,770.
_	<u>, 19</u>	Re	venue less expenses. Subtract line 18 from line	12	<del></del>	10,290.	39,750.
t Assets or	일	_			Ве	eginning of Current Year	End of Year
SSe	జ 원 20		tal assets (Part X, line 16)			164,092.	204,376.
Net A	E 2		tal liabilities (Part X, line 26)		_	7,086.	7,620.
_			et assets or fund balances. Subtract line 21 from Signature Block	line 20	·	157,006.	196,756.
	art		s of perjury, I declare that I have examined this return,	realisting cocompositing cohod	ulaa and atatan	ante and to the heet of n	w knowledge and heliof it is
			is of perjury, i declare that i have examined this return, and complete. Declaration of preparer (other than o <del>ffice</del>				ly knowledge and belief, it is
tru	ie, coi	rect, a	ind complete: Declaration of preparer (other than office	) is based on all lillormation of	Willett prepare	i ilas ally kilowieuge.	<del></del>
			Signature of officer	<u> </u>		Date Olar	10 -2
•	gn		DEAN YOUNG, EXECUTIVE	▗ ▄▗▗▄ ▄▗▄ ▄▗▄		9/10	1 <i>90 19</i>
H	ere ——		Type or print name and title	DIRECTOR	······································		
>			rınt/Type preparer's name	Preparer's signature	,	(1) - 1 10° 11 1	X PTIN
Pa	iid	SI	USAN KOSS CPA	Auran Jo	21	9/6//8 self-emplo	<del></del>
Pr	epare		rm's name SUSAN KOSS CPA			Firm's EIN	<u> 27-0992793                                  </u>
_ Us	se Onl	y   Fi	rm's address 2925 WM. PENN HW	Y., SUITE 102			
2 _		L_	EASTON, PA 18045			Phone no. <b>6</b> 1	0-438-0029
<u>м</u>	ay th	e IRS	discuss this return with the preparer shown abo				X Yes No
72	2001	11-28-1	7 LHA For Paperwork Reduction Act Notice	e, see the separate instruc	ctions.		Form <b>990</b> (2017)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm		GIRLS CLUB OF EASTON, IN	IC. 23-19	941228 Page 2
Par	t III Statement of Program Servi	ce Accomplishments		
	Check if Schedule O contains a response	onse or note to any line in this Part III		
1	Briefly describe the organization's mission:			
		THE YOUTH OF EASTON WITH	I POSITIVE ATHLE	ETIC,
	SOCIAL AND INTELLECTUA	AL INTERACTION.		<u> </u>
2	Did the organization undertake any significa	ant program services during the year which were	not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on So	chedule O.		
3	Did the organization cease conducting, or r	nake significant changes in how it conducts, any	program services?	Yes X No
	If "Yes," describe these changes on Sched	ule O.		
4	Describe the organization's program service	e accomplishments for each of its three largest p	rogram services, as measured	by expenses.
		ns are required to report the amount of grants and	=	
	revenue, if any, for each program service re			•
4a		92,814. including grants of \$	) (Revenue \$	17,248.)
	YOUTH SERVICES		, , , ,	· · · · · · · · · · · · · · · · · · ·
	100111 001111000			
		•		
			•	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	
			<u>.</u>	
		<u></u>		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
	· · · · · · · · · · · · · · · · · · ·			
		<del>(************************************</del>		
		· · · ·	· ·	
				<del></del>
		<del></del>		
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
		. <del> </del>		<del>.</del>
			<del></del>	
			•	
	011	Lite O		
4d	Other program services (Describe in Sched			
			renue \$	
<u>4e</u>	Total program service expenses	392,814.		
				Form <b>990</b> (2017)

			Yes	No
1	. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l <u></u>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			•
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
ē		110	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Α	
t	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
	D. I.V. and the second for an experience of the total	110		<del>  ^</del>
(	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	The state of the s	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
1	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
١	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	17	<u> </u>	X
18			<u>-</u> -	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19	000	X
		Form	<b>990</b>	(2017)

			res	INO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ĺ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	7,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	00.
		Form	<b>33</b> 0 (	(2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	26						
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)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	ļ					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity	t						
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	_6b_	<b> </b>	<u> </u>				
7	Organizations that may receive deductible contributions under section 170(c).		]					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p		-	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37				
	to file Form 8282?	7c	-	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b></b>  _		ļ				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098			ļ. <u>-</u>				
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8-C? 7h						
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
9	Sponsoring organizations maintaining donor advised funds.	-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter.							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them ) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans			1				
С				<u> </u>				
14a		14a		X				
h-	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1 14h		1				

732005 11-28-17

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion A. Governing Body and Management											
			•	_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14								
	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 in Schedule O.		1									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14	ł							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other									
	officer, director, trustee, or key employee?			L	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			<u> </u>	3		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	<u> </u>	4		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X					
6	·											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or									
	more members of the governing body?			L	7 <u>a</u>		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or									
	persons other than the governing body?			F	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:									
а	The governing body?				3a	X						
b	Each committee with authority to act on behalf of the governing body?			-	3b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				**					
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)									
				Г.	_	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			Ľ	0a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	napte	s, aπiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	J L	filma tha far		0b	Х						
11a	· · · · · · · · · · · · · · · · · · ·	ay beic	ore ming the for	'''' <u> </u>	1a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					X						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	a to cor	oflicte?	_	2a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			H	2b		<u> </u>					
С	in Schedule O how this was done	763, U	escribe	,	2c		х					
40	Did the organization have a written whistleblower policy?		•		13	х						
13	Did the organization have a written document retention and destruction policy?				14	X						
14	Did the process for determining compensation of the following persons include a review and approx	al hv ii	ndenendent	-	-							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		паоронаот									
_	The organization's CEO, Executive Director, or top management official	•			5a		X					
a	Other officers or key employees of the organization				5b		X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			F'		,						
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a									
iod	taxable entity during the year?		··· <del>··</del>		6а		X					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ate its	participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic											
	exempt status with respect to such arrangements?			1 1	6b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶PA											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s	only) ava	ulab	le						
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest polic	y, and fi	nan	cial						
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records.									
	DEAN YOUNG - 610-253-5846											
	PO BOX 741, EASTON, PA 18044-0741											
72200	NA 11-28-17				Form	990	(2017)					

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

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

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

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

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization i	nor any related	orga	anıza	ation	cor	npe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	,,,	not o	Position				Reportable	Reportable	Estimated
	hours per	box	(do not check more than on box, unless person is both a			is bot	han	compensation	compensation	amount of
	week	-	ceranda		d a director/trustee)			from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	la la	يو ا			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		ىپ	bens		(W-2/1099-MISC)		organization
	organizations	la Et	onal		ploye	E &				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	0.00	=	트	8	¥	王克	15			
(1) ALISON PICKEL	0.00	┨						0.	0.	^
PRESIDENT	0.00	-				┼	-	0.	0.	0.
(2) BRIGITTE BISSON	0.00	-			i					_
SECT.		┼	<b> </b>	<u> </u>		-		0.	0.	0.
(3) DENNIS CULLEN	0.00	-								
TREASURER	ļ. <u> </u>	_		-	_	ļ	ļ	0.	0.	0.
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Par	VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(40	Position (do not check more than one					Reportable	Reportable		Es	tımat	ed
		hours per		on not check more than one ox, unless person is both an ifficer and a director/trustee)					compensation	compensation		an	nount	of
		week	offi	cer an	nd a d	lirecto	or/trus	tee)	from	from related	i	other		•
		(list any	ector				1		the	organization		com	pens	ation
		hours for	Individual trustee or director				휼		organization	(W-2/1099-MIS	SC)	fr	om th	10
		related	ste (	este			E S		(W-2/1099-MISC)			_	anıza	
		organizations	al tru	Institutional trustee		Key employee	Highest compensated employee						d rela	
		below (ine)	Į į	턡	Officer	emb	E S	Former			]	orga	anızat	ions
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1b	Sub-total							<b></b>	0.		0.			0.
	Total from continuation sheets to Part V	II Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	ii, ocolion A							0.		0.			0.
_ <u>u</u>	Total number of individuals (including but i	not limited to th		licto		hav	a) we	10 r	<u> </u>	000 of ropostob				
2	· -	ioi iiiiilea lo li	1056	IISte	o a	DOV	6) WI	10 11	eceived more triain \$100	,000 or reportab	IE			^
	compensation from the organization												Vaa	0   No
				_						_	1		Yes	NO
3	Did the organization list any former officer			e, ke	y er	nplo	yee,	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for								•			3_		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15	50,000? If "Yes,	" cc	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch_	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	npens	ation f	rom	
	the organization Report compensation for	-	-								•			
	(A)			<u> </u>	··· <u>·</u>			Ī	(B)			(0	<u></u>	
	Name and business	address	N	ONI	7			J	Description of s	ervices	С	ompe		on
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2	Total number of independent contractors (	including but n	ot li	mıte	d to	the	se lis	sted	above) who received m	ore than			-	
-	\$100,000 of compensation from the organ	=	"				00							
	4.55,665 C. Componedion from the Olyan									1		Form (	990	(2017)

23-1941228 Form 990 (2017) BOYS AND GIRLS CLUB OF EASTON, INC. Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue 53,050 Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d 146,248 1e e Government grants (contributions) f All other contributions, gifts, grants, and 274,276 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 473,574 Total. Add lines 1a-1f **Business Code** 713940 10,619 10,619 2 a FEES COLLECTED Program Service 6,629. 713940 6,629. MEMBERSHIP DUES All other program service revenue 17,248 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 80,774 Part IV. line 18 13,076 b Less direct expenses 67,698. 67,698 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue

558,520

Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 91,916. 45,958. 36,766. 9,192. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 229,984. 190,594. 26,737. 12,653. Other salaries and wages 7 Pension plan accruals and contributions (include 10,517. <u>14,311.</u> 2,823 971. section 401(k) and 403(b) employer contributions) 40,722. 8,033 2,764. 29,925 Other employee benefits 9 27,881. 20,489. 5,500 1,892. Payroll taxes 10 Fees for services (non-employees). 11 Management Legal b 8,406. 8,406. Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,436. 2,018. 582. Office expenses 13 8,468. 5,081 2,117. 1,270. Information technology 14 Royalties 15 26,267. 24,953 1,314 Occupancy 16 7,781 7.781. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,874 2,874 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 13,960. 13,960 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28,379 PROGRAM EXPENSES 28,379 11,299. 7,799 2,992 508. INSURANCE 4,504 c NATIONAL & LOCAL DUES 4,504 e All other expenses 392,814. 518,770. 96,124 29,832. Total functional expenses. Add lines 1 through 24e 25 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

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	237.	1	237.
2	Savings and temporary cash investments	73,853.	2	130,954
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	<u>8,67</u> 6.	4	4,210
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	<u> </u>	5	
6	Loans and other receivables from other disqualified persons (as defined under			
ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ស៊	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
<sup>⊄</sup>   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
108	a Land, buildings, and equipment cost or other		.	
	basis Complete Part VI of Schedule D 10a 213, 257.			
t	Less. accumulated depreciation 10b 148,981.	78,236.	10c	64,276
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments · program-related See Part IV, line 11		13	· · · · ·
14	Intangible assets	2 222	14	4 600
15	Other assets See Part IV, line 11	3,090.	15	4,699
16	Total assets. Add lines 1 through 15 (must equal line 34)	164,092.	16	204,376
17	Accounts payable and accrued expenses	7,086.	17	7,620
18	Grants payable	······································	18	
19	Deferred revenue .		19	
20	Tax-exempt bond liabilities		20	·
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
န္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities 8	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
00	Schedule D	7,086.	25 26	7,620
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶   X and	1,000.	20	7,020
,,	complete lines 27 through 29, and lines 33 and 34.			
ğ   27	Unrestricted net assets	140,413.	27	180,163
E 28	Temporarily restricted net assets	16,593.	28	16,593
ස්   28 ව 29	Permanently restricted net assets	20,333.	29	10,333
5 2	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>ב</u>	and complete lines 30 through 34.			
ရှိ ၂	Capital stock or trust principal, or current funds		30	
30 31 30	Paid-in or capital surplus, or land, building, or equipment fund	= -	31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds		32	
ਦੂ   32 2   33	Total net assets or fund balances	157,006.	33	196,756
34	Total liabilities and net assets/fund balances	164,092.	34	204,376
			<u> </u>	Form <b>990</b> (2017

Form	990 (2017) BOYS AND GIRLS CLUB OF EASTON, INC.	23-	1941228	Pag	ge <b>12</b>	
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 20.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>70.</u>	
3	Revenue less expenses. Subtract line 2 from line 1		39,750			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15'	7,0	<u>06.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	190	5,7	<u>56.</u>	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				لعا	
				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	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	int			
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	3b			
			Form	990 (	(2017)	

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

		BOYS	AND	GIRLS	CLUB OF EAS	TON,	INC.		2	3-1941228
Par	t I	Reason for Public (	Charity	Status (A	All organizations must c	omplete th	ıs part.) Se	ee instructions	5.	
he c	rgani	zation is not a private found	ation bed	ause it is. (	For lines 1 through 12,	check only	one box.)			
1		A church, convention of chi	urches, o	r associatio	n of churches describe	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in secti	on 170(b	)(1)(A)(ii). (/	Attach Schedule E (For	n 990 or 99	90-EZ))		(	7 /
3	$\neg$	A hospital or a cooperative						ii).	(	
4		A medical research organiza		_				•	(iii). Enter	the hospital's name.
•		city, and state.			,					
5	$\neg$	An organization operated for	or the ber	nefit of a co	lege or university owne	d or operat	ted by a g	overnmental u	ınıt describ	ned in
J 1		section 170(b)(1)(A)(iv). (C			logo or armoromy owns	<b>-</b> о, оро. с.	, 9			
_	$\neg$	A federal, state, or local gov	-	-	antal unit described in	coation 17	70/6\/4\/A\	(A)		
6	₹			_					no gonoral	nublic described in
7	لم	An organization that normal			nuai part or its support	iioiii a gov	emmentai	unit or from t	ne general	public described in
_	_	section 170(b)(1)(A)(vi). (Co				4 II \				
8	_	A community trust describe				-				
9		An agricultural research org								
		or university or a non-land-g	rant colle	ege of agric	ulture (see instructions)	. Enter the	name, city	y, and state of	the colleg	e or
		university:								
10		An organization that normal	•	٠,,					· · ·	•
		activities related to its exen	npt functi	ons - subje	ct to certain exceptions	, and (2) no	more tha	ın 33 1/3% of	its support	t from gross investment
		income and unrelated busing	ness taxa	ble income	(less section 511 tax) f	rom busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	nplete Pa	art III.)						
11		An organization organized a	and opera	ated exclus	vely to test for public s	afety. See :	section 50	09(a)(4).		
12		An organization organized a	and opera	ated exclusi	vely for the benefit of, t	o perform t	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganızatıo	ns describe	d in section 509(a)(1)	or section :	509(a)(2).	See section 5	509(a)(3). C	Check the box in
		lines 12a through 12d that	describes	s the type o	f supporting organization	on and com	plete lines	s 12e, 12f, and	d 12g	
а		Type I. A supporting orga	anization	operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the p	power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
		organization You must o	omplete	Part IV, Se	ections A and B.					
b		Type II. A supporting org	anızatıon	supervised	or controlled in conne	ction with it	s support	ed organizatio	n(s), by ha	iving
		control or management o								
		organization(s). You mus				·				•
С		Type III functionally inte				l in connec	tion with,	and functiona	lly integrate	ed with,
·		its supported organization	_						, ,	,
d		Type III non-functionally			· -				rted organi	zation(s)
ŭ	٠	that is not functionally int		• •				• •	-	• •
		requirement (see instruct	-	_		-				
_		Check this box if the orga	•		•				II Type III	
е	L-	functionally integrated, or						2 1 ypc 1, 1 ypc	ii, Typo iii	
	C-+	• •			nally integrated suppor	ung organi	cation.			
		er the number of supported of	_		d organization(s)					
g		vide the following information  Name of supported		ie supporte EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	\ \``'	, <b>-</b>	(described on lines 1-10	Yes	No No	support (see in	=	support (see instructions)
					above (see instructions))	163	110			
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Schedule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF EASTON, INC. 23-1941228 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	442,876.	369,792.	364,006.	401,254.	473,574.	2051502.						
2	Tax revenues levied for the organ-												
	ızatıon's benefit and either paid to				,								
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	442,876.	369,792.	364,006.	401,254.	473,574.	2051502.						
5	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11,			-									
	column (f)												
6	Public support. Subtract line 5 from line 4						2051502.						
Sec	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
7	Amounts from line 4	442,876.	369,792.	364,006.	401,254.	473,574.	2051502.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,	[											
	and income from similar sources	84.	55.	37.	36.		212.						
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on	<u></u>			·								
10	Other income Do not include gain												
	or loss from the sale of capital		,										
	assets (Explain in Part VI)				·—								
11	Total support. Add lines 7 through 10						2051714.						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	<u>415,533.</u>						
13	First five years, If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	_						
	organization, check this box and stor			<u> </u>			<u>▶</u> ∟						
	ction C. Computation of Publ												
	Public support percentage for 2017 (	•		column (f))		14	99.99 %						
	Public support percentage from 2016					15	99.99 %						
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or m	nore, check this bo							
	stop here. The organization qualifies		_	***			<b>▶</b> [X]						
ŧ	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check th	ns box						
	and stop here. The organization qual		• • •			•							
17a	10% -facts-and-circumstances tes												
	and if the organization meets the "fac					t VI how the organ	ization						
	meets the "facts-and-circumstances"												
Ł	10% -facts-and-circumstances tes	-											
	more, and if the organization meets the						·						
	organization meets the "facts-and-circ												
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 1/b									
					ocne	dule A (Form 990	UT 99U-E4)2U1/						

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						/
	merchandise sold or services per-						./
	formed, or facilities furnished in any activity that is related to the				•		
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				/		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				/		
	furnished by a governmental unit to						
	the organization without charge				/		
6	Total. Add lines 1 through 5			1	1		
7 a	Amounts included on lines 1, 2, and				-		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received			<u> </u>			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)		1		·		
Se	ction B. Total Support	•	/				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				-		
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,		/				
	and income from similar sources		<u>/</u>				
ŧ	Unrelated business taxable income	/					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	/					
•	Add lines 10a and 10b	/					
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	/					
	regularly carried on	1					
12	Other income Do not include gain	/					
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here			·			▶□
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve						
_	Investment incomé percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
ı	o 33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						. ▶□
20	Private foundation. If the organization						
	23 10-08-17			•			0 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF EASTON, INC.

Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			r
			Yes	No
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.	1		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		Ì	
	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		1	
	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ļ	Ì	
	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)	5a		
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?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			İ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			ŀ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		ŀ	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	ŀ
	(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).	7		
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)		<u> </u>	
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
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.	9b	ļ. <u>.</u>	
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	l

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.)

Sche <b>Pa</b> i	dule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF			23-1941228 Page 6
	Type in the interest and in the grant of the province			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_	· ·	in Part VI.) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must c ion A - Adjusted Net Income	ompiete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2	<del></del>	
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		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		· · · · · · · · · · · · · · · · · · ·	
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

ınstructions).

		(Form 990 or 990-EZ) 2017 BOYS AND GIRL			23-1941228 Page 7
Par	<u>t V</u>	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D	- Distributions			Current Year
1.	Amo	unts paid to supported organizations to accomplish exe	mpt purposes		
2	Amo	unts paid to perform activity that directly furthers exemp	ot purposes of supported		
	orga	nizations, in excess of income from activity			
_3_	Adm	inistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4_	Amo	unts paid to acquire exempt-use assets	·		
_5_	Qual	fied set-aside amounts (prior IRS approval required)		<u> </u>	
6	Othe	r distributions (describe in Part VI). See instructions.			
_7	Tota	l annual distributions. Add lines 1 through 6.			
8	Dıstr	butions to attentive supported organizations to which the	ne organization is responsiv	е	
	(prov	ide details in Part VI). See instructions.			
9	Distr	butable amount for 2017 from Section C, line 6			
10	Line	8 amount divided by line 9 amount			
Secti	ion E	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distr	butable amount for 2017 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2017 (reason-			
	able	cause required- explain in Part VI). See instructions			
3	Exce	ss distributions carryover, if any, to 2017			
а					
ь	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Tota	of lines 3a through e			
g	Appl	ed to underdistributions of prior years			
h.	Appl	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
i	Rem	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distr	butions for 2017 from Section D,			
	line 7	· \$			
а	Appl	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
	Rem	ainder. Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2 For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		aining underdistributions for 2017. Subtract lines 3h			
•		4b from line 1. For result greater than zero, explain in			
		VI See instructions.			
7		ess distributions carryover to 2018. Add lines 3			
•	and 4	·			
8		kdown of line 7.	· · · · · · · · · · · · · · · · · · ·		
		ss from 2013			
		ss from 2014	,,		<del> </del>
		ss from 2015			
		ss from 2016			
		as from 2017	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	<u>(Form 990 or 990-E</u>	Z) 2017 B	OYS AND	O GIKTS	CTOR (	OF EASTON	I, INC.	<u> 23-1941228 Page 8</u>
Part VI	line 1; Part IV, Sec	ction D, line:	s 2 and 3; Pa	irt IV, Section	ı E, lines 1c, 2	a, 2b, 3a, and 3b	; Part V, line 1, Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	Section D, lines 5, (See instructions)	6, and 8; a	and Part V, Se	ection E, lines	s 2, 5, and 6.	Also complete the	s part for any additio	nal information.
			_					
					<u></u>		· · · · · · · · · · · · · · · · · · ·	
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### **SCHEDULE D**

' (Form 99Q)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number BOYS AND GIRLS CLUB OF EASTON, INC. 23-1941228

Par	t I	Organizations Maintaining Donor Advise		r <b>Accoun</b> t	ts. Complete if the
		organization answered "Yes" on Form 990, Part IV, Iir	e 6 (a) Donor advised funds	(b) Funds	and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
		gate value at end of year			
4		e organization inform all donors and donor advisors in	writing that the assets held in donor advised	funde	
5		e organization's property, subject to the organization's	<del>-</del>	iulius	Yes No
		e organization s property, subject to the organization s ie organization inform all grantees, donors, and donor a	-	ed only	res No
6		aritable purposes and not for the benefit of the donor of			
		missible private benefit?	or donor advisor, or for any other purpose cor	neming	Yes No
Pai		Conservation Easements. Complete if the org	ranization answered "Ves" on Form 990. Part		res NO
	_	<del></del>		. 14, 1110 7.	
1	Purpo	ose(s) of conservation easements held by the organizat		ب ماد محمد براام	at land avec
	片	Preservation of land for public use (e.g., recreation or e			
	Η	Protection of natural habitat	Preservation of a certified	a nistoric stri	ucture
_		Preservation of open space			
2		plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a		
	•	f the tax year			eld at the End of the Tax Year
а		number of conservation easements		2a	
b		acreage restricted by conservation easements		2b	
С		per of conservation easements on a certified historic str		2c	
d	Numt	per of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure		
	listed	in the National Register		2d	
3	Numb	per of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganızatıon d	uring the tax
	year	<u> </u>			
4		per of states where property subject to conservation ea			
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violat	ions, and enforcement of the conservation easements	t holds?		└── Yes └── No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations	vation easem	nents during the year
	<b>\</b> _				
7	Amou	int of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	ı easements	during the year
	▶\$				
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(	4)(B)(i)	
	and s	ection 170(h)(4)(B)(ii)?		•	Yes No
9	In Pa	rt XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement, and	d balance sheet, and
	inclu	de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization	n's accounting for
	cons	ervation easements.			
Pa	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	ər Similar	Assets.
		Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	it and balanc	ce sheet works of art,
	histo	rical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public se	ervice, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that descr	ibes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance si	heet works of art, historical
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, pro	vide the following amounts
		ng to these items	·	-	-
		levenue included on Form 990, Part VIII, line 1		. ▶ \$	
	• •	ssets included in Form 990, Part X		<b>▶</b> \$	
2	` '	organization received or held works of art, historical tre			
~		ollowing amounts required to be reported under SFAS 1		. , р. э	
_		nue included on Form 990, Part VIII, line 1		▶ \$	
a		ts included in Form 990, Part X		. • \$_	
		s included in Form 990, Part X aperwork Reduction Act Notice, see the Instruction	e for Form 990		chedule D (Form 990) 2017
LUA	ror h	aperwork neduction Act Notice, see the instruction	3 IOI I OIII 000i	30	

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Scheo		D GIRLS CL								Page 2
	Using the organization's acquisition, accession									
		on, and other record	s, cneck	any or the	iolowing tria	l are a s	igrinicarii	use or its	CONSCION	Items
-	(check all that apply).  Public exhibition	d		oan or excl	hange progra	ame				
a	Scholarly research	u		Other	nange progre	1113				
b	Preservation for future generations	·	Щ,							-
С 4	Provide a description of the organization's co	illections and explain	n how th	ev further th	he organizati	on's exe	mpt pume	ose in Parl	XIII	
	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
	t IV Escrow and Custodial Arrang					'Yes" on	Form 990	D. Part IV.		
	reported an amount on Form 990, Par	=		J						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?		•						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able.						
	-								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabi	lity?		Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	rm 990, Part				ı	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									<u>-</u>
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	·								
е	Other expenditures for facilities				1					
	and programs									
f	Administrative expenses									
g	End of year balance							-		
2	Provide the estimated percentage of the curr			g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
_	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	ina aaministe	erea tor t	ne organi	zation	Г	V N-
	by:									Yes No
	(i) unrelated organizations				•				3a(i)	<del></del>
	(ii) related organizations	stiana lietad aa raaiii	rad on S	abadula D2				•	3a(ii) 3b	
	If "Yes" on line 3a(ii), are the related organizates Describe in Part XIII the intended uses of the						•	•	SU	
Par	rt VI Land, Buildings, and Equipm		AMILIE III	urius.					-	<del> </del>
I al	Complete if the organization answere		) Part IV	/ line 11a. S	See Form 990	). Part X	. line 10.			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	Description of property	basis (investr			(other)		preciation	1	(4) 200.	
10	Land	1	<u>, , , , , , , , , , , , , , , , , , , </u>		· ·		·			
	Buildings								<del> · . · · ·</del>	
2	Leasehold improvements									
d	Equipment						-			
	Other			21	3,257.		148,9	81.	64	1,276.
_	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun							1,276.

BOYS AND GIRLS CLUB OF EASTON, INC.

23-1941228 Page 3

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

	t XI Reconciliation of Revenue per Audited Financial State	mante With	LAVADUA DAL L	aturn	
T ai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		nevellue pei n	stain.	
	Total revenue, gains, and other support per audited financial statements	<u></u>		1	712,216.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			114,410.
2	Net unrealized gains (losses) on investments	2a		- 1	
a	Donated services and use of facilities	2b	140,620.		
0	Recoveries of prior year grants	2c			
		2d	13,076.	İ	
d	Add lines 2a through 2d		13,070.	2e	153,696.
3	Subtract line 2e from line 1			3	558,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				330,3201
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		1	
c			· · · · · · · · · · · · · · · · · · ·	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	558,520.
	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		•		
1	Total expenses and losses per audited financial statements			1	672,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		<u> </u>
а	Donated services and use of facilities	2a	140,620.	İ	
b	Prior year adjustments	2b		1	
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d	13,076.		
е	Add lines 2a through 2d			2e	153,696.
3	Subtract line 2e from line 1		·	3	518,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
c				4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	518,770.
Pa	rt XIII Supplemental Information.	_			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F				
	ide the descriptions required for Fart II, lines 3, 3, and 3, Fart III, lines 1a and 4, 1	art IV, lines 1b	and 2b; Part V, line 4	, Part X,	line 2, Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, Part X,	line 2, Part XI,
lines	•			l, Part X,	line 2, Part XI,
lines	•			, Part X,	line 2, Part XI,
lines	•			I, Part X,	line 2, Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			I, Part X,	line 2, Part XI,
	•			I, Part X,	line 2, Part XI,
PA	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second secon			I, Part X,	
PA	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation	I, Part X,	line 2, Part XI,
PA	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second secon	additional infor	mation	I, Part X,	
PA	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second secon	additional infor	mation	I, Part X,	
PAI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second section of the second seco	additional infor	mation	I, Part X,	
PAI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second secon	additional infor	mation	I, Part X,	
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any and the second section of the second seco	additional infor	mation	I, Part X,	
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.
PAI SPI	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENT EXPENSES  RT XII, LINE 2D - OTHER ADJUSTMENTS:	additional infor	mation	I, Part X,	13,076.

#### **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	ľ	<b>•</b>	Attach to Form 9	990 or Fo	rm 99			Open to Public Inspection
Name of the organizatio	n	<u> </u>					Employer id	entification number
	BOYS AN	D GIRLS	CLUB OF I	EASTO	N,	INC.	23-194	1228
	sing Activities. complete this part		e organization ans	swered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
1 Indicate whether th	ne organization rais	ed funds throu	igh any of the follo	wing activ	vities.	Check all that apply		
a Mail solicita	tions				_	overnment grants		
b Internet and	l email solicitations	•			-	nment grants		
c Phone solic			g L Spec	cial fundra	using	events		
d In-person so					ــــــــــــــــــــــــــــــــــــــ	# d h		
2 a Did the organization						fundraising services?		s No
• • •		-				ements under which		
	east \$5,000 by the		oo (ramara.coro) po		ug. o			
						T ·	· · · · · · · · · · · · · · · · · · ·	1
(i) Name and address of individual or entity (fundraiser)		(ii) Activity			Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
							iisted iii coi. (i)	
				Yes	No			
	_	]						
···	<del></del>							
				<u>.</u>				
Total	sigh the organization	n is registered	or licensed to soli	ert contrib	Lution.	s or has been notified	t it is event from	registration
3 List all states in who or licensing							a it is exempt from	
						W		
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Schedule G (Form 990 or 990-EZ) 2017

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

Pe	ırt i	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.	e organization answered	d "Yes" on Form 990, Part	t IV, line 18, or reported	
			(a) Event #1  JAZZ  FESTIVAL	(b) Event #2 SCRAMBLE & OTHER	(c) Other events  NONE	(d) Total events (add col (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	28,622.	52,152.		80,774.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	28,622.	52,152.		80,774.
	4	Cash prizes				
S	5	Noncash prizes				
cpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			<del></del>	
△		Entertainment				
	8	Other direct expenses	2,794.	10,283.		13,077.
	I -	Direct expense summary. Add lines 4 through		10,205		13,077.
Pa		Net income summary Subtract line 10 from li	67,697.			
Pa	ırt	III Gaming. Complete if the organization		n 990, Part IV, line 19, or r	eported more than	0.700.1
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>8</u>	1	Gross revenue			····	
ses	2	Cash prizes			18-7-1	-
Expen	3	Noncash pnzes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		<b>&gt;</b>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b>_</b>	
	_					
	ls '	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac 'No," explain:	ctivities in each of these			Yes No
10-		ere any of the organization's gaming licenses re	evoked suspended or t	erminated during the tax v	vear?	Yes No
		Yes," explain:	•		yout i	165100
	_					
7320	82 0	9-13-17		·····	Schedule G (Fo	rm 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF EASTON, INC.	23-1941228 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	. L Yes L No
13 Indicate the percentage of gaming activity conducted in.	1 1
a The organization's facility	13a %
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the arr	nount
of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address of the third party	
Name ▶	
Address -	· · · · · · · · · · · · · · · · · · ·
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	L Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	nt in the
organization's own exempt activities during the tax year ▶ \$	1.D. + III. 1 0 00 401 451
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions.	
	· · · · · · · · · · · · · · · · · · ·
	<del> </del>
732083 09-13-17 Schedul	e G (Form 990 or 990-EZ) 2017

Schedule (	G (Form 990 o	or 990-EZ)	BOYS	AND GIRI	S CLUB	<u>OF</u>	EASTON,	<u>INC.</u>	23-1941228	Page 4
Part IV	Supplen	nentai Infor	mation (	AND GIRI (continued)						
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

**Employer identification number** 

BOYS AND GIRLS CLUB OF EASTON, 23-1941228 Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities · Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 140,620 RENTAL VALUE OF BUIL X 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732141 09-07-17

Schedule M	(Form 990) 2017	BOYS A	ND GIRLS	CLUB	OF :	EASTON,	INC.	<u>23-1941228</u>	Page 2
Part II	(Form 990) 2017  Supplemental is reporting in Part this part for any ac	Information (b) Information (b)	On. Provide the the the number of mation.	information contribution	n requir	red by Part I, II number of iten	nes 30b, 32b, a ns received, or	and 33, and whether the organiz a combination of both. Also con	ation nplete
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732142 09-07-17

### **SCHEDULE 0** - (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 Open to Public

Name of the organization

Inspection Employer identification number

BOYS AND GIRLS CLUB OF EASTON, INC.	<u>23-1941228</u>
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE 990 WAS PRESENTED TO THE FINANCE COMMITTEE	ALONG WITH A
DRAFT OF THE FINANCIAL STATEMENTS FOR REVIEW.	
FORM 990, PART VI, SECTION C, LINE 18:	
COPIES OF THE 990 ARE AVAILABLE ON REQUEST FOR A NOMINAL 1	PER PAGE COPY
COST.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE 990 ARE AVAILABLE ON REQUEST FOR A NOMINAL 1	PER PAGE COPY
COST.	
FORM 990, PART XII, LINE 2C:	
THE PROCEDURE HAS NOT CHANGED FROM PRIOR YEARS.	