Extended to November 15, 2019 20 4 9 3 2
Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Carvice

▶ 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.

Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning and	enaing		
В	Check if	C Name of organization	. =	D Employer identific	ation number
_	□Addr	BOIS AND GIRLS CLUBS OF WEST CENTRAL			
F	lchan Nam	missouri		42.6	251102
┝	lchan _lnitia	Doing business as			051103
⊨	returi Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	•	
L	returi termi		·		326-8331
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,517,612.
\vdash	lreturi	SEDALIA, MO 65301		H(a) Is this a group re	
L_	Appli tion pend		0-	for subordinates	
		same as C above	$-\Delta$	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or ()\.527	=	list (see instructions)
		te: N/A	 	H(c) Group exemption	
		forganization: X Corporation	L Year	r of formation: 1960 M	State of legal domicile: MO
	art I	Summary	- ,	3 3 3 7	
. e	1	Briefly describe the organization's mission or most significant activities To i			
ZE E		people to realize their potential as car			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposition	sed of mor	e than 25% of its net as	sets
<u>~</u> ゑૅ	3	Number of voting members of the governing body (Part VI, line 1a)	F	RECEIVED 4	17
5∝.	4	Number of independent voting members of the governing body (Part VI, line 1b)	1.	VECTIVED 4	17
es T	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	171		108
<u> </u>	6	Total number of volunteers (estimate if necessary)		UL 15 2019 [5]	50
) §	1	Total unrelated business revenue from Part VIII, column (C), line 12	-		0.
<u>:</u>	b	Net unrelated business taxable income from Form 990-T, line 38	<u> </u>	OGDEN UT 1761	0.
•				Prior Year	Current Year
e e	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	1,410,216.	2,126,197.
Ē	9	Program service revenue (Part VIII, line 2g)		252,151.	<u>238,026.</u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,143.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	136,363.	151,246.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,798,730.	2,517,612.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,028,529.	1,237,081.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 131, 4	<u>07.</u> _		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		879,085.	1,096,675.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,907,614.	<u>2,333,756.</u>
	19	Revenue less expenses Subtract line 18 from line 12		-108,884.	<u> 183,856.</u>
Ses			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,025,103.	1,207,590.
쬁	21	Total liabilities (Part X, line 26)		203,466.	202,097.
		Net assets or fund balances Subtract line 21 from line 20		821,637.	1,005,493.
	art II	Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
		1 9 1 1		6/	24//9
Sig	n	Signature-of-officer		Date	
Her	·e	GARY BECKMAN			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	đ		wer	6/13/19 self-employe	P01215894
Prep	parer	Firm's name FICK, EGGEMEYER, & WILLIAMSON CPA	'S	Firm's EIN	37-1231621
Use	Only	Firm's address 6240 S. LINDBERGH, STE 101			
		ST. LOUIS, MO 63123		Phone no. 31	4-845-7999
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		IIIA Esperando Data de Antonio			Farm 990 (2018)

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Form 990 (2018) MISSOURI
Part IV Checklist of Required Schedules

			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	Х	
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_		<u> X</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ľ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.46		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		1 le		
ľ	the organization's separate or consolidated infaricial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.0	Schedule D, Parts XI and XII	12a	X_	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X _	<u> </u>
9	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		X
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 19 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X

MISSOURI Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	l i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24 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	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		}	,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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,"			v
07	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			v
00	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			
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-	. "	
a	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	Х	
29 30		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization soil, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	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 II, Part II, III, or IV, and	33_		1
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	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?	000	<u> </u>	
-	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	-		
٠.	and that is troated as a partnership for foderal 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?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c		1
			200	

			Yes	No
2a				
	filed for the calendar year ending with or within the year covered by this return 2a 108			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	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		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		7.5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Α.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5 C		
-	any contributions that were not tax deductible as charitable contributions?	Ga		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ou _		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8809 as required?	7 <u>y</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
10			İ	
	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			-
	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 in 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		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.			**
	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.		000	(0040)

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Form 990 (2018) MISSOURI 43-6051103 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 17	ļ							
	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.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17								
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, or trustees, or key employees to a management company or other person?	3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_					
6	Did the organization have members or stockholders?	_6		_X_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or]							
	more members of the governing body?	7a		_X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1							
а	The governing body?	8a	<u>X</u>						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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 in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	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						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	Х	ļ <u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval by independent	ŀ							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	١,	١						
	The organization's CEO, Executive Director, or top management official	15a	X	 					
b	Other officers or key employees of the organization	15b	X	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.					
	taxable entity during the year?	16a	 	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			١,					
<u></u>	exempt status with respect to such arrangements?	16b	L	l					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MO	000	\ .	- lad -					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	4DI O					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)	e							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	o tinan	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 books and records								
	The Organization - 660-826-8331			-					
	3100 AARON AVENUE, SEDALIA, MO 65301								

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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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more box, unless person is officer and a director				than	one th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated anylogee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TODD GERLT	1.00	.,							•	2
BOARDMEMBER	1 00	X				-	<u> </u>	0.	0.	0.
(2) EMILY BROADFOOT	1.00	x								^
BOARDMEMBER	1.00	^				├-	-	0.	0.	0.
(3) TRISHA HENSON	1.00	х		х				0.	0.	0
VICE PRESIDENT (4) JAKE GIESCHEN	1.00	^		Λ		╁╌		0.	0.	0.
BOARDMEMBER	1.00	x						0.	0.	0.
(5) CHRIS HARPER	1.00	Δ				-	 	0.	<u></u>	
BOARDMEMBER	1.00	x						0.	0.	0.
(6) BARRY HENDERSON	2.00	*				<u> </u>			•	•
PRESIDENT	2.00	x		х				0.	0.	0.
(7) JUSTIN HUBBS	1.00			-						
BOARDMEMBER		x				l		0.	0.	0.
(8) ASHLEE MARTIN	1.00								•	
BOARDMEMBER		$ \mathbf{x} $				}		0.	0.	0.
(9) RJ LINDSTROM	1.00									
BOARDMEMBER		Х					1	0.	0.	0.
(10) DARREN PANNIER	1.00									
BOARDMEMBER		X						0.	0.	0.
(11) MEGAN PAGE	1.00									
SECRETARY		X		X		<u> </u>	ļ .	0.	0.	<u> </u>
(12) RON WILLIAMS	1.00				i					
BOARDMEMBER		X				ļ		0.	0.	0.
(13) LAURA HARRIS	1.00					ŀ				
BOARDMEMBER		X				ļ	ļ	0.	0.	0.
(14) JOHN ROOKS	1.00								_	
BOARDMEMBER		X				<u> </u>		0.	0.	0.
(15) DOUG SOKOLOWSKI	1.00							_	_ 1	
BOARDMEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(16) STEVE TRIPLETT	1.00]				_	_	_
BOARDMEMBER	1 00	Х				-	<u> </u>	0.	0.	0.
(17) KIM LYNE	1.00			,		1		_	_	^
TREASURER	<u>L</u>	X	لــــا	X	L		<u> </u>	0.	0.	0.

Form 990 (2018)

ra	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	d Hi	<u>ighe</u>	st C	ompensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)	İ		(F)	
	Name and title	(do not check				itior more		one	Reportable	Reportable			stimate	
	•	hours per	box	, unle	ess pe	erson	is bol	h an	compensation	compensatio		ar	nount	
		week (list any		officer and a director/to					from	from related		corr	other	
		hours for	trustee or director						the organization	organization (W-2/1099-MIS			ipensa rom th	
		related	99	trustee		,	age		(W-2/1099-MISC)	(** 2, 1000 11110	, ,		anızat	
		organizations	Egg	lal fro	1	yee	Highest compensated employee	}	, , ,			•	d relat	
		below	Individual	Institutional t	 <u>ĕ</u>	Key employee	nest co	ě				org	anızatı	ons
		line)	ğ	T <u>s</u>	Je je je je je je je je je je je je je je	Key	吾島	Ъгтег						
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_ , 1 b	Sub-total								0.		0.			0.
. с	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
<u>. d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
₹2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													(
													Yes	No
٠3	Did the organization list any former officer,		uste	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3_		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	doth	ner compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr unr	elate	ed organization or indivi	dual for services		[;· `		J., ,
	rendered to the organization? If "Yes," com	ploto Schedul	<u>o J f</u>	or si	uch	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	aqot	ende	ent c	ontr	racto	ors ti	hat received more than	\$100,000 of com	ipens	ation '	irom	
	the organization Report compensation for	the calendar y	ear (endi	ng w	vith	or w	ıthın	the organization's tax	/ear				
	(A)								(B)		_		C)	
	Name and business	address	N	INC	₹			\perp	Description of s	ervices	C	ompe	nsatio	n
														
									·					
		····					_							
								-						
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								T						
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	ore than	· · · · · · · · · · · · · · · · · · ·	sib i.	·	·
	\$100,000 of compensation from the organi						n		•	ļ	•	:		

Form 990 (2018) Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (A) (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 257,957 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 868,240 1f 441,300. Q Noncash contributions included in lines 1a-1f \$ 2,126,197 h Total. Add lines 1a-1f Business Code 232,024. 232,024. 2 a PROGRAM 900099 Program Service Revenue 900099 6,002. 6,002. MEMBERSHIP f All other program service revenue 238,026. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,143. 2,143. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 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 Part IV, line 18 a 123,464 b Less direct expenses 0. 123,464. 123,464. 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 27,782. 27,782. 900099 b d All other revenue 27,782. e Total. Add lines 11a-11d Total revenue See instructions 517,612. 267,951 123,464. 12

MISSOURI

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	990 (2018) MISSOURI			43-60	51103 Page 10
	rt IX Statement of Functional Expens	·			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,093,220.	798,051.	196,780.	98,389.
8	Pension plan accruals and contributions (include	1,000,440.	170,031.	170,100.	20,303.
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	62,448.	45,587.	11,241.	5,620.
10	Payroll taxes	81,413.	59,431.	14,654.	7,328.
11	Fees for services (non-employees)	3-/	33/13		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	36,980.	12,203. 34,722.	24,777.	
12	Advertising and promotion	53,418.	34,722.	18,696.	
13	Office expenses				
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	412,350.		412,350.	
17	Travel	33,693.	17,183.	13,814.	2,696.
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 001		4 0.01	
20	Interest	4,961.		4,961.	
21	Payments to affiliates	42,424.	21 212	21 212	
22	Depreciation, depletion, and amortization	35,118.	21,212. 26,339.	21,212. 3,512.	5,267.
23 24	Other expenses. Itemize expenses not covered	33,110.	40,339.	3,314.	3,201.
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 O.) PROGRAM EXPENSE	263,248.	225 700	20 026	7,504.
a b	CONTRACT LABOR	<u>263,246.</u> <u>95,994.</u>	235,708. 27,838.	20,036. 68,156.	1,504.
C	UTILITIES	26,158.	21,030.	26,158.	
d	SCHOLARSHIPS	20,400.	20,400.	20,130.	
_	All other expenses	71,931.	54,292.	13,036.	4,603.
25	Total functional expenses Add lines 1 through 24e	2,333,756.	1,352,966.	849,383.	131,407.
26	Joint costs Complete this line only if the organization				= , 20, •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2018)

Form 990 (2018)

MISSOURI

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 136,009, 298,404. 1 Cash - non-interest-bearing 1 127,105. 2 125,105. 2 Savings and temporary cash investments 242,543. Pledges and grants receivable, net 199,789. 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Assets 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 2,706. Prepaid expenses and deferred charges 8,664. 9 10a Land, buildings, and equipment cost or other 1,156,534. basis Complete Part VI of Schedule D 10a 631,550. 543,830. 524,984. b Less accumulated depreciation 10b 10c 11,706. 11,848. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,025,103. 1,207,590. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 38,071. 25,463. 17 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 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 107,538. 114,422. 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 50,973 69,096. Schedule D 25 203,466. 202,097. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 644,178. 498,861. 27 Unrestricted net assets 27 • 177.459. 506,632. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 821,637. 33 1,005,493.

> 1,207,590. Form **990** (2018)

025,103

34

Total liabilities and net assets/fund balances

-orn	n 990 (2018) MISSOURI	43-	POSTI	<u>.U</u> 3	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
	1					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				12.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	<u>33</u>	3,7	56.
3	Revenue less expenses Subtract line 2 from line 1	3				56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82	1,6	37.
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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,	00	5,4	93.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII					\mathbf{x}
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1	- 1		}
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-			Į.
	separate basis, consolidated basis, or both			l i		
	Separate basis Consolidated basis Both consolidated and separate basis			ı		İ
b	Were the organization's financial statements audited by an independent accountant?		L	2b	<u>X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		j		
	consolidated basis, or both					İ
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ			ŀ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		- 1		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	_X_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	.			'
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Auc	lit			
	Act and OMB Circular A-133?		L	За	_X_	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	iit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	<u> </u>

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.
BOYS AND GIRLS CLUBS OF WEST CENTRAL

OMB No 1545-0047

Open to Public Inspection

Employer identification number

MISSOURI 43-6051103 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Lype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1.10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Schedule A (Form 990 or 990 EZ) 2018 MISSOURI 43-60513

| 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received (Do not						
	include any "unusual grants ")	1,909,757.	1,805,630,	1,961,834,	1,410,216.	2,126,197,	9,213,634,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,909,757.	1,805,630,	1,961,834,	1,410,216,	2,126,197.	9,213,634,
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)						
	Public support. Subtract line 5 from line 4						9 213 634
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,909,757,	1,805,630.	1,961,834,	1,410,216,	2,126,197.	9,213,634,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital		1			,	
	assets (Explain in Part VI)	12,236.	72,247.	30,955.	2,634.	27,782.	145,854.
11	Total support. Add lines 7 through 10		-	;	< 1	$a = \frac{1}{a}$	9.359.488.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,321,533.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here		<u> </u>			▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.44 %
15	Public support percentage from 2017	Schedule A, Part	li, line 14			15	<u>98.60 %</u>
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2017. If the o	organization did no	τ check a box on ιι	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion		•	
17a	10% -facts-and-circumstances tes	t - 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2017 . If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	ind see instruction	s > 🗆
					Saha	dula A (Earm 900	000 E7) 0049

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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)

Sec	tion A. All Supporting Organizations		· ·	
		<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		İ
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by			ı
	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			ı
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	_	1 1	ı I
	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			ı
	(b) and (c) below	3a		
b	· · · · · · · · · · · · · · · · · · ·			
	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		1	ĺ
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		ļ	ĺ
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			l
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			l
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			l
	purposes	4c	<u> </u>	<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		ŀ	ĺ
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		İ	
	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			ı
	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			ļ
	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.	6		
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			1
	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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
J	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	55	 	\vdash
ıua	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104	+	\top
D	determine whether the organization had excess business holdings in the tax year (ose Schedule C, Form 4720, to	10b	1	
	determine whether the diganization had excess business holdings /	1 100		

Sche	edule A (Form 990 or 990-EZ) 2018 MISSOURI 4	3-605110	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		,	, <u>.</u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			ĺ
	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	İ		
	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			L
Sec	tion 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			ĺ
	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			
<u></u>	the supported organization(s)	1_1		L
Sec	tion D. All Type III Supporting Organizations		l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		ĺ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		ļ
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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	į į		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3]	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction anticipal the Activities Test, Complete line 9 holes).	uctions).		
a b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(coo instructions	-1	
2	Activities Test Answer (a) and (b) below.	(see instructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	į		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ	İ	ĺ
	how the organization was responsive to those supported organizations, and how the organization determined	ļ,		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ĺ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	İ		
	activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		<u> </u>
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1:		
đ	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	 	
v	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	er to supported organizations in res, describe in Fait 41 the role played by the organization in this regard		L	

Schedule A (Form 990 or 990 EZ) 2018 MISSOURI	43-6051103 Page 6		
Part V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualif			Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations mus			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash docmod held for exempt uso 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	•	
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1_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		
7 Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 MISSOURI 43-6051103 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (iii) (ı) (ii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reason-2 able cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 3 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e q Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 MISSOURI	43-6051103 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Iir Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for a few part visiting 1.	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, ne 1, Part V, Section B, line 1e, Part V.
	(See instructions)	
	•	
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SCHEDULE D

Department of the Treasury Internal Revenue Servic

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

Name of the organization

BOYS AND GIRLS CLUBS OF WEST CENTRAL

Employer identification number

43-6051103 MISSOURI Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? _ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation casements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes those items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2018 MISSOUR	I					4	3-60	51103 Pag	_{le} 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Other	Simila	r Asse	ts(continued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	cany of the	following that	t are a sigi	nificant u	se of its o	collection items	
	(check all that apply).									
а	Public exhibition	c	. 🗀	Loan or exc	hange progra	ıms				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizatio	on's exem	pt purpos	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?				Yes	No
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21				_				
10	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	is or other as:	sets not in	cluded			
	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	escrow or cu	ustodial acco	unt liability	y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on	Part XIII	•			
Pai	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10)			
		(a) Current year	(b) P	rior year	(c) Two year	s back (c) Three ye	ars back	(e) Four years ba	ack
1a	Beginning of year balance			_						
b	Contributions									
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs				}					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1	a. column (a	a)) held as					
- а	Board designated or quasi-endowment	, ,	%	9,	,,					
h	Permanent endowment	%								
Č	Temporarily restricted endowment ▶	^ %								
·	The percentages on lines 2a, 2b, and 2c show	_								
32	Are there endowment funds not in the posses		ation tha	at are held a	nd administe	red for the	organiza	ation		
Oa	by.	oolon or the organiz		20 0101010			, o. g		Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
.	If "Yes" on line 3a(ii), are the related organizations	tione listed as requi	rad on S	chedule R2					3b	
	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		JWITTETH	iunus						
	Complete if the organization answered		∩ Part I\	/ line 11a S	See Form 990	Part X li	ne 10			
	Description of property				or other		cumulate		(d) Book value	
	Description of property	(a) Cost or or basis (investi			(other)		eciation	~	(a) Dook value	
	Lond	24313 (1111631			4,500.				64,50	<u></u>
	Land				9,232.	1	66,56	<u> </u>	362,66	
b	Buildings		-	34	3,434.	<u>T</u>	00,50	, <u>, , , , , , , , , , , , , , , , , , </u>	302,00	<u>.</u>
C	Leasehold improvements		-	12	0 500	າ	87,10	0	52,49	<u> </u>
	Equipment				9,590.		77.88		<u>32,43</u> 45 33	1

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2018

524,984.

Schedule D (Form 990) 2018 MI	Schedule D	(Form 990)	2018	MI
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Part VII Investments - Other Securities.	_		
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	 -		
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	C 000 D-+ 1/ 1	11 - Cas Farm 000 Bart V (ma 12	•
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
	(6) 2001 14140	(c) Mothed of Valuation Cost	or one or your market value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11d See Form 990, Part X, line 15	
(a) [Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4)			
(5)			
(6)	 -		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		D
Complete if the organization answered "Yes" of	on Form 990 Part IV I	ine 11e or 11f See Form 990 Part X I	ine 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL		52,342.	
(3) OTHER LIABILITIES		16,754.	
(4)			
(5)			
(6)			
(7)			e .
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

ightharpoonup

69,096.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2018 43-6051103 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,517,612. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e e 2,517 Subtract line 2e from line 1 3 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) 4h c Add lines 4a and 4b 4c 2.517. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,333,756. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 2.333. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 2,333,756. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part X, Line 2: The Organization is exempt from income taxes pursuant to section 501(c)(3) of the Internal Revenue Service Code. Therefore, no provision is made for taxes on income. The Organization adopted the provisions of Accounting for Uncertainty in Income Taxes on January 1, 2010. The adoption of that guidance resulted in no change to the financial statements for prior periods. As of December 31, 2017, no amounts have been recognized for uncertain tax positions. The Organization's tax returns filed prior to 2016 are closed.

Sobodulo D /Form 000\ 2018	BOYS	AND	GIRLS	CLUBS	OF	WEST	CENTRAL	43-6051103 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Inform	mation (CONTINUE	ed)					43-0031103 Page 5
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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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. BOYS AND GIRLS CLUBS OF WEST CENTRAL

Employer identification number

43-6051103 MISSOURI 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 а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No 3 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

BOYS AND GIRLS CLUBS OF WEST CENTRAL 43-6051103 Page 2 Schedule G (Form 990 or 990 EZ) 2018 MISSOURI Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events MULTIPLE None (add col (a) through EVENTS col (c)) (total number) (event type) (event type) 123,464 123,464. Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) 123,464 <u>123,464.</u> Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ 123,464 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % % Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d)

9	Enter the state(s) in which the organization conducts gaming activities	
а	Is the organization licensed to conduct gaming activities in each of these states?	Yes No
b	olf "No," explain	
l0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes No
b	If "Yes," explain	

0 1	BOYS AND GIRLS CLUBS OF WEST CENTRAL	60E1102 p
		-6051103 Page 3
11	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Tes No
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a 9
	An outside facility	13b 9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name >	
	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 amount	
_	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party	
·	Tes, enternance and address of the time party	
	Name	
_		
·	Address	
16	Gaming manager information	
	Name	
	realite P	
	Gaming manager compensation ▶ \$	
	Description of services provided	
		
		
	Director/officer Employee Independent contractor	
	Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year > \$ 1 1V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Dort III. Issae O. Ob. 10b
į ui	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9, 90, 100,
	too, too, to, and to, and application too provide any additional mornitation does more detections.	
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Schedule (3 (Form 990 or 990-EZ)	MISSOURT	PO CTOPS	Or MEST	CENTRAL	43-6051103 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				45 0051105 Fage 4
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

MISSOURI

Go to www.irs.gov/Form990 for instructions and the latest information. BOYS AND GIRLS CLUBS OF WEST CENTRAL

Inspection **Employer identification number**

43-6051103

Part I Types of Property (d) (a) (b) (c) Number of Noncash contribution Check if 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 2 3 Art Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property Securities · Publicly traded 9 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 9 394,455 25 Other (RENT X 46,845 46 (SUPPLIES/SERV) 26 Other 27 Other Other 28 29 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 29 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? 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 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

BOYS AND GIRLS CLUBS OF WEST CENTRAL Schedule M (Form 990) 2018 MISSOURI 43-6051103 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

SCHEDULE O

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization BOYS AND GIRLS CLUBS OF WEST CENTRAL Employer identification number 43-6051103 MISSOURI Form 990, Part VI, Section B, line 11b: FORM 990 IS AVAILABLE TO BOARD MEMBERS IF THEY REQUEST IT Form 990, Part VI, Section B, Line 12c: THE BOYS AND GIRLS CLUBS OF WEST CENTRAL MISSOURI TRANSMITS A LETTER TO ALL EMPLOYEES, DIRECTORS, AND BOARDMEMBERS. ALL RECIPIENTS OF THIS LETTER MUST DISCLOSE TO THE BOARD IF A CONFLICT OF INTEREST EXISTS. Form 990, Part VI, Section B, Line 15: THE BOYS AND GIRLS CLUBS OF WEST CENTRAL MISSOURI FOLLOWS A JOB CLASSIFICATION AND COMPENSATION MANAGEMENT PROGRAM THAT IS PUBLISHED BY THE BOYS AND GIRLS CLUBS OF AMERICA. Form 990, Part VI, Section C, Line 19: AVAILABLE UPON REQUEST PART XII LINE 2C SAME AS PRIOR YEARS