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DLN: 93493313017670

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

	Revenue Service	<b>'</b>	<u> </u>	se a copy or this return to satisfy si		requirements	Inspection	
		.1-	ar, or tax year beginning 0:  C Name of organization	L-01-2009 and ending 12-31-2009	)	D Employer ide	entification number	
_	eck if applical Iress change	ole Please use IRS	Boys and Girls Clubs of Snot	omish County		91-054951	1	
	ne change	label or print or	Doing Business As			E Telephone nu		
_	ial return	type. See Specific				(425) 258-	2436	
	minated	Instruc- tions.	Number and street (or P O 9502 19th Avenue SE Ste F	box if mail is not delivered to street addres	ss) Room/suite	<b>G</b> Gross receipts	\$ 6,877,306	
Am	ended return		City or town, state or countr Everett, WA 98208	y, and ZIP + 4				
App	olication pend	ing						
		I	me and address of principa	lofficer	<b>H(a)</b> Is th	<b>-</b> ıs a group returı	n for	
		bill tso 9502 :	ukalas 19th Avenue SE Ste F		affilia	ates?	▼ Yes	
		Everet	t, WA 98208		H(b) Are a	II affiliates includ	ed?	
т Та:	x-exempt sta	tus 🔽 501(c	:) ( 3 ) ◀ (insert no )	7(a)(1) or	_		(see instructions)	
		www bgcsc or		(4)(4)	H(c) Grou	ap exemption nu	illibel F 8038	
<b>K</b> Forn	n of organiza	tion 🔽 Corpora	tion Trust Association	Other <b>►</b>	<b>L</b> Year of fo	ormation 1947	1 State of legal domicile	
Da	rt I Su	mmary				V	VA	
Fu			ne organization's mission o	r most significant activities				
e e		TH PROGRA		-				
ĕ								
Governance								
9,6	<b>2</b> Che	k this box 叶	if the organization disco	ntinued its operations or disposed	of more than	25% of its net	assets	
	3 Num	ber of voting	members of the governing	body (Part VI, line 1a)		3	2	
~ %	4 Num	ber of indeper	ndent voting members of t	ne governing body (Part VI, line 1b	)	. 4	2	
Activities &	<b>5</b> Tota	I number of er	mployees (Part V , line 2a)			5		
<u>ੜੂ</u>			olunteers (estimate if nece	• •		6	1,34	
•				Part VIII, column (C), line 12 .	•			
	<b>b</b> Net	unrelated bus	iness taxable income from	Form 990-T, line 34		71		
		atributions an	d grants (Part VIII line 1	h)		2,164,716	<b>Current Year</b> 2,459,826	
≗			revenue (Part VIII, line 2		3,600,230	3,632,036		
Revenue				y)		1,369	781	
2			Part VIII, column (A), line:		972,383	644,633		
		-	dd lines 8 through 11 (mu			·		
						6,738,698	6,737,276	
				column (A), lines 1-3)			C	
				olumn (A), line 4)			С	
\$	<b>15</b> Sal	•	ompensation, employee be	nefits (Part IX, column (A), lines 5	-	4,159,469	4,107,324	
Expenses	<b>16a</b> Pro	fessional fund	draising fees (Part IX, colu	mn (A), line 11e)			C	
ੜੇ	<b>b</b> Tota	ıl fundraısıng exp	penses (Part IX, column (D), line	25) 🛌 301,272				
ш				11a-11d, 11f-24f)		2,674,981	2,676,871	
	<b>18</b> Tot	al expenses	Add lines 13-17 (must ed	ual Part IX, column (A), line 25)		6,834,450	6,784,195	
	<b>19</b> Rev	enue less ex	penses Subtract line 18 f	om line 12		-95,752	-46,919	
Net Assets or Fund Balances					_	g of Current Year	End of Year	
ege.	<b>20</b> Tot	al assets (Pa	rt X, line 16)			7,667,547	7,536,089	
A As						1,212,811	1,147,245	
žĔ				21 from line 20		6,454,736	6,388,844	
Par	t III Si	gnature Bl	ock			<u>'</u>		
	Und	er penalties of penalties of penalties of penalties of penalties true	erjury, I declare that I have exa	mined this return, including accompanying on of preparer (other than officer) is based	schedules and s	tatements, and to t	the best of my knowledge	
	<u> </u>	.,	,	, , ,	1	учения	,	
Sign		****				-11-02		
Here	- 1:	Signature of office			Date			
		Bill tsoukalas Exe Type or print nam						
	<u>  ^                                 </u>			Date	Shoot of	Due we would be the second	6	
D		arer's hture Kımbe	erly D Fyfe	s	Check If elf-	Preparer's identi (see instructions		
Paid Prop		, , , , , , , , , , , , , , , , , , ,		е	mpolyed 🕨 🦵			
Prepa Use (	Only If se	's name (or your f-employed),	•			EIN ▶		
U36 (		ess, and ZIP + 4	19203 36th Avenue W Sur	re 201		Discourse	25) 774 625	
			Lynnwood, WA 98036			Phone no 🕨 (4		
May t	he IRS dis	cuss this retu	ırn wıth the preparer showı	n above? (see instructions)			▼ Yes	

#### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission

Our mission is to inspire	and enable all	young people,	especially	those that	need us the	most, to	realize their fu	ll potential a	s productive,
responsible and caring c	itizens								

2	Did the organization unde	rtake any significant	program serv	vices during the year	which were not listed on	
_	the prior Form 990 or 990			· · · · · ·	· · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sche	dule O			
3	Did the organization ceases services?				ducts, any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	0			
4		1(c)(4) organization	s and sectior	4947(a)(1) trusts ar	argest program services by e required to report the am ervice reported	
4a	(Code	) (Expenses \$	5,656,460	ıncludıng grants of \$	) (Revenue \$	3,632,036 )
	THE ORGANIZATION ACHIEVED CHILDREN IN SNOHOMISH CO		BY PROVIDING A	WIDE VARIETY OF SOCIAL	AND RECREATIONAL ACTIVITIES	TO APPROXIMATELY 17,900
4b	(Code	) (Expenses \$	ı	ncluding grants of \$	) (Revenue \$	)
	-					
	(0.1	) (F			) (D +	
4c	(Code	) (Expenses \$	ı	ncluding grants of \$	) (Revenue \$	)
	211	(5)				
4d	Other program services (Expenses \$	•	ıle O ) ng grants of \$		\ (Payanua #	,
4.				•	) (Revenue \$	)
4e	Total program service ex	pensesF-\$	5,656,460			5

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Part V State	ements Regarding (	Other IRS Filings	and Tax Compliance
--------------	--------------------	-------------------	--------------------

	outements regarding outer the runnings and run compilation		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		ics	140
	<b>1a</b> 47			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		Νο
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			

9502 19th Avenue SE Ste F Everett, WA 98208 (425) 258-2436

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

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body					
ь	Enter the number of voting members that are independent 1b 21					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N o		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6		No		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes			
118	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
IIA	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	421	<b>V</b>			
c	to conflicts?	12b	Yes			
12	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written decument retention and destruction policy?	13	Yes Yes			
14 15	Does the organization have a written document retention and destruction policy?	14	res			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?					
		16b				
<u>Se</u> 17	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed►WA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					
	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n <b>-</b>		
	The Organization					

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
<b>1</b> b	Total	0		33,778
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{E}\)0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 99	•	•						Page <b>9</b>
Part V	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a	116,935				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>	81,844				
કું.લ	С	Fundraising eve	ents 1c	313,359				
<u>#</u> ,ਰੋ	d		rations 1d					
a, S Si Si	e	Government grants		600,632				
atio Termination	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,347,056				
き	g	· ·	butions included in 3,796					
Š	h	cs 14 1. \$ _		▶	2,459,826			
				Business Code				
Program Service Revenue	2a	Program related Fe	ees	713,940	3,632,036	3,632,036		
ex. ex	ь			·				
93 H	c							
ē. Z	d							
<u>အ</u>	e							
Š.	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		3,632,036			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest				
			ar amounts)	-	781			781
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	112,363	(ii) i ciocina.				
	ь	Less rental expenses						
	С	Rental income or (loss)	112,363					
	d		me or (loss)		112,363			112,363
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)	▶				
Other Revenue	8a	Gross income f events (not inc \$313	luding ,359					
ě		See Part IV, lin	reported on line 1c) le 18					
<u>-</u>			a	642,952				
	b   с		penses <b>b</b> (loss) from fundraising (	140,030	502,922			502,922
	9a		rom gaming activities le 19					
	b c		apenses b	vities ▶				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	с		loss) from sales of inve	entory 🗠				
		Miscellaneous	s Revenue	Business Code	20.745			30.740
	11a	concessions		713,940	28,719 629			28,719
	Ь	Miscellaneous		713,940	629			629
	C C	All other reven						
	d e	Total. Add lines						
	12		See Instructions	<b>*</b>	29,348			
		. J. a. i evellue.			6,737,276	3,632,036	0	645,414

### 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) but are not required to complete columns (B), (C), and (D).										
			(B)	(D).	(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	263,262		227,023	36,239						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	3,100,336	2,707,443	234,767	158,126						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	188,373	168,645	14,269	5,459						
9	Other employee benefits	205,614	172,087	25,780	7,747						
10	Payroll taxes	349,739	299,250	35,633	14,856						
11	Fees for services (non-employees)										
а	Management										
Ь	Legal	9,074		9,074							
-	Accounting	37,210		37,210							
d	Lobbying	37,210		37,210							
e	Professional fundraising See Part IV, line 17										
_		0.000		0.600							
f	Investment management fees	8,600	174 545	8,600							
g	Other	236,823	171,545	60,567	4,711						
12	Advertising and promotion	7,458	6,775		683						
13	Office expenses	61,742	51,577	9,776	389						
14	Information technology										
15	Royalties										
16	Occupancy	601,742	592,805	7,085	1,852						
17	Travel	186,085	159,354	26,053	678						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	35,389	24,384	8,599	2,406						
20	Interest	45,434	32,065	13,369							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	440,767	422,243	15,923	2,601						
23	Insurance	22,011	10,617	11,394							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	SUPPLIES	457,813	398,785	7,544	51,484						
b	Fees Waived	280,151	278,997	1,124	30						
С	MISCELLANEOUS	107,757	105,619	2,127	11						
d	CONTRIBUTIONS	60,900	400	60,500							
e	RENTAL AND MAINTENANCE	34,589	30,527	4,062							
f	All other expenses	43,326	23,342	5,984	14,000						
25	Total functional expenses. Add lines 1 through 24f	6,784,195	5,656,460	826,463	301,272						
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,.01,133	5,550,100	323,133	501,212						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			420,870	1	621,622
	2	Savings and temporary cash investments	•		336,918	2	160,675
	3	Pledges and grants receivable, net			99,333	3	62,333
	4	Accounts receivable, net			221,028	4	156,866
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
45		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SSI	8	Inventories for sale or use			8		
•	9	Prepaid expenses and deferred charges			21,570	9	21,800
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	10,374,18 <sup>-</sup>	1		
	ь	Less accumulated depreciation	10b	3,861,388	6,567,828	10c	6,512,793
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,667,547	16	7,536,089
	17	Accounts payable and accrued expenses .	393,306	17	320,771		
	18	Grants payable		18			
	19	Deferred revenue	151,360	19	183,465		
_	20	Tax-exempt bond liabilities		20			
Sej	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ŢŢ		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•	668,145	23	643,009
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,212,811	26	1,147,245
Ş.		Organizations that follow SFAS 117, check here ► 🔽 and comp	lete li	nes 27			
Balances		through 29, and lines 33 and 34.					
<u>8</u>	27	Unrestricted net assets			5,364,994		5,474,113
ă	28	Temporarily restricted net assets			1,089,742	28	914,731
Fund	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
ō	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ 52	32	Retained earnings, endowment, accumulated income, or other fu				32	
			iius		6,454,736		6,388,844
Net	33	Total labelities and not assets (find balances					
	34	Total liabilities and net assets/fund balances			7,667,547	34	7,536,089 Form <b>990</b> (2009)
							1 01111 <b>290</b> (2009)

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

Boys and Girls Clubs of Snohomish County

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. See separate instructions. **Employer identification number** 

Inspection

						91-0549511							
Pa	rt I	Reason for Pu	blic Charity Stat	<b>us</b> (All organization	ons must complete this p	art.) See ınstru	ıctıons						
he c	organiz	zation is not a privat	te foundation because	it is (For lines 1 th	rough 11, check only one bo	x )							
1	Γ	A church, conventi	on of churches, or as	sociation of churche	s <b>section 170(b)(1)(A)(i).</b>								
2	Γ	A school described	in <b>section 170(b)(1)</b>	(A)(ii). (Attach Sch	edule E )								
3	Γ	A hospital or a coo	perative hospital serv	/ice organization de:	scribed in <b>section 170(b)(1)</b>	(A)(iii).							
4	Γ	A medical research hospital's name, ci	•	ed in conjunction wit	h a hospital described in <b>sec</b>	tion 170(b)(1)(A	.)(iii). Enter th	ne					
5	Г				rsity owned or operated by a	governmental ur	nıt described i	n					
		section 170(b)(1)(	<b>A)(iv).</b> (Complete Pa	rt II )									
6	Г	A federal, state, or	local government or	governmental unit d	escribed in <b>section 170(b)(1</b>	)(A)(v).							
7	⊽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	Γ	A community trust	described in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II )								
9	$\Gamma$	An organization tha	at normally receives	(1) more than 331/3	% of its support from contrib	utions, members	hip fees, and	gross					
		receipts from activ	ities related to its ex	empt functions—sub	ject to certain exceptions, a	nd (2) no more th	nan 331/3% of						
		its support from gro	oss investment incom	ne and unrelated bus	iness taxable income (less s	ection 511 tax)	from business	es					
		acquired by the org	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )										
LO	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>												
11	Γ	one or more public	ly supported organiza	tions described in s rting organization a	penefit of, to perform the func ection 509(a)(1) or section 5 nd complete lines 11e throug III - Functionally integrated	509(a)(2) See <b>se</b> ih 11h		<b>3).</b> Check					
e	Γ				ontrolled directly or indirectly publicly supported organizat								
f		check this box			IRS that it is a Type I, Type		upporting orga	anization,					
g		Since August 17, 2 following persons?	2006, has the organiz	ation accepted any	gift or contribution from any	or the							
		• .	rectly or indirectly co	ntrols, either alone	or together with persons des	cribed in (ii)	Y	es No					
			governing body of the	•	•	. ,	11g(i)						
			er of a person describ	• • • •			11g(ii)						
		• •	Iled entity of a person	• •	u) above?		11g(iii)						
h			ng information about t				, /						
	(i)		(iii) Type of	(iv) Is the	(v) Did you notify the	(vi) Is the							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	, or 8 of Part I	.)			
	ection A. Public Support	1	1					
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,168,12	4 2,937,900	2,222,967	1,902,589	1	,829,847	11,061,427
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,168,12	4 2,937,900	2,222,967	1,902,589	1	,829,847	11,061,427
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							3,289,005
6	(f) Public Support. Subtract line 5 from line 4							7,772,422
S	ection B. Total Support	•			•		•	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 20	09	(f) Total
7	A mounts from line 4	2,168,124	54,782	2,222,967	1,902,589	1	,829,847	11,061,427
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	63,599	54,782	118,851	113,016		113,144	463,392
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							11,524,819
12	Gross receipts from related activiti	es, etc (See ins	tructions )	_	-	12		20,641,767
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	Ifth tax year as a !	501(c)(3	() organız	ation, ▶□
	ection C. Computation of Pub Public Support Percentage for 2009			1.1 column (f)		1,.		
14 15	-	•		II COIUMN (I))		14		67 440 %
15	Public Support Percentage for 2008	,	•		4.4	15		70 470 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıc	ly supported orga	nızatıon			•	<b>►</b>  ✓
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization meeorganization	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not o facts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b> o	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets th	e "facts and circu	mstances" test, o	heck this box and	stop he	ere.	
18	supported organization  Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	5 <b>e e</b>	►□ ►□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

2009

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
Boys and Girls Clubs of Snohomish County

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if organization answered "Yes" to Form 990, Part IV, line 6.

Pē	organizations Maintaining Donor A		runas (	or Accounts.	Comple	te ir the
		(a) Donor advised funds	(	<b>b)</b> Funds and oth	neraccou	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv		onor advi	s e d	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes'	' to Form	990, Part IV,	lıne 7.	
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	tion or pleasure)  Preservation of Preservation of	a certified	l historic structu		a
	easement on the last day of the tax year					
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement		2b			
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
3	Number of conservation easements modified, trans	ferred, released, extinguished, or termina	ited by th	e organızatıon dı	ırıng	
	the taxable year ►					
1	Number of states where property subject to conserv	vation easement is located 🛌				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ındlıng of	violations, and	┌ Yes	┌ No

Number of states where property subject to conservation easement is located 
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

**-** \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

l gain provide the

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

D Schedule D (Form 990) 2009

Palt	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>caii</u>	<u>ı Cusu</u>	165, 01 0		i Jillillai A33	CLS (C	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing	that ar	e a significa	int u	se of its collection	n	
а	Public exhibition		d	Γ	Loar	orexcl	hange progr	ams			
b	Scholarly research		e	Γ	Othe	er					
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	ner the c	organization	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontrıb	utions	or other ass	ets i	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ing ta	able		Г		•		
_							F	_	A mo	unt	
c C	Beginning balance							1c			
d	Additions during the year							1d			
e f	Distributions during the year							1e			
f n-	Ending balance						L	1f	_	· v	
2a	Did the organization include an amount on Fo		ie 217						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				1111	!! !	Fa 000	D	+ T) / lone 10		
Pal	rt V Endowment Funds. Complete	(a)Current Year		)Prior `			o Years Back			<b>e)</b> Four Y	'ears Back
1a	Beginning of year balance	(a) carrent rear	(5	<b>y</b> . 1.01	· cui	(6)	o rears back	(4)	Timee rears back (	<b>-</b>	cars back
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are he	ld and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a(i)	+	<b>↓</b>
L	(ii) related organizations				· ·			•	3a(ii)	<u> </u>	<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•	Зь		
						990 Pa	art X line	10			
Dar		o, ana Equipino	/II C	,,,,,	OLIL	<i>770,</i> 10	$\frac{11000}{1000}$	<u> 10.</u>		Г	
Par	t vi investments—Land, Bundings			(3)	) Cost (	or other	(b)Cost or o	thor	(c) Accumulated		
Par	Description of investment					or other estment)	( <b>b)</b> Cost or o		(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
							basis (othe		, , ,	( <b>d</b> ) Bo	
<b>1a</b> l	Description of investment		· .				basis (othe	er) ,926	, , ,	. ,	991,926
1a   b	Description of investment		·.				basis (other	er) ,926 ,999	depreciation 945,690		991,926 1,410,309
1a   b   c	Description of investment  Land		· · ·				basis (other 991 2,355 5,797	er) ,926 ,999	depreciation 945,690		991,926 1,410,309 3,745,813 76,300
1a   b   c   d   f	Description of investment  Land		· · · ·				basis (other 991 2,355 5,797 343	,926 ,999 ,033	945,690 2,051,220 266,931		991,926 1,410,309 3,745,813

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Pai	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,737,276
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,784,195
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-46,919
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,973
9	Total adjustments (net) Add lines 4 - 8	9	-18,973
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-65,892
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	6,877,306
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,877,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-140,030
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	6,737,276
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial	1	6,943,198
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	+	
ے a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	18,973
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,924,225
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,524,225
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-140.030
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	6,784,195
	t XIV Supplemental Information		3,. 0 .,233

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		unallocated payments to affiliated organizations -18973
Part XII, Line 4b - Other Adjustments		Direct Fundraising Exp -140030
Part XIII, Line 2d - Other Adjustments		unallocated payments to affiliated organizations 18973
Part XIII, Line 4b - Other Adjustments		direct fundraising exp -140030

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DLN: 93493313017670

OMB No. 1545-0047

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

Department of the Treasury

Internal Revenue Service

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

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

	ne of the organization	much County					Employer ider	ntification number
воу	s and Girls Clubs of Snohor	nish County					91-0549511	
Pa	Form 990-EZ file	<b>tivities.</b> Comple				to Form	990, Part IV	, line 17.
1	Indicate whether the orga	ınızatıon raısed fund	s through	any of the	following activities Ch	neck all th	nat apply	
а	Mail solicitations			e	Solicitation of no	n-govern	ment grants	
b	Internet and e-mail se	olicitations		f	☐ Solicitation of go	vernment	t grants	
c	Phone solicitations			g	Special fundraisi	ng events	5	
d	In-person solicitation	ıs						
2a	Did the organization have or key employees listed ii							Г Yes Г N
b	If "Yes," list the ten highe to be compensated at lea							
	(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo	dy or rol of	(iv) Gross receipts from activity	(or refundra	nount paid to etained by) user listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
			+					
Tot	al			•				
3	List all states in which t	he organization is re	gistered o	rlicensed	d to solicit funds or has	been not	ified it is exem	pt from registration or

Pai	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, on more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1  Auction (event type)	(b) Event #2  Golf Tournaments (event type)	(c) O ther Events  5 (total number)	(d) Tot (Add col		
Ме	1	Gross receipts	457,606	185,346	313,359		95	6,311
Reveilue	2	Less Charitable contributions			313,359		31	3,359
<u>~</u>	3	Gross income (line 1 minus line 2)	457,606	185,346			64	2,952
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	9,995	31,925			4	1,920
	7	Food and beverages	24,417	13,108			3	7,525
Direct	8	Entertainment						
△	9	Other direct expenses .	41,218	19,367			6	0,585
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			14	0,030
	11	Net income summary Combine li						2,922
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganızatıon answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
		Direct expense summary Add line  Net gaming income summary Com						
							Yes	No
9 a	Ist	er the state(s) in which the organization licensed to operate			· · · · · · · · · · · · ·	· 9a		
b		No," Explain				_		
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	11		
					Schedule G (Form 9	90 or 990-	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493313017670

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Vam	ie o	fthe	e orga	aniza	t ion
		Cula	Chilba	- F C	

Boys and Girls Clubs of Snohomish County

**Employer identification number** 

91-0549511

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	Compensation committee	ᅜ	Written employment contract			
	Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	ত	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines $4a-c$ , list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
BILLTSOUKALAS	(I) (II)	159,263 0		0	0	21,928 0	181,191 0	0 0	
			0	Ū	Ū				

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public

#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Inspection Internal Revenue Service **Employer identification number** Name of the organization Boys and Girls Clubs of Snohomish County 91-0549511 Part I Types of Property

		(a) Check	<b>(b)</b> Number of Contributions	(c) Revenues reported on	(d) Method of de		ına	
		ıf		Form 990, Part VIII, line	revent			
		applicable		1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
-	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
20 21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
		X	1	42.214	fair market value			
	Other ► ( printing )	X	1	· ' '	fair market value			
	Other ► ( Roofing )	×	6	, , , , , , , , , , , , , , , , , , ,	fair market value			
	Other ► (Supplies)		0	0,762	iaii iliaiket value			
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
	ior milen the organization compr		2203,1 dit 11, Bonda / taki	iomeagement i i i	<u> </u>	1	Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the entil					30a		No
Ь	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
Ь	If "Yes," describe in Part II				ļ			
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II		, , , , , , , , , , , , , , , , , , , ,	. ,	·			
For P	rivacy Act and Paperwork Reduction	Act Notice.	see the Instructions for Fori	<b>n 990.</b> Cat No 51227J	Schedule	M (Form	1990)	2009

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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2009

Open to Public Inspection

# SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

**Supplemental Information to Form 990** 

► Attach to Form 990.

Name of the organization Boys and Girls Clubs of Snohomish County Employer identification number

91-0549511

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 was sent to all members of the Finance Committee before it was filed
Form 990, Part VI, Section B, line 12c		w e monitor the policy through constant communication with board members when the organization does business with board members it is disclosed in the audited financial statements
Form 990, Part VI, Section B, line 15		every three years our updated strategic plan includes salary ranges as determined by the personnel committee of our board of directors it is developed by comparing to standard job types in the seattle area and to the boys and girls clubs of america salary survey
Form 990, Part VI, Section C, line 19		our governing documents, conflict of interest policy, and financial statements are available for viewing by the public at any time in our adminstrative office

# Software ID: Software Version:

**EIN:** 91-0549511

Name: Boys and Girls Clubs of Snohomish County

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors									
<b>(A)</b> Name and Title	(B) Average hours		(C) tion (c hat ap	heck	all		(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		
wayne brown dırector	80	Х					0	0	0
gıgı burke dırector	80	X					0	0	0
dıana clay treasurer/secretary	80	X					0	0	0
mark duffy director	80	X					0	0	0
todd echelbarger dırector	80	X					0	0	0
carolyn eslick director	80	X					0	0	0
dan gaffney dırector	80	Χ					0	0	0
joe gaffney director	80	Χ					0	0	0
herb gould director	80	X					0	0	0
ryan haines director	80	X					0	0	0
tod johnson director	80	X					0	0	0
paul kniest director	80	X					0	0	0
greg lineberry vice president	80	X		X			0	0	0
rhonda mietzner director	80	X					0	0	0
george morrison director	80	Χ					0	0	0
matt newland dırector	80	X					0	0	0
rolly radwick president	80	Χ		X			0	0	0
jon sand director	80	X					0	0	0
mel sheldon dırector	80	X					0	0	0
scott strand director	80	X					0	0	0
rıck vaughn dırector	80	X					0	0	0
BILL TSOUKALAS EXECUTIVE DIRECTOR	40 00			X			159,263	0	21,928
Phil Hamre Top Financial Official	40 00			X			70,221	0	11,850

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	457,813	398,785	7,544	51,484
Fees Waived	280,151	278,997	1,124	30
MISCELLANEOUS	107,757	105,619	2,127	11
CONTRIBUTIONS	60,900	400	60,500	
RENTAL AND MAINTENANCE	34,589	30,527	4,062	