

Return of Organization Exempt From Income Tax

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

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

Form **990** (2017)

Interr	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat	est information.	Inspection							
A F	or the	e 2017 calend	dar year, or tax year beginning and ending									
B	heck if	C Name o	of organization	D Employer identifica	tion number							
	Addre	S BOYS	S & GIRLS CLUB OF ALBANY									
<u> </u>	Name		business as	93-05	19812							
누	_ chang   Initial		<del></del>	_ <del>  </del>	45042							
<u> </u>	_]retum ∏Fınal		or and street (or P.O. box if mail is not delivered to street address)  Room/su  HILL SE	ite E Telephone number (541)	006 6666							
L_	return_ termin		926-6666									
_	ated ∏Amen		town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,450,467.							
누	return	ALIDA	ANY, OR 97322	H(a) Is this a group retu								
L	_tion pendi	na i Finame a	and address of principal officer JOHN ANDERSEN	for subordinates?	Yes X No							
		SAME	AS C ABOVE	H(b) Are all subordinates inclu								
				<del></del> -	t. (see instructions)							
J Website: ► WWW . ALBANYBGC . ORG												
				ear of formation: 1955 M S	State of legal domicile: OR							
P	art I	Summary	<del></del>									
. 60	1	Briefly descri	be the organization's mission or most significant activities YOUTH SE.	RVICES								
Governance			· · · · · · · · · · · · · · · · · · ·									
E L	2	Check this be	ox 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	ets 39							
Š	3	· 1 1										
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	39							
Activities &	5	Total number	r of individuals employed in calendar year 2017 (Part V, line 2a)	5	206							
Ę.	6	Total number	r of volunteers (estimate if necessary)	6	<u> </u>							
Ç	7 a	Total unrelate	ed business revenue from Part VIII, column (C), line 12	7a	_0.							
•	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	0.							
			i receive	Prior Year	Current Year							
a)	8	Contributions	s and grants (Part VIII, line 1h)	49598,034.	1,115,211.							
Ž	9	Program sen	/ice revenue (Part VIII, line 2g)	163674.102.	580,285.							
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	(2,394.>	1,169.							
Œ	11		ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,684.	353,899.							
	12		V	5,545,426.	2,050,564.							
	I .		imilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.							
	14		to or for members (Part IX, column (A), line 4)	0.	0.							
v	1	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,291,503.	1,408,117.							
Expenses		-	fundraising fees (Part IX, column (A), line 11e)	0.	0.							
be	1		sing expenses (Part IX, column (D), line 25)   133,727.									
Щ	ľ		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,392,630.	1,309,583.							
	1	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,684,133.	2,717,700.							
	1		s expenses Subtract line 18 from line 12	2,861,293.	<667,136.>							
es es			- superiors - superior into the month into 12	Beginning of Current Year	End of Year							
anc	20	Total assets	(Part X, line 16)	12,621,883.	11,792,360.							
ASS	21		s (Part X, line 26)	599,158.	436,771.							
Net Assets or Fund Balances	22		r. fund balances. Subtract line 21-from line 20	12,022,725	11,355,589.							
	art II	Signatur		14,044,1456	11,333,303.							
_		<del></del>	, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of my k	vnowledge and helief it is							
			e. <del>Declare that the examined this fetutil, including accompanying schedules and sta</del>		thowicage and belief, it is							
uuc	, 60116	L SZ	Section and information of which prepared on an information of which prep	arei ilas ally kilowieuge.								
C:-	_	Signatu	re of officer	Date								
Sig		'		54.0								
Her	е		N ANDERSEN, CHIEF EXECUTIVE OFFICER print name and title									
		<del> </del>	X ( X )	Date Check	PTIN							
р			eparer's name Preparer's stop attre		<b>-</b> (							
Paid			D D. PERDUE	93 2017 self-employed	P00129286							
	parer	Firm's name	KOONTZ, PERDUE, BLASQUEZ & CO., P.C	Firm's EIN	93-0612582							
Use	Only	Firm's addres	s ≥ 920 ELM STREET SW		4 ) 0 0 0 0 0 0 0 0 0 0							
_		L	ALBANY, OR 97321-2037	Phone no. ( 5 <b>4</b>	1)926-5543							
Ma	y the I	RS discuss th	nis return with the preparer shown above? (see instructions)		X Yes No							

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	·	X
1	Bnefly describe the organization's mission		
	THE BOYS & GIRLS CLUB OF ALBANY'S MISSION IS TO PROVIDE		Ε,
	SUPERVISED ENVIRONMENT FOR RECREATIONAL AND EDUCATIONAL	ACTIVITIES	
	WHERE ALL BOYS AND GIRLS, ESPECIALLY THOSE FROM DISADVAN	NTAGED	
	CIRCUMSTANCES, CAN DEVELOP SELF-ESTEEM AND THE QUALITIES	TO BECOME	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🗓 No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$1, 958, 357. including grants of \$) (Revenue	1e \$ 641	,667.)
	SOCIAL RECREATION: ACTIVITIES THAT INCLUDE BOTH TEAM AND		
	SPORTS, ARTS, CRAFTS AND OTHER PHYSICAL ACTIVITIES. THE		
	STRUCTURED LEISURE TIME AND PROMOTE HEALTH AND WELL BEI		HOOL
	AND DAYCAMP PROGRAMS ALSO PROVIDED.		
	2212 O.212 1110 O.2220 1120 1110 1120 1		
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		-	
	<del></del>	<del></del>	
			<del></del>
		<del></del>	<del></del>
4b	10.		
40	(Code) (Expenses \$) (Reveni	16 \$	
		<del></del>	
		<del></del>	
		<del></del> _	
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	<del></del>
			<del></del>
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4c	(Code) (Expenses \$ including grants of \$) (Reven	ue\$	)
		<del>-</del>	
			<del></del> -
			<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 1,958,357.		
		Form	990 (2017)

Form 990 (2017) BOYS & GIRLS CLUB OF ALBANY

Part IV Checklist of Required Schedules

				$\overline{}$
			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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ا ا		v
	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	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
٥	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		х
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, IX, or X			
• •	as applicable			İ
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	х	
ь	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		Х
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		х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		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	ļ	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	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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	<u> </u>	X
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			res	NO
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			' 
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	ĺ	
	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	}	Ì	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	'		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u> _
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del>  -</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32	i	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
<b>^</b> -	Part V, line 1	34_	X	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		1
	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?		1	v
	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	-	1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	}
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2017)

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	Check if Schedule O contains a response or note to any line in this Part V		,	<u>.                                    </u>	ᆚ
	,	, ,		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	<u>1b 0</u>			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	1	1c_	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 206			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		<u>X</u>
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5</u> a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	_5b		<u>X</u>
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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6</u> a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b_	_	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	<u>7a</u>	L	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7 <u>b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		٠,,
	to file Form 8282?		<u>7</u> c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_	Į	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	<b>-</b> -	<del>  -</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	·	7g		<del></del> -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>h</u>	<del>  -</del> -	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_	1	[
_	sponsoring organization have excess business holdings at any time during the year?		_8_	<del> </del> -	
9	Sponsoring organizations maintaining donor advised funds.		Δ-	İ	Ì
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a_		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_
10	Section 501(c)(7) organizations. Enter	10a		]	
a h	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			ł
11	Section 501(c)(12) organizations. Enter:	100			
'' a	Gross income from members or shareholders	11a		1	1
	Gross income from other sources (Do not net amounts due or paid to other sources against	1102			
IJ	amounts due or received from them.)	116		1	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<del>                                     </del>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>, 1</u>			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O		-,50	<del>                                     </del>	
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
J	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	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 Schedul	e O	14b	1	T ==-
	, a. a. a. a. a. a. a. a. a. a. a.			990	(2017)

200 6

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 39 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 39 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 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 Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 -Xtaxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: BOYS & GIRLS CLUB OF ALBANY - (541)926-6666 1215 HILL STREET SE, ALBANY, OR 97322

## 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)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week		ceran	dad	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the .	organizations	compensation
	hours for related	D TO	eg eg			sated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee		9	ngu		(W-2/1099-MISC)		organization and related
	below	dua) t	rpour	_	튙	st co	, .			organizations
	line)	Pug	Instit	Officer	Keye	Highest compensated employee	Former			0.9424
(1) ANDREWS STAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(2) BENEDICT, MITCH	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) BORDE, GALE	1.00							_		
BOARD MEMBER		X						0.	0.	0.
(4) COWGILL, SCOTT	1.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(5) CUTSFORTH, TOM	1.00								Ì	
BOARD MEMBER		X		<u> </u>	ļ			0.	0.	0.
(6) DECKER, JIM	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) DRAPER, BILL	1.00									_
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(8) GROSSMAN, BARBARA	1.00							_	_	_
BOARD MEMBER		Х			<u> </u>	_		0.	0.	0.
(9) HAMPL, ANDREA	1.00								_	_
BOARD MEMBER		X			_	ļ		0.	0.	0.
(10) HARPOLE, CONNIE	1.00								_	_
BOARD MEMBER	1	X						0.	0.	0.
(11) HART, GLEN	<u> 1.00</u>							_		
BOARD MEMBER	1 00	X			_	_		0.	0.	0.
(12) JORDAN, BRAD	1.00									
BOARD MEMBER	1 00	X				-		0.	0.	0.
(13) KING, STEPHANIE	1.00									•
BOARD MEMBER	1 00	X				<u> </u>		0.	0.	0.
(14) KNOWLES, SEAN	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(15) LANGJAHR, MITCH	1.00	,,								•
BOARD MEMBER	1 00	X				<del>  -</del>	_	0.	0.	0.
(16) MACHUGH, BILL	1.00	<b>.</b>								•
BOARD MEMBER	1 00	X		_		<del> </del>		0.	0.	0.
(17) MCDOWELL, DAN	1.00	x						0.		^
BOARD MEMBER	l	Λ	L .	Ц	L	L		0.	0.	0.

Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, a <u>n</u>	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c		itior more	1 than	one	Reportable	Reportable			tımate	
	hours per week	box	c, unle	ss pe	erson	ıs bol or/trus	h an	compensation	compensation	י		ount c	of .
	(list any	<u> </u>	T			T	1	from the	from related organizations	.		other pensat	tion
	hours for	a G		ĺ	ľ	, E	ĺ	organization	(W-2/1099-MIS			om the	
	related	tee or	ıste	ļ		Safe		(W-2/1099-MISC)	(	-		anızatı	
	organizations	st trus	naltr		oyee	d mo	1			ľ	and	i relate	∌d
	below	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	1			orga	ınızatıc	วทร
	line)	_≌	Ē	통	ě	훈통	호						
(18) MCKAY, CARRIE	1.00	<b>∤</b>											^
BOARD MEMBER	1 00	X	-	├_	<u> </u>	<del> </del>	├	0.		0.			<u>0.</u>
(19) MEEKER, ARTHUR	1.00				i			_					
BOARD MEMBER	1 00	X	├	$\vdash$	-	+-		0.		0.			<u>0.</u>
(20) PASCONE, JOHN	1.00	-	ļ		ļ		]						^
BOARD MEMBER	1 00	X	-	X	╀	╁		0.		0.			0.
(21) PERLENFEIN, BRIAN	1.00	٠,					1			_			^
BOARD MEMBER	1 00	X	┼—	-	┝	╁╾	<del>                                     </del>	0.		0.			0.
(22) PERLENFEIN, STEVE	1.00	١.,			İ	Ì	ĺ			_			^
BOARD MEMBER	1 00	X	╁	-	╁	$\vdash$	├-	0.	<del></del>	0.			0.
(23) RAILEY, KIM	1.00	٠,		3,5	1					_			^
BOARD MEMBER	1 00	X	┼-	X	├	╁	-	0.	<u> </u>	0.			0.
(24) REID, TIM	1.00	<b>.</b> ,		37				0.		_			^
BOARD MEMBER	1 00	X	$\vdash$	X	╁	+	-	<u>U.</u>		0.			0.
(25) RICE, LISA	1.00				1			0.		0.			^
BOARD MEMBER	1.00	X	+		╁	╁	-			٠.	-		0.
(26) RICHTER, CINDI	1.00	$ \mathbf{x} $						0.		0.			0.
BOARD MEMBER  1b Sub-total	<u> </u>	1			!	1		0.		0.			0.
c Total from continuation sheets to Part V	Il Section A							0.		0.			0.
d Total (add lines 1b and 1c)	ii, Section A							0.		0.			0.
2 Total number of individuals (including but r	not limited to th	1086		ed a	hov	e) w	ho r		000 of reportable				
compensation from the organization	iot iiiriited to ti	1030	, 1130	cu a		o, <b></b>			,,ooo oi ropoitabii	•			0
Somponication from the organization							_					Yes	No
3 Did the organization list any former officer	director, or tri	uste	e. ke	ev e	mple	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s				-, -		-,	•	<b>9</b>			3	ľ	Х
4 For any individual listed on line 1a, is the si			amo	ens	atio	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15									ŭ		4	1	X
5 Did any person listed on line 1a receive or			-						dual for services				
rendered to the organization? If "Yes," con	-					-					5_		X
Section B. Independent Contractors	<u> </u>												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent d	cont	ract	ors	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear_	end	ıng v	with	or w	/ithi	n the organization's tax	year.	_			
(A)			_					(B)			(0	<b>&gt;</b> )	
Name and business	address	N	ON.	E				Description of s	services	C	ompe	nsatio	n
					_								
									Ì				
<u> </u>						_							
				_									
2 Total number of independent contractors (	_	not l	ımıte	ed to		_	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ	IZATION D					0	~					990 (	
SEE DAYN VIT GENMTA	או א רירואדי	ur E'	AITT	ΛЩ	10	INI.	·μ	MEMPIPS			Form	<b>4411</b> //	つ(17)

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	53,520.				
og an		Membership dues	1b	63,705.				
S,E		Fundraising events	1c	290,599.				
a it		Related organizations		140,500.		ľ	İ	
S, C		Government grants (contribute		274,277.		,		
PS		All other contributions, gifts, grant						
t e		similar amounts not included above		292,610.			ł	
	g	Noncash contributions included in lines		286,269.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,115,211.			
ŀ				Business Code				
8	2 a	SPORTS PROGRAMS	<u></u>	713940	337,334.	337,334.		
او ڲٙ	b			713940	136,931.	136,931.		
Program Service Revenue	С	ENRICHMENT PROG	RAMS	713940	106,020.	106,020.		
lev ev	d							
5	е							<u> </u>
١	f	All other program service reve	enue	L		<u> </u>		L <u></u>
$\rightarrow$	<u>g</u>	Total. Add lines 2a-2f			580,285.			
- 1	3	Investment income (including	dividends, intere	est, and	0.000			0.000
		other similar amounts)		<b>.</b>	2,062.	<del></del>	<del></del> _	2,062.
	4	Income from investment of tax	x-exempt bond p	roceeds	<del></del>			
	5	Royalties		<u> </u>	<del> </del>	<del></del>		<u> </u>
	_		(i) Real	(II) Personal				
	6 a		51,425. 385.	ļ <del>-</del>				
}	b	' '	51,040.	<del>                                     </del>				
İ	C	Rental income or (loss)  Net rental income or (loss)	51,040.	L	51,040.	51,040.		
l	d 7 a	Gross amount from sales of	(i) Securities	(II) Other	31,040.	31,010.		
l	/ a	assets other than inventory	(I) Securities	(ii) Other	†			1
	h	Less cost or other basis			1			
ĺ		and sales expenses		893.	1			
	C	Gain or (loss)		<893.		}		
	d		L	<b>•</b>	<893.	> <893.	>	
		Gross income from fundraisin	a events (not					
un Ge		including \$290,5	•	]		}		
eve		contributions reported on line		1				
Ę.		Part IV, line 18	а	678,700.				
Other Rever	b	Less direct expenses		389,497.	]	1		}
0	C	Net income or (loss) from fund	draising events		289,203.			289,203.
	9 a	Gross income from gaming ac	ctivities See	i				]
		Part IV, line 19	а					
		Less direct expenses	b		1			
	С	Net income or (loss) from gam	ning activities		<u> </u>	ļ		<u> </u>
	10 a	Gross sales of inventory, less	returns	1				
		and allowances	а		1			
		Less. cost of goods sold	b	9,128.				0.404
	Ç	Net income or (loss) from sale		,▶	2,421.			2,421.
		Miscellaneous Revenu	ie	Business Code		11 000		
		OTHER REVENUE		713940	11,235.	11,235.	<u> </u>	<del> </del>
	b	· <del></del>		J	<del> </del>	<del> </del>	<del></del>	<del> </del>
	C			<del></del>	<del> </del>	<del> </del>		<del></del>
	d	All other revenue			11,235.	<del> </del>		<del> </del>
	_	Total. Add lines 11a-11d			2,050,564.			293,686.
73200	12 9 11-2	Total revenue. See instructions.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Form <b>990</b> (2017)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 317,255. 91,978. 1,211,919 802,686. Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 40,932. 51,186. 9,902. 102,020. q Other employee benefits 94,178 62,543 25,082. 6,553. 10 Payroll taxes Fees for services (non-employees) 11 Management Legal b 18,868 18,868. Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Sch O.) 2,010. 2,010. 12 Advertising and promotion 13 Office expenses 9,810 9,810. Information technology 14 Royalties 15 222,693. 203,611 19,082 Occupancy 16 3,964 3,964 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,155. 3,103. 855 1,093. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 371,419 371,419 Depreciation, depletion, and amortization 22 39,629 39,629 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ENRICHMENT PROGRAMS 216,473 216,473. SPORTS PROGRAMS 138,803. 138,803. 122,444. 51,833. 70,611. c MISCELLANEOUS 60,334. 60,334. d DENTAL PROGRAM 69,274 8,568. 22,191. 100,033 All other expenses 625,616. 2,717,700. 1,958,357. 133,727. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

rai	τ X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,228,866.	1	316,454
	2	Savings and temporary cash investments	250,554.	2	1,862,829
	3	Pledges and grants receivable, net	2,000,000.	3	750,000
	4	Accounts receivable, net	50,347.	4	84,707
	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	
	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		6	
700010	7	Notes and loans receivable, net	3,905.	7	3,905
?	8	Inventories for sale or use	12,010.	8	15,535
	9	Prepaid expenses and deferred charges	22/0100	9	10,000
	_	Land, buildings, and equipment cost or other			<del></del> ··
		basis Complete Part VI of Schedule D 10a 12,500,216.			
	ь	Less accumulated depreciation 10b 3,741,286.	9,076,201.	10¢	8,758,930
	11	Investments · publicly traded securities	3707072021	11	0,750,550
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,621,883.	16	11,792,360
	17	Accounts payable and accrued expenses	75,832.	17	49,613
	18	Grants payable	<u> </u>	18	
	19	Deferred revenue	1,500.	19	81,616
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,			
2		key employees, highest compensated employees, and disqualified persons.			
Liebillites		Complete Part II of Schedule L		22	
j	23	Secured mortgages and notes payable to unrelated third parties		23	<u></u>
	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	521,826.	25	305,542
	26	Total liabilities. Add lines 17 through 25	599,158.	26	436,771
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	9,426,248.	27	8,834,368
-	28	Temporanly restricted net assets	2,596,477.	28	_ 2,521,221
)	29	Permanently restricted net assets		29	,
•		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
,		and complete lines 30 through 34.			
}	30	Capital stock or trust principal, or current funds		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	12,022,725.	33	11,355,589
	34	Total liabilities and net assets/fund balances	12,621,883.		11,792,360

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Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,05</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>2,71</u>		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>36.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,02	<u>2,7</u>	<u>25.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	11,35	<u>5,5</u>	<u>89.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</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 Si	ngle Audıt		1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

		BOYS	& GIRLS C	LUB OF ALBAN	Y	=		9	3-0549842			
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	s part ) Se	e instructions	3				
The	organ	zation is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box)						
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).					
4		A medical research organiz					=	)(iii). Enter	the hospital's name,			
		city, and state.	,				- (- A A	, ,	•			
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	ınıt describ	ed in	_		
		section 170(b)(1)(A)(iv). (C		. <b>.</b>		, - g						
6				nental unit described in s	section 17	O(b)(1)(A)	(v)					
7	$\overline{\mathbf{x}}$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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). (Co		mar part of ito support	ioiii a gov	ommorna.	dint of moint	no gonorai	pablic accorded in			
8		A community trust describe	•	(1)(A)(vii) (Complete Part	· II V							
9	一	An agricultural research org				d in conii	inction with a	land grant	college			
9		or university or a non-land-g			-			=	=			
		university:	grant college or agric	diture (see instructions)	Litter tile	name, city	r, and state of	i tile colleg	e 01			
10		An organization that norma	lly received (1) more	than 22 1/20/ of its our	nort from	oontributu		bin food o	nd arosa rossinta fram	_		
10												
		activities related to its exer		•					-	π		
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	irea by the or	ganization	aπer June 30, 1975			
		See section 509(a)(2). (Cor	•		<b>4</b> -4 0							
11	Ħ	An organization organized a										
12	ш	An organization organized a										
		more publicly supported or							neck the box in			
_		lines 12a through 12d that	• •			•		_				
а		Type I. A supporting orga	•					• • •				
		the supported organization			a majority o	of the direc	ctors or truste	es of the s	supporting			
		organization You must o										
b												
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported			
	Γ	organization(s) You mus										
С	<u></u>	☐ Type III functionally inte						lly integrate	ed with,			
_		its supported organization		•	-	•	•	_				
d		☐ Type III non-functionally					• •	•	• •			
		that is not functionally int	-		-		•	d an attent	iveness			
		requirement (see instruct										
е		☐ Check this box if the orga					ı Type I, Type	II, Type III				
		functionally integrated, or		nally integrated supporti	ing organiz	zation				_		
		er the number of supported of	•							_		
g		vide the following information  i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	_		
	,	organization	(11) 2.11	(described on lines 1-10	(iv) is the orga		support (see if	-	support (see instructions	s)		
		-		above (see instructions))	Yes	No		·	11 (			
						1						
									_	_		
										_		
									-			

# Schedule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF ALBANY 93-0549842 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
	include any "unusual grants ")	1025568.	741,789.	1244999.	4275689.	1115211.	8403256.
2	Tax revenues levied for the organ-	į į					
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge	57,000.	48,213.	39,762.			144,975.
4	Total. Add lines 1 through 3	1082568.	790,002.	1284761.	4275689.	1115211.	8548231.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4						8548231.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1082568.	790,002.	1284761.	4275689.	1115211.	<u>8548231.</u>
8	Gross income from interest,						
	dividends, payments received on		:		1		
	securities loans, rents, royalties,						
	and income from similar sources	<u>38,455.</u>	28,563.	92,537.	52,383.	53,487.	265,425.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part VI)	1.	81,381.	13,201.	15,889.	11,235.	121,707.
11	Total support. Add lines 7 through 10				<u></u>		8935363.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 3	,804,364.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
	ction C. Computation of Publ					<del></del>	
14	Public support percentage for 2017 (			column (f))		14	95.67 %
15							96.42 %
16a	33 1/3% support test - 2017. If the	•			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						<b>►\X</b> -
t	33 1/3% support test - 2016. If the	-			l line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			•		rt VI how the orgai	nization
	meets the "facts-and-circumstances"	•	•		•	4	▶□
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		,
4-	organization meets the "facts-and-circ		-	•	•		
<u>18</u>	Private foundation. If the organization	on did not check a	00x on line 13, 16	a, 160, 1/a, or 17			
					Sche	edule A (Form 990	or 990-LL) 2017

# Schedule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF ALBANY 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 be	elow, please comp	lete Part II.)				
Section A. Public Support				·		
Calendar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						, ,
membership fees received. (Do not				ĺ		,
include any "unusual grants ")			<del></del>	<del> </del>	<del> </del>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						/
3 Gross receipts from activities that					1	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-		<del></del>	-	<del></del>	<del> '</del>	
ization's benefit and either paid to or expended on its behalf				/	/	
5 The value of services or facilities						
furnished by a governmental unit to				/		
the organization without charge				/		
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and			1	,'		
3 received from disqualified persons				<u> </u>		
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		<del></del>	/		-	<del></del> _
- · · · - · · · · · · · · · · · · · · ·	<del></del>		<del>- "</del>	<del> </del>		
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	_,			L	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	// (c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6					_	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income	-	/		T		
(less section 511 taxes) from businesses acquired after June 30, 1975				_		
c Add lines 10a and 10b		<i>!</i>				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		<i>y</i>				
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	,					
13 Total support. (Add lines 9, 10c, 11, and 12)				<u></u>		·
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Publ	i¢ Support Pe	rcentage		<del></del>	<del> </del>	
15 Public support percentage for 2017 (	ine 8, column (f) d	ıvıded by line 13,	column (f))		15	%
16 Public support percentage from 2016				<u> </u>	16	%
Section D. Computation of Inves	stment Incom	e Percentage	<u> </u>		·····	
17 Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box at b 33 1/3% support tests/- 2016. If the						<b>▶</b> □
line 18 is not more than 33 1/3%, che	-					<b>▶</b> □
20 Private foundation. If the 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)

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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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2			
3a			
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		93-05498	42 P	age <b>5</b>
Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	_ <u>11a</u>	—	
b	A family member of a person described in (a) above?	_11b	<u> </u>	<u> </u>
	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	<u> </u>	
Sec	tion B. Type I Supporting Organizations			т
			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	-	1	}
	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			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	+	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	i	1	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		ŀ	•
<u></u>	supervised, or controlled the supporting organization			<u> </u>
Sec	tion C. Type II Supporting Organizations		T.,	Ι
		Γ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	l
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s).	11_		<u> </u>
Sec	tion D. All Type III Supporting Organizations			T No.
	Did the expensation provide to each of its supported expensations, by the last day of the fifth month of the	<u></u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			Ì
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	+	1-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ĺ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ł	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1-	†	<u> </u>
ŭ	significant voice in the organization's investment policies and in directing the use of the organization's	ĺ	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	-	1
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	structions).		
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instructio	ns).	
2	Activities Test Answer (a) and (b) below.		Yes	No
— a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	[		
	reasons for the organization's position that its supported organization(s) would have engaged in these	]		
	activities but for the organization's involvement	2b		<u>L_</u>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Sche	edule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF AL	BANY		93-0549842 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	<del></del>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del></del>	
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	<u></u>	
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	<del></del>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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		
-	Distributable Amount Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

	dule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS			3-0549842 Page 7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			ļ
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	<u></u>
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			<u> </u>
<u> 7_</u>	Total annual distributions. Add lines 1 through 6	<del></del>		
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u></u>		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			1
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
<u>d</u>	From 2015			
	From 2016			<u> </u>
f_	Total of lines 3a through e			
_ g	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2017 distributable amount			
<u>_i</u>	Carryover from 2012 not applied (see instructions)		<del></del>	<del> </del>
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7· \$			ļ
	Applied to underdistributions of prior years		<del></del>	<del> </del>
	Applied to 2017 distributable amount			<del> </del>
	Remainder Subtract lines 4a and 4b from 4			<del> </del>
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	<del> </del>		<del> </del>
6	Remaining underdistributions for 2017 Subtract lines 3h			1
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		<del> </del>	<del> </del>
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			<del> </del>
_8_	Breakdown of line 7.	<del> </del>	<del></del>	<del> </del>
	Excess from 2013			<del> </del>
	Excess from 2014			
	Excess from 2015		<u> </u>	<del> </del>
a	Excess from 2016	i	I	1

e Excess from 2017

Part V. Section P. Inter 3, 20, 50, 40, 46, 56, 59, 90, 90, 11, 11, 11, but and 12, part II, lims 17 and 17b, Part III, Inter 17a or 17b, Part	Scriedule A	(FORM 990 OF 990-EZ) 2017 BOIS & GIRLS CLUB OF ALBANI 93-0349042 Page 8
	Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information
		(See Instructions )
	<del></del>	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 05/09/2

Schedule D (Form 990) 2017

Pai	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line		o or resources complete it the				
	organization answered Tes On Com 550, Fart TV, inte	(a) Donor advised funds	(b) Funds and other accounts				
4	Total number at end of year	(a) Denot actions tonico	(5) ( 2.100 2.10 0.110 1.20 0.110				
1 2	Aggregate value of contributions to (during year)	<del></del>	<del></del>				
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year		- d 6 m de				
5	Did the organization inform all donors and donor advisors in w	·					
_	are the organization's property, subject to the organization's e		└ Yes └ No				
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos					
Pai	impermissible private benefit?		Yes No				
			Part IV, line /				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or ed		torically important land area				
	Protection of natural habitat	Preservation of a ce	rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic stru	icture included in (a)	2c				
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax				
	year <b>&gt;</b>						
4	Number of states where property subject to conservation eas	ement is located 🕨					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	s the organization's accounting for				
	conservation easements						
Pa	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	<u> </u>				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describ	es these items					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic service, provide the following amounts				
	relating to these items	, , , , , , , , , , , , , , , , , , , ,					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		<b>\$</b>				
2	If the organization received or held works of art, historical trea	asures, or other similar assets for finance					
~	the following amounts required to be reported under SFAS 11		iai gairi, provido				
_	Revenue included on Form 990, Part VIII, line 1	to these itellis.	<b>▶</b> \$				
a h	Assets included in Form 990, Part X		► \$ ► \$				
<u> </u>	resets included in Form 550, Part A						

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

		<u> GIRLS CLUB</u>	OF .	<u>ALBANY</u>	· 			<u>93-05</u>	<u>49842</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Other	er Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	t are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	, 🗀 i	Loan or exc	hange progra	ıms				
b	Scholarly research	e	$\Box$	Other			_			
c	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	in how th	ey further t	he organization	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit or	r receive donations	of art, hi	stoncal trea	sures, or othe	er sımıla	rassets			
	to be sold to raise funds rather than to be ma								Yes_	No_
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able						
	The state of the s		,	.abio					Amount	
С	Beginning balance						1c		7 4110 4110	
	Additions during the year						1d	·		
_	Distributions during the year						1e			
f	Ending balance						1f			
-	Did the organization include an amount on Fo	orm 990 Part X line	21 for 6	escrow or ci	ustodiał acco	unt liahi		<u> </u>	Yes	☐ No
	_							<u></u>	_ 103	<b>=</b> "
	b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
		(a) Current year		rior year	(c) Two year			years back	(e) Four v	ears back
1a	Beginning of year balance	(b) summing your		you <u>.</u>	(0) + 110 ) 501	<del>o su</del> on	(4) 110	<u> </u>	(0) / 00/	<u> </u>
b	Contributions	<del></del>							<del></del>	
	Net investment earnings, gains, and losses				<del> </del>				<del>                                     </del>	
d	Grants or scholarships		t		-				<del>                                     </del>	
	Other expenditures for facilities			<del></del>	<del>                                     </del>				<del> </del>	
·	and programs									
	Administrative expenses		_		<u> </u>				<del>                                     </del>	
,	End of year balance					-			<del>                                     </del>	
g 2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column (	all hold as				<del></del> _	
a	Board designated or quasi-endowment	citt year end balan	%	g, coluini (c	ajj rielo as.					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
C	The percentages on lines 2a, 2b, and 2c sho									
2-	Are there endowment funds not in the posse	-	otion the	st ara bald a	and administr	rad far t	ho organ	zation		
Sa		ssion of the organiz	auonui	at are rielo a	ina administe	ileu ioi i	ne organi	Zation	r,	Van Na
	by. (i) unrelated organizations								3a(i)	Yes No
	••									_
L	(ii) related organizations  [Solit   Solit									
4	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b									
Pai	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990	), Part X	, line 10	<del></del>		
	Description of property	- (a) Cost or o		` '	t or other- (other)		ccumulat preciation	- 1	(d) Book	value -
1a	Land			82	28,860.				828	8,860.
	Buildings				6,943.	3,	387,0	21.		,922.
	Leasehold improvements						: <u>-</u> -=			
d	_			54	4,413.		354,2	65.	190	148.
	Other .						<u>,                                </u>			0.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Pan	t X colur	nn (R) line	1001				8.758	

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990, Part IV,	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-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.)				
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c See Form 990.	Part X. line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)			<del> </del>	
(3)				2
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			<del>,,</del> _	
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	, iiile 11a. occ 1 om 550,	rarex, into 13.	(b) Book value
(1)				(2)
(2)				
(3)				
(4)		710		-
(5)	, <u> </u>			
(6)		<del>, ,,</del>	•	
		-···-	<del>- ·</del>	
			<del></del>	
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	- 451			
Part X Other Liabilities.				<u> </u>
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV,		n 990, Part X, line 25	<u> </u>
		(b) Book value		
(1)- Federal income taxes				
(2) ACCRUED LIABILITIES		8,815.		
(3) NOTE PAYABLE		<u>296,727.</u>		
(4)				
(5)	_			
(6)				
		<u> </u>		
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 305,542.

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. ▼

	XI Reconciliation of Revenue per Audited Financial Stateme			0349842 Page 4
Part	<del></del>	•	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			2,450,467.
	otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12		1	2,450,407.
	et unrealized gains (losses) on investments	2a		
	onated services and use of facilities	2b	1	
-	ecovenes of prior year grants	2c	1	
	ther (Describe in Part XIII )	2d	1	
	dd lines 2a through 2d		2e	0.
	ubtract line 2e from line 1		3	2,450,467.
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a li	evestment expenses not included on Form 990, Part VIII, line 7b	4a		
b C	ther (Describe in Part XIII.)	4b <399,903.	<b>&gt;</b>	
c A	dd lines 4a and 4b		4c	<399,903.
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 14001	5	2,050,564.
Part	XII Reconciliation of Expenses per Audited Financial Statem	•	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	·	
	otal expenses and losses per audited financial statements		1	3,117,603.
	mounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
	onated services and use of facilities	2a	1	
	rior year adjustments	2b 2c 893.	1	
-	ther losses	2c 893. 2d 399,010.		
	other (Describe in Part XIII )  dd lines 2a through 2d	20 333,010.	20	399,903.
	ubtract line 2e from line 1		2e 3	2,717,700.
_	mounts included on Form 990, Part IX, line 25, but not on line 1		-	2,711,7000
	ovestment expenses not included on Form 990, Part VIII, line 7b	4a		
	other (Describe in Part XIII.)	4b	1	
	dd lines 4a and 4b		4c	0.
5 T	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,717,700.
	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 2	and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information		
PAR'	X, LINE 2:			
		^		
BOY	S & GIRLS CLUB OF ALBANY IS A NOT-FOR-PRO	FIT ORGANIZATION	TH	AT IS
T32733	OF BROW INCOME TRANSPORTING FOR COME ON COLUMN	1)/2) OF MUE TAME		r - D-01/13111119
EXE	IPT FROM INCOME TAXES UNDER SECTION 501(C	()(3) OF THE INTE	KNA.	L REVENUE
CODI	PERFORMANCE PERFORMANCE 1 1057 MURDERODE	NO DROVIETON EC	ND T1	MCOME HAVES
נתטט	E, EFFECTIVE FEBRUARY 1, 1957. THEREFORE,	NO PROVISION FO	K 11	NCOME TAKES
ран	BEEN MADE. IN ADDITION, THE ORGANIZATION	י אוואו.דעדע דאף יו	ч <b>н</b> е	CHARTMARI.E
IIAD	DEEN MADE: IN ADDITION, THE ORGANIZATION			
CON	RIBUTION DEDUCTION UNDER SECTION 170(B)(	1)(A) AND HAS BE	EN (	CLASSIFIED
<u>CO11.</u>	ALIBOTION DEDOCTION ONDER DECITOR 170 (B) (	1/\II/ IMB IMB DE		
AS A	AN ORGANIZATION THAT IS NOT A PRIVATE FOU	NDATION UNDER SE	CTI	ON
				<del></del>
509	(A)(2).			
<u>THE</u>	TAX-EXEMPT STATUS CAN BE REVOKED BY THE	INTERNAL REVENUE	SE	RVICE AS A
RES	JLT OF DIRECT VIOLATIONS OF LAWS AND REGU	LATIONS GOVERNIN	IG 5	01(C)(3)
				:
<u>ORG</u>	$ ext{ANIZATIONS.}$ THE ORGANIZATION $\Box$ S OPERATING	POLICY REQUIRES		
732054	10-09-17		Sched	dule D (Form 990) 2017

ADHERENCE TO THESE LAWS AND REGULATIONS IN ORDER TO MAINTAIN ITS

TAX-EXEMPT STATUS. MANAGEMENT DS POLICY IS TO ENGAGE IN ACTIVITIES RELATED

TO THEIR EXEMPT PURPOSE.

MANAGEMENT EVALUATES TAX POSITIONS ANNUALLY BASED ON THE GUIDANCE IN THE
FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) 740. FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR
RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN THE FINANCIAL

STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN,
INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR
NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION
PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON
MANAGEMENTS ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE,
RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME
TAX BENEFITS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CONCESSIONS PURCHASES	-9,128.
DIRECT FUNDRAISING EXPENSE	-389,497.
LOSS ON DISPOSAL OF CAPITAL ASSETS	-893.
PARTY & BIRTHDAY EXPENSES	-385.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	

CONSESSIONS PURCHASES	9,128.
DIRECT FUNDRAISING EXPENSE	389,497.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PARTY & BIRTHDAY EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 2D 399,010.

Schedule D (Form 990) 2017

385.

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

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
 Go to www.lrs.gov/Form990 for the latest instructions.

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

lame of the organization	ATDIA ALUD AE 11D1	<b>.</b>					ntification number
Part I Fundraising Activities.	GIRLS CLUB OF ALBA Complete if the organization answer		es" or	Form 990, Part IV, I	ine 1	93-0549 7 Form 990-EZ	
required to complete this part  1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	ed funds through any of the following and solicitate and solicitat	tion of tion of fundra (includerofess	non-go goveri ising of ding of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ıstodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			•				
3 List all states in which the organizatio	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
							·
	·	-					
				<u> </u>			
					•		
							_
<del>.</del>	<del></del>		_			<del>.</del>	
							<del></del> .

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

Sch	edul	e G (Form 990 or 990-EZ) 2017 BOYS &  I Fundraising Events. Complete if the	GIRLS CLUB O	F ALBANY		0549842 Page 2
		of fundraising event contributions and gre	-		·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOARD	CELEBRATION		(add col (a) through
			AUCTION	OF TREES	3_	col (c))
e l			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	664,837.	171,974.	125,641.	962,452.
	2	Less Contributions	290,599.			290,599.
	3	Gross income (line 1 minus line 2)	374,238.	171,974.	125,641.	671,853.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	258,138.	66,549.	64,810.	389,497.
	10			<u> </u>	<b>&gt;</b>	389,497.
	11					282,356.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	·	# > Dull tobe (instent		(-1) Takal samura (add
en.			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue					<del></del>	(-)
æ	1	Gross revenue				
					1	
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
					Yes%	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condi	ucts gaming activities			
а	is t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain				
	_			<del>_</del>	_ <del></del>	
10-	\A/-	ere any of the organization's gaming licenses re	avokad suspended or t	arminated during the toy	vear?	Yes No
			•			LITES LINO
		Yes," explain:	<del></del>		<del>_</del>	
	_					
7320	32 0	9-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF ALBANY	3-0549	<u>842</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
t	h An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>3</b> :		
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŧ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt		
	of gaming revenue retained by the third party > \$			
(	c If "Yes," enter name and address of the third party			
	Name			
	Address ►			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∐ No
l	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Pa	organization's own exempt activities during the tax year ▶ \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part IV	art III, lines 9.	9b. 10	Ob. 15b.
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
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Schedule G	(Form 990 or 990-EZ)	BOYS &	GIRLS	CLUB	OF	ALBANY		93-0549842	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (con	tinued)						
	- Cappionionical Inter	THE COM	tinaca)						
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### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2017

Open To Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open To Publi Inspection

Name of the organization

BOYS & GIRLS CLUB OF ALBANY

Employer identification number 93-0549842

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash contribi	etermını		
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes						_	
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests		ł		}			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	-						
15	Real estate - Residential	<del></del>						
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				1			
21	Taxidermy							·
22	Historical artifacts					_	_	
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION DONAT)	X	360	263,58	0.		-	-
26	Other ( DENTAL SUPPLI )	Х	O	<del></del>				
27	Other (PROGRAM SUPPL)	X	C	8,56	8.			
28	Other (MISCELLANEOUS)	X	0		3.	_		
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o					
	for which the organization completed Form 82		-	l l				
	<b>3 1 1</b>						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 th	rough 28, that it			
	must hold for at least three years from the date		<b></b>			-[		
	exempt purposes for the entire holding period		•	,		30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard conf	ributions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		-G	, p	-	32a		X
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in o	olumn (c) fo	or a type of proper	y for which column (a) is	checked,			
	describe in Part II.			,	-·,			
ΙHΔ		the Instruc	tions for Form 90		Schedule	M (Forn	n 000)	2017

Schedule N	1 (Form 990) 2017	BOAR &	GIRLS	CLUB	OF'	ALBANY		<u>9</u>	<u>3-05498</u>	42	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information (b).	<b>on.</b> Provide the number	the inform of contrib	nation r outions,	equired by Par , the number of	rt I, lines 30b, 32b, f items received, o	and 33, and or a combinat	whether the ion of both. A	organizatio Iso comple	on ete
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Schedule M (Form 990) 2017

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

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No\_1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF ALBANY

Employer identification number 93-0549842

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARING, RESPONSIBLE CITIZENS.
FORM 990, PART VI, SECTION A, LINE 2:
THE BOARD OF DIRECTORS HAS SOME MEMBERS WHO ARE RELATED TO EACH OTHER ON
THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN IS PRESENTED TO THE BOARD AT A BOARD MEETING AND REVIEWED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST FORMS ARE FILLED OUT ANNUALLY BY ALL STAFF AND
BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE ANNUALLY SETS GOALS FOR THE CEO POSITION. THESE ARE
DEVELOPED FROM THE ANNUAL BOARD RETREAT. IN THE 4TH QUARTER OF OUR FISCAL
YEAR, THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION BASED UPON THE REVIEW
OF THESE GOALS. THE RECOMMENDATION GOES TO THE ENTIRE BOARD ALONG WITH ALL
SALARY RECOMMENDATIONS.
IN UTILIZING BOYS AND GIRLS CLUB OF ALBANY'S SALARY ADMINISTRATION PLAN IS
DEVELOPED SPECIFICALLY FOR THE ORGANIZATION. WITHIN THESE DEVELOPED
RANGES, STAFF SALARIES ARE RECOMMENDED. EACH YEAR, STAFF MEMBERS' ANNUAL
GOALS ARE ESTABLISHED IN COOPERATION WITH THE PERSONNEL COMMITTEE AND
EXECUTIVE DIRECTOR. BASED UPON THEIR PERFORMANCE AGAINST THEIR ANNUAL
GOALS, SALARY RECOMMENDATIONS ARE ESTABLISHED. ONCE DECIDED, STAFF  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BOYS & GIRLS CLUB OF ALBANY	Employer identification number 93-0549842
SALARIES ARE PRESENTED TO THE ENTIRE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST BY AN INTERESTED PARTY.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS SIN	ICE THE PRIOR
YEAR.	
	<del> </del>
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Schedule R (Form 990) 2017 (g) Section 512(b)(13) õ Employer identification number OMB No 1545-0047 Open to Public Inspection × controlled entity? 2017 Direct controlling 93-0549842 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets NONE **e** status (if section Public charity 501(c)(3)) 501(C)(3) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 ► Go to www.irs.gov/Form990 for instructions and the latest information. section 509(A)(3) Identification of Disregarded Entities, Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. OREGON RAISING FUNDS FOR BOYS AND Primary activity GIRLS CLUB OF ALBANY Primary activity BOYS & GIRLS CLUB OF ALBANY For Paperwork Reduction Act Notice, see the Instructions for Form 990. 23-7147034, 1215 HILL STREET SE, ALBANY, OR ALBANY BOYS AND GIRLS CLUB FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Parti 97322

93-0549842

Page 2

Schedule R (Form 990) 2017 BOYS & GIRLS CLUB OF ALBANY

Identification of Related Organization's Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation of trust during the tax year (i) Section 5 12(b)(13) controlled entity? Yes No 3 Percentage ownership Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Œ Type of entity (C corp, S corp, or trust) e Share of total income (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>છ</u> (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 BOYS & GIRLS CLUB OF ALBANY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

					-	}	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	ts II, III, or IV of this schedule				^	Yes	S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	gage in any of the following transactions	with one or more re	ated organizations listed	in Parts II-1V?		-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ulties, or (iv) rent from a controlled entity				1a		×
<ul> <li>b Giff, grant, or capital contribution to related organization(s)</li> </ul>	organization(s)				<del>1</del> 0		×
c Gift, grant, or capital contribution from related organization(s)	ed organization(s)				10	X	
d Loans or loan quarantees to or for related organization(s)	rganization(s)				1d		×
	zation(s)				<del> -</del>	×	
					╀		
f Dividends from related organization(s)					<b>=</b>		×
a Sale of assets to related organization(s)					10		×
	(8)0				۽		×
	(3)				÷	-	>
i Lease of facilities equipment or other assets to related organization(s)	n(s) fs to related organization(s)				=	+	4 >
							;
k Lease of facilities, equipment, or other assets from related organization(s)	ts from related organization(s)				¥	_	×
l Performance of services or membership or fundraising solicitations for	fundraising solicitations for related organization(s)	ıızatıon(s)			11		×
m Performance of services or membership or fundraising solicitations by	fundraising solicitations by related organization(s)	iization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	or other assets with related organization	(s)u			ŧ	×	
	anization(s)				9	-	×
						_	
p Reimbursement paid to related organization(s) for expenses	(s) for expenses				4		×
a Reimbursement paid by related organization(s) for expenses	n(s) for expenses				H	×	
					╀	-	
r Other transfer of cash or property to related organization(s)	   organization(s)				÷		×
	ted organization(s)				1st		×
l '	see the instructions for information on wh	no must complete th	s line, including covered	relationships and transaction thresholds.			
ĺ		Q	(0)	(p)			
Name of related organization	anization	Transaction type (a-s)	Amount involved	Method of determining amount involved	olved		
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Didio die buon intent	MOTHER MICH.	ţ	CTC C1C	atten mayark atka			
(2) ALBANI BOIS AND GIRLS		4	.679,619	FAIR MARKET VALUE			}
(3)							1
(4)					1	!	
(5)							j
(6)							
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Schedule R (Form 990) 2017 BOYS & GIRLS CLUB OF ALBANY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	E	(6)	ε	3	9	8
Name, address, and EIN of entity	Primary activity	micile oreign	Predominant income programme (related, unrelated,	Partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate attocations?	Dispropor- Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations?	General o	Percentage ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes	
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Scriedule A (Form 990) 2017 BOIS & GIRLS CLOB OF ADBANI	93-0343642 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	<del></del>
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