Return of Organization Exempt From Income Tax 29493208025 9 9

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A	For the 2	018 cale	ndar year, or tax year beginning , 2018, and ending		, 20
				C Name of organization BOYS & GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNT) D Employ	er identification number
	_	Check if ap			To Employ	
	_	Address ch	- 1	Doing business as	 	62-0810733
	\sqcup	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E l'elepho	one number
	Ш	Initial returi	n	PO BOX 5219		423-461-4560
		Final retum/	terminated	City or town, state or province, country, and ZIP or foreign postal code	1	
		Amended r	return	JOHNSON CITY, TN 37602-5219	G Gross r	eceipts \$ 376145
		Application	pending	F Name and address of principal officer: BARBARA MENTGEN H(a) is this	group return for	subordinates? Yes No
				1	-	es included? Yes No
	<u> </u>	Tax-exemp	ot status:			a list (see instructions)
		Website: I			up exemption	number 🕨
				✓ Corporation ☐ Trust ☐ Association ☐ Other ►		e of legal domicile TN
	_		Summ			
				escribe the organization's mission or most significant activities: TO INSPIRE AND	ENARIE A	ALL VOLING DEODLE
	Ð		-	LLY THOSE WHO NEED US THE MOST, TO REALIZE THEIR FULL POTENTIAL AS PR		
	Š	j		RING CITIZENS.	DOCTIVE	, RESPONSIBLE
	r	l				ito not enerte
	Ş			is box if the organization discontinued its operations or disposed of more the		1
	Ğ	1		of voting members of the governing body (Part VI, line 1a)		14
	δ. 80			of independent voting members of the governing body (Part VI, line 1b)		14
	itte			nber of individuals employed in calendar year 2018 (Part V, line 2a)	. 5	48
	Activities & Governance	l .		nber of volunteers (estimate if necessary)	. 6	400
10	ď			elated business revenue from Part VIII, column (C), line 12	. 7a	0
Ö		b N	<u>let unrel</u>	ated business taxable income from Form 990-T, line 38	. 7b	0
SCANNED				Prior		Current Year
\leq	<u>o</u>			tions and grants (Part VIII, line 1h)	305067	290191
m	nua	9 P	rogram	service revenue (Part VIII, line 2g)	61604	68214
D	Revenue	10 lr	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	67	54
S	•	11 C	ther rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1650)	. 17686
SEP		12 T	otal reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365088	, 376145
0		13 G	rants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		
9		14 B	Benefits (paid to or for members (Part IX, column (A), line 4)		
	Ø	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	288102	254370
2019	JSe			onal fundraising fees (Part IX, column (A), line 11e)		
9	Expenses			draising expenses (Part IX, column (D), line 25) ▶		THE RESERVE AND A STATE OF
	ŭ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	117222	127229
				enses. Add lines 13-17 (must equal Part riX, column (A), line 25)	405324	
				less expenses. Subtract line 18 from line 12 RECEIVED .	(40236)	
	- s			C) Beginning of		
	ance	20 T	ntal ass		338951	317456
	Ass	21 T		ets (Part X, line 16)	22726	
	Net Assets or Fund Balances	22 N		ts or fund balances. Subtract line 21 from line 20	316225	
		ort II		ture Block OGDEN, UT	310223	3,0771
				ry, I declare that I have examined this return, including accompanying schedules and statements, and t	the best of	my knowledge, and belief it is
	true	e, correct, a	and compl	ete. Declaration of prepager (other than officer) is based on all information of which preparer has any kno	wledge.	my knowledge and beller, it is
			<u> </u>	Variara Mentaix	7/0	9/19
	Sig	ın	Sign		Date	//··
	He			Barbara Mentgen, Board Chair	Daio	
	110			or print name and title		
			<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name Preparer's signature Date		E PTIN
	Pa				Check	
		eparer				ployed P00643623 \
	Us	e Only	Firm's n		ırm's EIN ►	61-1681569
	<u> </u>	. Ab - 100			hone no.	423-926-3459
				s this return with the preparer shown above? (see instructions)	· · ·	Yes No
	For	Paperwo	rk Redu	ction Act Notice, see the separate instructions. Cat. No. 11282Y	•	Form 990 (2018)

40	Total program service expenses	17868				
	(Expenses \$ including grants of \$) (Revenue \$		<i>,</i> , .	
4d '	Other program services (Describe in Schedule O.)	•	•			
	,		,	•	`	
				,		

Part	W	Che	cklist	of	Rec	uired	Sched	ules

			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	٧	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		v
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		V
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		V
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		٧
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
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		v
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	v	
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, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	,14b		v
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		,
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		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a		20a	L	~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
			. 000	

Part	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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			د ا
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	igsquare	~
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, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
Parl				. r
	Control Contro		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	V	
		Ea	m 990) (201

	0 (2018)		- 1	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			er gyns
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Marks:	W. Carlo
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
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		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		'
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		·	١.
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
7	gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	التكوية	
ь	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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 8899 as required?	7g		
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			·i
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		:	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			

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

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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?

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?

If "Yes," complete Form 4720, Schedule O.

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	struct	ions. 、
Section	on 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 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		V
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Did the organization have members or stockholders?	6		V
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		,
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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	L.	<u>, , , , , , , , , , , , , , , , , , , </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	, 	T
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
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?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13	V	
14	Did the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	ļ
b	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ь	with a taxable entity during the year?	16a		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TENNESSEE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	T (Sed	ction	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re CHIEF PROFESSIONAL OFFICER/PRESIDENT 2210 W MARKET ST JOHNSON CITY, TN 37604 423-461-4560	cords	>	
			-00	0 (004.0

90 (2018)		

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

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

Form 9

- 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(4) Name and Title Na	☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
Name and Title Name and Title			<u> </u>								
Name and Title Average hours go week (list am hours for related organizations below dotted larne) hours for related organizations (W-2/1099-MISC) hours for related organizations and related organizations and related organizations and related organizations (W-2/1099-MISC) hours for related organizations and related organizations and related organizations (W-2/1099-MISC) hours for related organizations and related organizations and related organizations (W-2/1099-MISC) hours for related organizations and related organizations and related organizations (W-2/1099-MISC) hours for related organizations and related organizations and related organizations (W-2/1099-MISC) hours for related organizat	(A)	(B)							(D)	(E)	(F)
Compensation from related organizations Compensation from related organizations Compensation from related organizations Compensation from the organization Compensation from the orga		I .								1	
related organizations below dotted line) (1) ROBIN CRUMLEY (2) JOSH GIBBON'S BOARD MEMBER (3) LEE CHASE BOARD MEMBER (4) STEPHEN DIXON BOARD MEMBER (5) BABBARA MENTGEN BOARD MEMBER (6) BOS SAMP'SON BOARD MEMBER (7) BECKY HAAS BOARD MEMBER (8) BECK HASS BOARD MEMBER (9) LOURA LEVINE BOARD MEMBER (10) NICOLE COLLINS BOARD MEMBER (11) ADRIAN HOLT BOARD MEMBER (11) ADRIAN HOLT BOARD MEMBER (11) ADRIAN HOLT BOARD MEMBER (12) ADRIAN HOLT BOARD MEMBER (13) CECHASE COMPANISCO M-2/1099-MISC) W-2/1099-MISC) W-2/109-MISC) W-2/1099-MISC) W-2/1099-MISC) W-2/1099-MISC) W-2/109-MISC)			officer and a director/trustee)								
(1) ROBIN CRUMLEY			유	sul	щ	8	me BiH	Ę	I .		
(1) ROBIN CRUMLEY			dred	titut	Cer	en	hest	mer		(W-2/1099-MISC)	
(1) ROBIN CRUMLEY			호호	iona		흥	6 C	•	(W-2/1099-MISC)		
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(14) MICAH RIDLEY		 	1			1					
		 	+	\vdash		-	-	 	 		
BOARD MEMBER		+	1							1	,,

Page 7

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	<u>/ees</u>	s, ar	nd F	lighes	st C	ompensated E	mployees (continu	ed)
•	(A) Name and trile	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of
•		week (list any hours for related organizations below dotted line)	Individual trustee or diractor	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		other compensation from the organization and related organizations
3	ONYA WILKES						8.		,	· ·		-
(16)	D MEMBER		1		_	-	-	-	1 6	ļ	+	•
	1 *	- 4	<u>,</u>		•			<u> </u>				
(17)			}									
(18)												
(19)					 							
(20)		-							<u> </u>			- ,
(21)					-			_				
(22)									6			
(23)												
(24)	,							<u> </u>				
(25)		,				-		İ	, ,			<u> </u>
1b c d	Sub-total	VII, Section	n A					> > >	61152			
2	Total number of individuals (including bu reportable compensation from the organi	t not limited						e) w	<u> </u>		00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							oloyee, or high			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	? /	f "Ye 	s,"	complete Scl	nedule J fo	r such	4
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m an	y ur	related organi	zation or ind	dıvidua 	5 2
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repear.											
	(A) Name and business add	fress							(B) Description of	services		(C) Compensation
N/A								+-				
								+				
2	Total number of independent contractor received more than \$100,000 of compens							o tl	hose listed ab	ove) who		

Form 9	90 (2018	3)						,	Page 9
Part	VIII	Statement of Reve	nue			-			
		Check if Schedule O	contains a	res	oonse or note to	any line in this		<u>.</u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants mounts	1a	Federated campaigns		1a			7.57.22.57.71		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[1b	5115				rain in the
ts, (Am	С	Fundraising events .		<u>1c</u>	. 8355				
Giff	√ d∜	Related organizations		<u>1d</u>	1 : ::				
ns, Simi	е	Government grants (con		<u>1e</u>	9000				
ntio er S	. f	All other contributions, g		•	- '				
햜		and similar amounts not inc	L	.1f	267721		The state of the s	atheric or halling a	
ont nd	g	Noncash contributions includ		11: \$					
	_ h	Total. Add lines 1a-1	<u> </u>	,	Business Code	290191			
enn	2a	SPONSORS	, .	1	900099	1075	1075	DESCRIPTION OF THE	CARTIE TO THE COURT
ev.	b	SUMMER PROGRAM			900099	36321	36321		
Program Service Revenue	C	AFTER SCHOOL PRO	SRAM		900099	29723	29723		
ervi	ď	ATHLETICS			900099	1095	1095		` <u>`</u>
SE	e								
gra	f	All other program sen	vice revenu	e.			\		
Pro	g	Total. Add lines 2a-2	, ,	•	•	68214		77.28.57.60	
	3 4 5	Investment income and other similar amount income from investmen	unts)		•	54	54		
	5	Royalties	(i) Real	•	(ii) Personal	2.77551325511279	Serial Carlo Faces		Section Control to the Control
-	6a	Gross rents		4866		3		7	
		b Less: rental expenses							
	C	Rental income or (loss)		4866					
	d	Net rental income or	loss)		` ▶	4866	1		MACANIA STATES MACANIA STATES OF STATES OF STATES
· ·	7a	Gross amount from sales of assets other than inventory	(i) Secuntie	es	(ii) Other ; ;				
•	,b	Less: cost or other basis and sales expenses					a constanting with the	and the second s	procedure to the second second second second second second second second second second second second second se
	С	Gain or (loss)	,						- 46
	d	Net gain or (loss)	·		>				
enne	8a	Gross income from fu	ındraising						
Other Revenue		of contributions reporte See Part IV, line 18	ed on line 1c	;).					
Ě	ь	Less: direct expenses		b					
	С	Net income or (loss) f		sing	events . >			,	22
		Gross income from gas See Part IV, line 19 .			A Secondary				
	b	Less: direct expenses	·	. b					
	С	Net income or (loss) f	rom gaming		vities ►				
	10a	Gross sales of in returns and allowance		ess a					
	ь	Less: cost of goods s		b					
	C	Net income or (loss) f		f inve	entory ►	The same of the sa	A THE STREET WAS A STREET	The second secon	The second secon
- '		Miscellaneous R			Business Code			in the first of th	
	11a	MISCEL LANEOUS INC	OME		900099	12794	12794		1

CONCESSION/VENDING

_									_
	art	IX	Sta	atement	of	Fun	ctional	Expens	es

	n 501(c)(3) and 501(c)(4) organizations must con	nolete all columns. A	VI other organization	os must complete co	olumn (A)
	Check if Schedule O contains a respon			io mast complete co	
	t include amounts reported on lines 6b, 7b, 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	<u> </u>			
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	(1152		22441	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	, ,61152	। है 10 5 मनदिस्त, 27711 -	(* <u>- 1844)</u>	mirrorg tv
7	Other salaries and wages	150767	150767		
. 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3904	يرم	3904	
9	Other employee benefits	21743	, 21233	510	*.
10 11	Payroll taxes	16804	14296	2508	
, a	Management				
b	Legal	6925	,	6925	<u>.</u>
į d	Lobbying	. i	en mining		recal ·····
e	Professional fundraising services. See Part IV, line 17	i			1
g g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	And the second		ent to a parametates	
12	Advertising and promotion	to the second state of	3 3 477		
13	Office expenses	3465	3465	2. N. 2. 3. 4. 1	
.14 15	Information technology	. ,,			
16	Occupancy	45421	45421		
· 17 18	Travel				-
70	for any federal, state, or local public officials	,			
19 20 ·	Conferences, conventions, and meetings . Interest	2034	2034		
21	Payments to affiliates	5273	3935	1338	
22	Depreciation, depletion, and amortization	21127	21127	, ,	
23 24	Insurance	20399	19347	-, 1052	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Carry State		1746.00	9 () () () ()
а	PROGRAM EXPENSES	7340	7340		
Ь	ATHLETIC EXPENSES	4076	<u> </u>		
c	TRANSPORTATION	9725			
.d, 'e	FOOD & CONCESSIONS	1444	1444		
25	All other expenses Total functional expenses. Add lines 1 through 24e	381599	331921	49678	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				,

Part X	Balance She	et

	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		1	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	206158	1	176005
	2	Savings and temporary cash investments		2	
	3 ·	Pledges and grants receivable, net		3.	. ,
	4	Accounts receivable, net	6000	4	THE REAL PROPERTY AND THE PROPERTY OF THE PARTY AND THE PA
· ,	5	Loans and other receivables from current and former officers, directors,			
	· · · ·	trustees, key employees, and highest compensated employees.			
	•	Complete Part II of Schedule L		5	200252000000000000000000000000000000000
	6	Loans and other receivables from other disqualified persons (as defined under section	Commission of the Commission o		
	-	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			
s		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3114	9	614
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 641387			
	b	Less: accumulated_depreciation 10b 500550	123679	10c	140837
	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	222254	15	04747
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	338951 9930	16 17	317456
•	17 18	Accounts payable and accrued expenses	, 9930	18	6685
	19	Deferred revenue	12796		
	20	Tax-exempt bond liabilities		20	1 12 (2)
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	. 12 - 7 - 1-12
8	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	, , , , , , , , , , , , , , , , , , , ,
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			}
		of Schedule D	2070/	25	
	26	Total liabilities. Add lines 17 through 25	22726	26	6685
68		complete lines 27 through 29, and lines 33 and 34.			40.4
ınc	27	Unrestricted net assets	316225	27	310621
3ala	28	Temporarily restricted net assets		28	150
D E	29	Permanently restricted net assets		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		7.4	
o		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χĄ	32	Retained earnings, endowment, accumulated income, or other funds .	<u> </u>	32	
ž	33	Total list little and and analysis for the list little and and and analysis for the list little and and analysis for the list little and and analysis for the list little and and analysis for the list list list list list list list list	316225	33	310771
	34	Total liabilities and net assets/fund balances	338951	34	317456 Form 990 (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form 990 (2018)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

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.

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY

Employer identification number 62-0810733

1 2 3		nes, or association	•		-		•		
2 3	\square A school described in section		on of churches descri	bed in se	ction 17	O(b)(1)(A)(i).			
3		470/b\/4\/A\/;;\ /				~(~)(')(' ')(')'	4		
3									
4		n operated in co					(iii). Enter the		
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in		
6	☐ A federal, state, or local govern	•	mental unit described	in sectio	n 170(b)	(1)(A)(v).			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			•		
10	An organization that normally receives: (1) more than 33½% 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 33½% 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.)								
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See secti	on 509(a)(4).			
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3)		
а	Type I. Λ supporting organ the supported organization supporting organization. Ye	ization operated (s) the power to	, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppoi	rted organization(s),	typically by giving		
b	Type II. ∧ supporting organ control or management of the organization(s). You must organization	he supporting o	rganization vested in	the same					
С	Type III functionally integ its supported organization(rated. A support	ting organization oper	ated in c			ally integrated with,		
d	☐ Type III non functionally integrated that is not functionally integrequirement (see instructionally integrated in the following structure in the followin	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
е	Check this box if the organ functionally integrated, or 1						e II, Type III		
f	Enter the number of supported of						[
g	Provide the following information	about the supp	orted organization(s).				_		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
4)									
3)									
C)									
))	· · · · · · · · · · · · · · · · · · ·								
≡)									
otal			•	ļ 	<u>-</u>				

Part II

	n A. Public Support ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	· (f)·Tota
	Gifts, grants, contributions, and	(a) LOTT	(5) 25 15			. ,	,
	membership fees received. (Do not	· :	٠٠.	. :	1312 34	، د څه	
	include any "unusual grants.")	N/A				·: .,	1 .
	Tax revenues levied for the		ł		y g y sight a	, , t + + ;	
	organization's benefit and either paid	įsus n	1330.0		. 1 :/	20/10/11	7
	to or expended on its behalf .,		, marinda di dia	*			44.
	The value of services or facilities		<u> </u>		. ,	1	
	furnished by a governmental unit to the		/	,	1	/ ,	
	organization without charge .'		,		1		ì.
	•	1	 		11210	BING COUNTY	5 81
	Total. Add lines 1 through 3	Vendagenso zepuk	2017	TO A CONTROL OF THE PARTY OF TH	2.85.00.007.000		
5	The portion of total contributions by						
	each person (other than a			1. Sec. 4. 1.			
	governmental unit or publicly				1.00		
	supported organization) included on					1702	
	line 1 that exceeds 2% of the amount					Section 1	
	shown on line 11, column (f)		2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.				,
	Public support. Subtract line 5 from line 4			LES XOUNCE		THE PARTY SEE	l
	on B. Total Support					1	г —
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
7	Amounts from line 4	N/A			:		
8	Gross income from interest, dividends,		/	ļ		1	
	payments received on securities loans,			"			
•	rents, royalties, and income from	10 Sec. 10	/"	H		· · · · · · · · · · · · · · · · · · ·	3.25
	similar sources	· · ·					
9 . '.	Net income from unrelated business		/ :	E .*	· * **		4 " " " 4
	activities, whether or not the business	1. 15 11/25 1/	1		1	M - 10 FM 5	
	is regularly carried on	, /	•	7" i " i " i " i " i " i " i " i " i " i	± ,2 :	` 'm; h -m, b	
0	Other income. Do not include gain or	. /	1	,		: :	Ī .
	loss "from, the sale of capital assets	1 4/.	1	,		`` ^ ~* <u>"</u>	11 1/2
	(Explain in Part VI.)		:			· · · · · · · · · · · · · · · · · · ·	: :
1	Total support. Add lines 7 through 10	Providents	124-077		To the state of	4 74 1 1 1 1	
2	Gross receipts from related activities, etc	. (seé instructi	ons)	11.444.444.444.444.444.444.444.444.444.		12	
3	First five years. If the Form 990 is for t			nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3
•	organization, check this box and stop he						🕽
ctio	on C. Computation of Public Suppo						
4	Public support percentage for 2018 (line			11 column (fi)		14	
т 5	Public support percentage for 2017/Sc	hadula A Part	II line 14	11,00.0 (.,,			
o 6a	331/3% support test—2018. If the organ	sization did not	t check the bo	x on line 13 a	and line 14 is 3		check thi
va	box and stop here. The organization quality	alifies as a pub	licly supported	d organization			
b	331/3% support test—2017. If the organ	ration did not	check a box	on line 12 or 1	6a and line 15	is 331/3% or n	nore chec
D	this box and stop here. The organization	nzation did not n gualifies as a	nublick a box	orted organiza	tion	1.500	
_	·						
7a	10%-facts-and-circumstances test—2 10% or more, and if the organization m	2018. If the org	anization did	tancos" test c	shock this hov	and stop here	Evolain i
	Part VI how the organization meets the	"facts and cir	cumetances" t	et The organ	aization qualifie	and stop here	, supporte
		iacis-aliu-cii	cumstances t	est. The organ	nzation qualine	s as a pablicit	
	organization /						
b	10%-facts-and-circumstances test-	2017. If the org	ganization did	not check a b	ox on line 13,	16a, 16b, or 1	a, and lin
	15 is 10% or more, and if the organiz	ation meets t	he "facts-and	-circumstance:	s" test, check	this box and	stop here
•	Explain in Part VI how the organization						
	supported organization						
8	Private foundation. If the organization of instructions	fid not check a	box on line 1	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see !
							- 1

THE COLOR TO SEE MICHAEL COLOR SECURITION OF THE COLOR

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the tes	is listed per	w, please co	implete Fart I	1.)	
	on A. Public Support						
Calen	dar 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	ļ				1	
_	received. (Do not include any "unusual grants.")	299709	303883	366210	305067	290191	1565060
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54546	79258	· 82912	66623	73080	- 356419
3	Gross receipts from activities that are not an unrelated trade or business under section 513						·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	354255	383141	449122	371690	363271	19214709
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			•			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,	4	¥	3	1 t	
	line 6.)			6			1921479
<u>Secti</u>	on B. Total Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	354255	383141	449122	371690	363271	1921479
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		11	54	67	54	186
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		11	54	67	54	186
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			3477	233	12820	16530
13	Total support. (Add lines 9, 10c, 11, and 12.)	354255	383152	452653	371990	376145	1938195
14	First five years. If the Form 990 is for the organization, check this box and stop her	•			, or fifth tax ye		n 501(c)(3) . . ► □
Secti	on C. Computation of Public Suppor				·	-	······
15	Public support percentage for 2018 (line 8			13, column (f))		15	99.14 %
16	Public support percentage from 2017 Sch		•			16	99.80 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (y line 13, colu	mn (f))	17	.009 %
18 19a	Investment income percentage from 2017 331/2% support tests—2018. If the organ 17 is not more than 331/2%, check this box	7 Schedule A, Fization did not	Part III, line 17 check the box		 nd line 15 is m		.01 % %, and line
b	33 ¹ / ₂₈ % support tests—2017. If the organiz line 18 is not more than 33 ¹ / ₂₈ %, check this l	zation did not cl	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

SCHEDULE D (Form 990).

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
BOYS	GIRLS CLUB OF JOHNSON CITY/WASHINGTON CO		62-0810733
Par	Organizations Maintaining Donor Ad Complete if the organization answered		
	Complete it the organization and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor advisor, or f	or any other purpose
Par			
	Complete if the organization answered		····
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recreated		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		!- 41 6 6
2	Complete lines 2a through 2d if the organization becoment on the last day of the tax year	neid a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	· · · · · · · · · · · · · · · · · · ·		
b	Total acreage restricted by conservation easemer		
۲ C	Number of conservation easements on a certified Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
d	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, trai		
•	tax year ►	g	·····ation by the organization during the
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy reviolations, and enforcement of the conservation e	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspense		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's finents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service o	ar assets held for public exhibition, educing to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	1	. > \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u></u> <u></u>	▶ \$

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	er records, chec	k any of the	e follov	ving that are a s	signific	ant us	se of its
а	☐ Public exhibition		d 🗌 Loan	or exchang	e prog	rams			
b	☐ Scholarly research		e 🗌 Other	<i>,</i>					
c	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	nd explain how th	hey further	the org	ganization's exe	mpt pu	ırpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather							_Yes	□ No
Part									
	Complete if the organization 990, Part X, line 21.							on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							Yes	☑ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able:			moun	t	
С	Beginning balance				10				
d	Additions during the year				10				
e	Distributions during the year				16				
f	Ending balance				11				
2a	Did the organization include an amour	it on Form 990, Pa	rt X, line 21, for e	scrow or cu	ustodia	l account liabilit	y? 🔲	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been	provid	ed on Part XIII .		•	
Par	V Endowment Funds.								
	Complete if the organization		on Form 990, F	Part IV, line	≥ 10.				
		(a) Current year	(b) Pnor year	(c) Two year	s back	(d) Three years bad	k (e)	Four yea	ars back
1a	Beginning of year balance	35866	35867		35837	358:	26		35826
b	Contributions]		
С	Net investment earnings, gains, and losses	54	. 67		54		11		
d	Grants or scholarships								
. е	Other expenditures for facilities and programs								
f	Administrative expenses	129	68		24				
g	End of year balance	35791	. 35866		35867	358	37		35826
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as:	1		
а	Board designated or quasi-endowmer			,					
b	Permanent endowment ▶	%	-						
C	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and		00%.						
За	Are there endowment funds not in the	•		at are held	and ac	lministered for t	he		
	organization by:	,	•					Y	es No
	(i) unrelated organizations						32	a(i)	1
	(ii) related organizations							ı(ii)	1
b	If "Yes" on line 3a(ii), are the related of						_	b	-
4	Describe in Part XIII the intended uses				•			1	
Parl									······································
	Complete if the organization		on Form 990. I	Part IV. line	e 11a.	See Form 990	Part	X. lin	e 10.
-	Description of property	(a) Cost or oth	ner basis (b) Cost o	or other basis other)	(c)	Accumulated lepreciation		Book v	
1a	Land								
b	Buildings			509510		439288			70222
c	Leasehold improvements		·				_		
d	Equipment			131877		61262		_	70615
e	Other								
	Add lines 1a through 1e. (Column (d) n	oust equal Form 90	90. Part X. columi	n (B). line 10)c.)				140837
. J.al.	7.02 miles 14 miles 10. (Columni (d) m	oquar i omi oc	, . a. c., coluin	· (=),		· · · · · · · · · · · · · · · · · · ·			. 10007

	(a) Description of security of (including name of sec			(b) Book value		thod of valuation. I-of-year market value
I) Financial d	erivatives				,	120
2) Closely-he	Id equity interests		[4 h = 2 + 51 + 51	t
	magazi jagan magazi magazi magazi magazi magazi magazi magazi magazi magazi magazi magazi magazi magazi magazi	ياهيا والخراجي	٠ ٣,٤٠ ل ٢,٦٠	ر برد رکز	المراجع والأواجاء المراجع	37 62 7 FF 7 F 10 F 1
(A)						its*.
(B)	10 4 7 4 7 4 5 4 5 4 5 4 5 5 6 45 5 5 5 6 45 5 5 5	1 - 13 310 Pu	803 7000 as	er i the arrest the tile	. ,	La to a ty and parame
(C) 3',		a second to be		r adeteath of		
(D)						77 mm m m m m m m m m m m m m m m m m m
.(E) (1 16 kg	Carren and the second				there to mel at	*****
(F)	211.111.1111.1111.1111.1111.1111.1111.1111			2 1413,	102 to 12 to	
(G)	in the second of the second	1	······································	7 h 1 22 6 h 2		
(H) 1,55 , 1	112 1 2 0 5			, 1 1 3 E 1 3	0 . 100	activities of the con-
	and and form 000 Best V and Blin	-401 }			-0.200000000000000000000000000000000000	
Part VIII	must equal Form 990, Part X, col. (B) line Investments — Program F Complete if the organization	Related.	Ves" on For	m 990 Part IV lin	ne 11c. See Forn	990 Part X line
	(a) Description of inves		·	(b) Book value	(c) Me	ethod of valuation: d-of-year market value
						
1)	1 1 1					***** * * *** *** ***
2) - 1	My Contract of the Contract of	, रक्षण्य स्थिति	arm & miller 1	<u> विकास करा करा</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3)	• ,	• •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
4)					<u> </u>	<u> </u>
5)		· · · · · ·	•			
6)	·			<u> </u>		**
7)			·	<u> </u>		* . *s
8)	·	r -				والمسترية المراجع المراجع
	4 4 7			19900		
(9)			, , , , , ,		·	
otal. (Column (b) r	must equal Form 990, Part X, col. (B) line Other Assets.	1	1::	m 000 Port IV lin	o 11d Soo Form	2000 Port V line
ptal. (Column (b) r	Other Assets. Complete if the organization	1	Yes" on Fori	m 990, Part IV, lin	ne 11d. See Forr	n 990, Part X, line (b) Book value
ptal. (Column (b) r Part IX	Other Assets. Complete if the organization	on ânswered "	Yes" on Fori	m 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line
part IX (Column (b) i Part IX (1) 1) 2)	Other Assets. Complete if the organization	on ânswered "	Yes" on Fori		ne 11d. See Form	n 990, Part X, line
part IX Part IX (1) (2)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forn	n 990, Part X, line (b) Book value
part IX Part IX (1) (2)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on For		ne 11d. See Forn	n 990, Part X, line (b) Book value
1) , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX (1) , 2) ; 3) 4)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
1)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
part IX Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization	on answered " (a) Descripti	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
part IX (Column (b) r Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)	Other Assets. Complete if the organization of (b) must equal Form 990, P. Other Liabilities.	on answered " (a) Description (b) Control (c) Control	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX (1) , 2) ; 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization on (b) must equal Form 990, Pound of the Liabilities. Complete if the organization	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX (1) , 2) ; 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization comp	on answered " (a) Description	Yes" on Form		ne 11d. See Forr	n 990, Part X, line (b) Book value
1) , , , , , , , , , , , , , , , , , , ,	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX 1) 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column Part X	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9) Otal. (Column Part X	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
ntal. (Column (b) n Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X (1) 1) Federal inco	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
1) , , , , , , , , , , , , , , , , , , ,	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
1) , , , , , , , , , , , , , , , , , , ,	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
1) , , , , , , , , , , , , , , , , , , ,	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
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Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1))	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value
tal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal incc (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization of (b) must equal Form 990, Pother Liabilities. Complete if the organization complete if the organization of liability	on answered " (a) Description (a) The second of the second	Yes" on Form	m 990, Part IV, lir	ne 11d. See Forr	n 990, Part X, line (b) Book value

Schedul	e D (Form 990) 2018				Page 4
Part				r Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I\	/, line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	376145
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
· 3	Subtract line 2e from line 1	<i>i</i> · ,		3	376145
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
. а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_ 	
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				376145
Part	•		•	ber Keturn.	
	Complete if the organization answered "Yes" on Form 990,				204500
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		• • • • • •	1	381599
2	Donated services and use of facilities	اموا			
a	Prior year adjustments	2a 2b			
b	Other losses		- ·	 1888 -	
c C		\vdash			
d e	Other (Describe in Part XIII.)			2e	
3	Subtract line 2e from line 1			3	381599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i 1		3	301377
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-			
C	Add lines 4a and 4b	[40]		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)			381599
Part		,			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				e 4; Part X, line
		•		٠	
			·		
	·	4			
	,	•	•	11	•

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY

Employer identification number

62-0810733

Part	Questions Regarding Compensation				
	Object the commendate band NGO Services	idad ann af Ala Gallandan An an fara a maran Paka I		Yes	No
· 1a	Sheck the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a. Complete Part III to pro	ided any of the following to or for a person listed on Form		3	
	•	Housing allowance or residence for personal use			2-4
		Payments for business use of personal residence			**3
	•	Health or social club dues or initiation fees			
		Personal services (such as maid, chauffeur, chef)		:	
b	If any of the boxes on line 1a are checked, did the	organization follow a written policy regarding payment	,	ct.	
	or reimbursement or provision of all of the expe	nses described above? If "No," complete Part III to			
	explain		1b		
_					
2		to reimbursing or allowing expenses incurred by all			
	1a?	Executive Director, regarding the items checked on line			{
	ια:		2		200
3	Indicate which, if any, of the following the filing organ	nization used to establish the compensation of the		.,,	100
•		t apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the				
	☐ Compensation committee	☐ Written employment contract			
		☐ Compensation survey or study _.		9.10	
	Form 990 of other organizations	Approval by the board or compensation committee			
			•		5
4	During the year, did any person listed on Form 990, F	Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	10		ء ڪ	7
a	Receive a severance payment or change-of-control p		4a	·`	V
b	Participate in, or receive payment from, a supplement Participate in, or receive payment from, an equity-batter.		4b 4c		V
C	If "Yes" to any of lines 4a-c, list the persons and pro-	· · · · · · · · · · · · · · · · · · ·	40		
	ii 100 to any or inios ta o, not the persons and pro-	vide the applicable amounts for each from in a art in.	- जू		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) org	ganizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, I	ine 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:				
а	The organization?		5a		V
b	Any related organization?		5b		V
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, li	ine 1a, did the organization hav or accrue any			
U	compensation contingent on the net earnings of:	ine Ta, did the organization pay or accide any			
а	The organization?		6a		~
	Any related organization?		6b		V
	If "Yes" on line 6a or 6b, describe in Part III.				
			•	٠.	
7		A, line 1a, did the organization provide any nonfixed		ĺ	
_	•	escribe in Part III	7		~
8		aid or accrued pursuant to a contract that was subject	i ']	ļ
	in Part III	egulations section 53.4958-4(a)(3)? If "Yes," describe			-
	III F CILIII		8		
9	If "Yes" on line 8 did the organization also follow	w the rebuttable presumption procedure described in			
			9		}

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

BOYS & GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY	62-0810733
PART VI 11B - THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS THE AUDIT AND 990	BEFORE SUBMISSION
PART V1 12C - THE BOARD MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT	
NOTIFY THE CHAIR IF THEY HAVE CONFLICTS THAT ARISE THROUGHOUT THE YEAR	
PART VI 15A - THE HUMAN RESOURCE COMMITTEE OF THE BOARD EVALUATES THE CHIEF PROFE	SSIONAL OFFICER/PRESIDENT
AND MAKES RECOMMENDATIONS TO THE BOARD	
PART VI 15B - THE CHIEF PROFESSIONAL OFFICER/PRESIDENT EVALUATES ALL EMPLOYEES OF T	
PART V1 19 - DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE ORGANZATIO	
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