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# Form 990-EZ

Department of the Treasury Internal Revenue Service

## Short Form 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)

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

ΑF	or the	2010 calendar year, or tax year beginning January 1st	, 2010, and	ending	Decem	ber 31st	, 20 10			
В	Check if ap				) Employ	er identific	ation number			
	Address c	hange Washington State Boys & Girls Clubs Association				35-2275325				
	Name cha	Number and street (or P O box, if mail is not delivered to street address	;) Roc	om/suite	ETelepho	ne number				
	initial retui	m 603 Stewart St.		206-818-5802						
_	Terminate	City or town, state or country, and ZIP + 4			Group	Exemptio	n			
=	Amended Applicatio	CW- 1848 00404		1	Numb	•	•			
		The same of the sa					organization is <b>not</b>			
	<i>N</i> ebsit		047(0)(1) 07		•		chedule B or 990-PF)			
			1717	<del></del>		<del></del>				
	Check ▶	_	•	,	•					
		10-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	y be required (s	see instructi	ons) Bu	t if the org	anization chooses			
		return, be sure to file a complete return	0		D II					
		5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,00	U or more, or if t	total assets (	Part II,		148,136			
_		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ .		•	•	\$				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	l Balances (	(see the ir	nstruct	ons for	Part I.)			
		Check if the organization used Schedule O to respond to any	question in th	is Part I			🗸			
	1	Contributions, gifts, grants, and similar amounts received			<u>L</u>	1	140,386			
	2	Program service revenue including government fees and contracts			[	2	0			
	3	Membership dues and assessments			. Г	3	7,750			
	4	Investment income			. Г	4	0			
	5a	Gross amount from sale of assets other than inventory	5a		o		-			
	ь	Less: cost or other basis and sales expenses	<u> </u>		0					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line		5a)		5c	0			
	6	Gaming and fundraising events	00 110111 11110 0	,	· F	-				
	a	Gross income from gaming (attach Schedule G if greater th	an							
ā	"	\$15,000)	6a		0					
Ĭ	ь			ntributions	<b>—</b> →					
Revenue	6	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if t		ILLIDULIONS						
Œ		sum of such gross income and contributions exceeds \$15,000).	1 1		اہ					
	1 _	•	<u> </u>		0					
	C .	Less: direct expenses from gaming and fundraising events								
	d	Net income or (loss) from gaming and fundraising events (add lin	es ba and bb	and subt		l				
	l _	line 6c)				6d	0			
	7a	Gross sales of inventory, less returns and allowances	7a		0					
	b	Less: cost of goods sold			0					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from I	<u>-</u>		· · L	7c	0			
	8	Other revenue (describe in Schedule O)			L	8	0			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		• • • • • • • • • • • • • • • • • • • •	. ▶	9	148,136			
	10	Grants and similar amounts paid (list in Schedule O) 🚶 . 段 🗒	CEIVED	' ∦.	L	10	28,439			
	11	Benefits paid to or for members		<u>-</u> 72∥.	. L	11	0			
တ္သ	12	Salaries, other compensation, and employee benefits	₩ ₩ 20 ₩	. 6		12	0			
Expenses	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors.	16 2011	. 6	Г	13	48,000			
be	14	Occupancy, rent, utilities, and maintenance	and the same of th		🗀	14	2,060			
Ж	15	Printing, publications, postage, and shipping		7 ∥	<b>—</b>	15	229			
	16	Other expenses (describe in Schedule O)		U	_	16	0			
	17	Total expenses. Add lines 10 through 16		•		17	93,803			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>			18	54,333			
ets	19	Net assets or fund balances at beginning of year (from line 27, co	· · · · · ·	iet agree			J-1,333			
SS	'	and of an farmana and all		ust ayree		10	0.440			
t A	00	•	· · · ·		_	19	8,440			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule of			<b>—</b>	20	0			
	21	Net assets or fund balances at end of year. Combine lines 18 through	an 20		. 🗩 📗	21	62,773			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)



Par	Balance Sheets. (see the instructions						
	Check if the organization used Schedule	e O to respond to any que	stion in this			· ·	
				(A) Beg	inning of year	-	(B) End of year
22	Cash, savings, and investments				8,440	<del></del>	62,773
23	Land and buildings					23	0
24	Other assets (describe in Schedule O)				8,440	—	62,773
25 26	Total liabilities (describe in Schedule O)				0,440	26	02,773
27	Net assets or fund balances (line 27 of colum				8,440		62,773
Pari				Part III.		~	Expenses
	Check if the organization used Schedule						uired for section
What	is the organization's primary exempt purpose?	Promote the social welfare					c)(3) and 501(c)(4)
Descr	nbe what was achieved in carrying out the organization						nizations and section (a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and	other relevant information for	each progran	n title.			thers)
28	Youth of the Year - Boys & Girls Clubs of America's	premier youth recognition e	ent. This p	rogram	ımpacted		
	14 youth through a judging process, participation in	n a gala dinner event and mee	ting and bei	ng reco	gnized by		
	Washington's Governor, Christine Gregoire						
	(Grants \$ 6,000) If this amoun	t includes foreign grants, ch	eck here .	<u> </u>		28a	33,074
29	Fundraising - Funds were raiseed and used to supp	ort local programs in Boys &	Girls Clubs	across			
	Washington.						
	(Grants \$ 19.939) If this amoun	t includes foreign grants, ch	eck here .		<u>. ▶ ⊔</u>	29a	38,689
30							
	***************************************			·			
	(Crosts &	t includes foreign grants, ab			<u>-</u>	30a	
	(Grants \$ ) If this amoun Other program services (describe in Schedule O)	t includes foreign grants, ch				Sua	
31		t includes foreign grants, ch				31a	
32	Total program service expenses (add lines 28a				•	32	71,763
Pari					ted. (see the i		
	Check if the organization used Schedule	e O to respond to any que	stion in this	Part I	/		🗀
		(b) Title and average	(c) Compen	sation	(d) Contributio		(e) Expense
	Check if the organization used Schedul			sation		plans &	account and
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compen	sation	(d) Contributio employee benefit	plans &	account and
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compen	sation	(d) Contributio employee benefit	plans &	account and other allowances
603 S	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia	(b) Title and average hours per week devoted to position  President, 1	(c) Compen	sation aid, )	(d) Contributio employee benefit	plans & nsation	account and other allowances
603 S Joe I 3003	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501	(b) Title and average hours per week devoted to position President, 1	(c) Compen	isation aid, ))	(d) Contributio employee benefit	plans & nsation	account and other allowances
603 S Joe I 3003 Bran	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo	(b) Title and average hours per week devoted to position President, 1	(c) Compen	sation aid, )	(d) Contributio employee benefit	plans & nsation	account and other allowances
603 S Joe I 3003 Bran 401 3	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo srd Ave Moses Lake, WA 98837	(b) Title and average hours per week devoted to position President, 1 Immediate Past Prez, 1	(c) Compen	sation aid, )	(d) Contributio employee benefit	plans & nsation	account and other allowances
603 S Joe I 3003 Bran 401 3 Elise	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo ord Ave Moses Lake, WA 98837 Menashe	(b) Title and average hours per week devoted to position President, 1 Immediate Past Prez, 1	(c) Compen	osation aid, b)	(d) Contributio employee benefit	plans & nsation 0	account and other allowances  0 0 0
603 S Joe I 3003 Bran 401 3 Elise	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1	(c) Compen	sation aid, )	(d) Contributio employee benefit	plans & nsation	account and other allowances  0 0 0
Joe I 3003 Bran 401 3 Elise 409 Noel	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1	(c) Compen	0 0	(d) Contributio employee benefit	plans & nsation 0 0 0 0	account and other allowances  0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 N Noell	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10	(c) Compen	osation aid, b)	(d) Contributio employee benefit	plans & nsation 0	account and other allowances  0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 M Noell 1120	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1	(c) Compen	0 0	(d) Contributio employee benefit	plans & nsation 0 0 0 0	account and other allowances  0 0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 N Noell 1120 David	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 1	(c) Compen	o o o	(d) Contributio employee benefit	plans & nsation  0  0  0	account and other allowances  0 0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 N Noel 1120 David 4201 Lloyd	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo srd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10	(c) Compen	o o o	(d) Contributio employee benefit	plans & nsation  0  0  0	account and other allowances  0  0  0  0  0  0 0
603 S Joe I 3003 Bran 401 3 Elise 409 N Noell 1120 David 4201 Lloyd 2504	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10	(c) Compen	0 0 0 0	(d) Contributio employee benefit	plans & nsation	account and other allowances  0 0 0 0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 N Noell 1120 David 4201 Lloyd 2504 MV F	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 1	(c) Compen	0 0 0 0	(d) Contributio employee benefit	plans & nsation	account and other allowances  0 0 0 0 0 0 0 0 0 0
603 S Joe I 3003 Bran 401 3 Elise 409 M Noeli 1120 David 4201 Lloyd 2504 MV F 1275	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0	(d) Contributio employee benefit	plans & sation	account and other allowances  0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10	(c) Compen	0 0 0 0	(d) Contributio employee benefit	plans & sation	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0
603 \$ Joe I 3003 Brann 401 3 Elisee 409 N Noell 1120 David 4201 Lloyd 2504 MV F 1275 Kelly	(a) Name and address el Johnson Stewart St. Suite 300 Sea WA 98101 ngoglia Sunset Way SE Tumwater, WA 98501 t Mayo Brd Ave Moses Lake, WA 98837 Menashe NE Anderson Rd Vancouver, WA 98665 le Hardt Hoffman Rd, Ste 24, Anchorage AK 99515 d Sykes Long Beach Blvd, Suite 101 Long Beach CA 90807 d Tolle Doaks Ferry Rd Salem OR 97304 Prasad Peachtree St NE Atlanta, GA 30309	(b) Title and average hours per week devoted to position  President, 1  Immediate Past Prez, 1  Secretary, 1  Treasurer, 1  Director, 10  Director, 10  Director, 10  Director, 10  Director, 0	(c) Compen	0 0 0 0 0	(d) Contributio employee benefit	plans & sation  O  O  O  O  O  O  O  O  O  O  O  O  O	account and other allowances  0 0 0 0 0 0 0 0 0 0 0 0

Form 99	0-EZ (2G10)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	<i>&gt;</i>		!
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ъ 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		<b>√</b>
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	* * * * * * * * * * * * * * * * * * * *		, , , , , , , , , , , , , , , , , , ,
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	412000	√a
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	. Assertances		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		*******	, , ,
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► Washington			
42a	The organization's books are in care of ▶ Elise Menashe Telephone no ▶	360-31	3-567	8
	Located at ► 409 NE Anderson RD Vancouver, WA ZIP + 4 ►	98665	-8383	,
b	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		Yes	No
	account)?	42b	-	1
	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.		Ž(.)	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_ <b>√</b>
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ►  43		•	▶ □
			Voc	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	445	res	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		1
_	·			<del></del>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		

Form 99	90-EZ (2	010)						,	•	age 4
									Yes	No
45 a		y related organization a controlled enti he organization receive any payment fi	-	-		_		45		<b>/</b>
a		ning of section 512(b)(13)? If "Yes," F								
	Form	990-EZ (see instructions)						45a		1
46		he organization engage, directly or ind					or in opposition			, .
Dort		andidates for public office? If "Yes," co	<u> </u>	<del></del>				46	1	<b>✓</b>
Part	ш	Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for	n 494	7(a)(1) nonexempt char	table	trusts must	answer questic	ons 4	7–49	b
		Check if the organization used Sche	edule	O to respond to any que	stion i	n this Part V	1			. 🗆
4=	5			015 (5)/ 12	م	N D II		47	Yes	No
47 48		he organization engage in lobbying ac eorganization a school as described in s					 F	47	<b>-</b>	1
49a		he organization make any transfers to					- · · ·	49a		1
b	If "Ye	es," was the related organization a sec	tion 52	27 organization?				49b		✓
50		plete this table for the organization's f								
	empl	oyees) who each received more than \$	\$100,0	(b) Title and average		ganization. It	(d) Contributions to		ione. Expe	
	(a) Na	ame and address of each employee paid more than \$100,000		hours per week devoted to position	"	po	employee benefit plans & deferred compensation	ac	count a	and
		tiai \$100,000		devoted to position				Ottile	unow	u11003
					<u> </u>					
					<u> </u>			-		
					<b>-</b>					
						-1				
						<del></del>				
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	five h	ighest compensated inde	epende	one ent contracto	ors who each rec	eıved	more	e than
	Ψ100	(a) Name and address of each independent con			10.10.	<b>(b)</b> Typ	e of service	(c) Co	mpens	ation
d	Total	I number of other independent contrac	rtors e	ach receiving over \$100.0	ດດ	<b>•</b>	None			
52 52		he organization complete Schedule A		_		ons and 494				
		xempt charitable trusts must attach a						Yes	<u> </u>	No
Under p	penalties prect, ar	s of perjury, I declare that I have examined this rend complete Declaration of preparer (other than of	eturn, inc officer) i	duding accompanying schedules s based on all information of whice	and stat h prepa	tements, and to rer has any kno-	the best of my knowle wledge	dge an	d belie	ef, it is
Sign		Daniel ohn					5/12/20	Ц		
Here		Signature of officer  Daniel Johnson, President					Date			
		Type or print name and title	15.			Dete	· · · · · · · · · · · · · · · · · · ·	DTIL		
Paid		Print/Type preparer's name	Prepar	er's signature		Date	Check I if self-employed	PTIN		

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

Paid **Preparer** 

**Use Only** 

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

#### 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. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Washington State Boys & Girls Clubs Association Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ☐ Type II c Type III-Functionally integrated **d** Type III-Other e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col (i) listed in your (described on lines 1-9 the organization in organization in col support governing document? col (i) of your (i) organized in the above or IBC section support? US2 (see instructions)) No Yes No (A) (B) (C) (D) (E) Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received. (Do not 70,502 293,499 148,136.12 617,050 NA 104.913 include any "unusual grants ") . . . 2 revenues levied for the organization's benefit and either paid 0 0 0 0 0 NΑ to or expended on its behalf The value of services or facilities furnished by a governmental unit to the NA 0 0 0 0 0 organization without charge . . . . 104,913 70,502 293,499 148,136 617,050 4 Total. Add lines 1 through 3. . . . NA 5 The portion of total contributions by (other each person governmental unıt or publicly 383,738 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 233,312 Section B. Total Support (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) ▶ NA 104,913 70.502 293,499 148.136.12 617,050 7 Amounts from line 4 . . . . . . Gross income from interest, dividends, payments received on securities loans, NA 0 0 0 rents, royalties and income from similar sources . . . . . . . . . Net income from unrelated business activities, whether or not the business 0 0 0 0 0 NA is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets n n 0 O 0 NA (Explain in Part IV.) . . . . . . Total support. Add lines 7 through 10 617,050 11 Gross receipts from related activities, etc. (see instructions) 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13  $\checkmark$ Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 14 14 %\_ Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . . . . . . . . 15 15 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B

• 5	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)) Complete Part II-B Do	not complete Part II-A
	_	s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy	Tax), then
	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III		T Employer ide	ntification number
	e of organization			Employer ide	
	hington State Boys & Girls C			) :	35-2275325
		e organization is exempt und	<del></del>		organization.
1	•	the organization's direct and indire		· ·	Φ
2	•				\$NA
3	Volunteer hours				NA
Par		e organization is exempt und			
1		excise tax incurred by the organiza		1 1000	\$ NA
2		excise tax incurred by organization			\$NA
3	<del>-</del>	ed a section 4955 tax, did it file Foi	-	ear?	Yes No
4a	Was a correction made?				. L Yes L No
b			<u></u>		
Par		e organization is exempt und			1(c)(3).
1	•	expended by the filing organization		· · · · · · · · · · · · · · · · · · ·	
					<u></u>
2		filing organization's funds contribi	•		_
	527 exempt function activi				§
3	•	xpenditures. Add lines 1 and 2.			
	line 17b				\$ <del></del>
4	Did the filing organization:	file Form 1120-POL for this year?			LYes LNo
5		es and employer identification num			
		nts. For each organization listed, e			
		ntributions received that were pron			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	al space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		1		filing organization's funds if none, enter -0-	contributions received and promptly and directly
				rando in tiono, oraci	delivered to a separate
					political organization If none, enter -0-
					Mona, critar o
(1)					
(2)					
(3)					
(4)					
	- <del>-</del>				
(5)					
(6)	<del> </del>				
(0)			]	į.	

D-	~~	2

P	art II-A Complete if the organizatio section 501(h)).				(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶ ☐ If the filing organization be	longs to an a	affiliated gr	oup.			
В	Check ▶ ☐ If the filing organization ch	ecked box A	and "limite	ed contro	ol" provisions	apply.	
	Limits on Lobb					(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amount	s paid or in	curred.)	organization's totals	group totals	
_	1a Total lobbying expenditures to influence	public opinio	n (grass roo	ts lobbyin	g)		
	b Total lobbying expenditures to influence						
	c Total lobbying expenditures (add lines 1	-					
	d Other exempt purpose expenditures .						
	e Total exempt purpose expenditures (add						
	f Lobbying nontaxable amount Enter						
	columns.			J			
	If the amount on line 1e, column (a) or (b) is	The lobbyin	g nontaxable	amount is	s:	\$ Co.	~ ¿`x
	Not over \$500,000	<del>                                      </del>	amount on line			3 , , ,	y
	Over \$500,000 but not over \$1,000,000		us 15% of the		er \$500,000		
	Over \$1,000,000 but not over \$1,500,000				er \$1,000,000	1	*
	Over \$1,500,000 but not over \$17,000,000		us 5% of the			1 1 000	
	Over \$17,000,000	\$1,000,000	43 0 70 01 110	- XOC33 OVO	Ι Ψ1,000,000		
	g Grassroots nontaxable amount (enter 25				<b>_</b>	· · · · · · · · · · · · · · · · · · ·	<u></u>
	h Subtract line 1g from line 1a. If zero or le						
	i Subtract line 1f from line 1c If zero or le	·		• •			
	j If there is an amount other than zero		 e 1h or line	 . 1. did 1	he organizatio	n file Form 4720	-
	reporting section 4911 tax for this year'						Yes No
	4-Ye (Some organizations that ma columns below.		501(h) elec	tion do n	ot have to con		•
_	Lobbying	Expenditure	s During 4-	Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 20	800	(c) 2009	( <b>d</b> ) 2010	(e) Total
	2a Lobbying nontaxable amount						
_	b Lobbying ceiling amount (150% of line 2a, column (e))	*	2.5 %	** ;	- /		
	c Total lobbying expenditures						····
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))		` ^ <b>\$</b>	`.X``			
	f Grassroots lobbying expenditures						

Part		iled	Form	5768		Page 3
	(election under section 501(h)).	- 10			(b)	
		Yes	No	Α	moun	 t
1	Duran the year did the films exception attempt to influence forcing national state or local			š	7 %	3
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or	;	, 1	/	``	
	referendum, through the use of.	1	9 7 7		·	
а	Volunteers?	<b>✓</b>		<b>4</b> , , ,	` }	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1				·
c	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?		<b>✓</b>			
е	Publications, or published or broadcast statements?		✓_			
f	Grants to other organizations for lobbying purposes?	<b>✓</b>				8,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓				
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV		<b>✓</b>			4,800
i :	Total. Add lines 1c through 1i	- :	<u> </u>			3,300
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>√</b>	. 18.		£ 13
b	If "Yes," enter the amount of any tax incurred under section 4912	;	• , ,			andrews and
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	3,				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	****		\$ 0. 4.	~ × × ×	2
Part		(5), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	↓	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	┼	ļ
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<b>⊥</b>	
Part	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1.		is aı			
1	Dues, assessments and similar amounts from members	o.f	1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	O1	^ .			
			ئىدىد <b>2</b> a			
a b	Current year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	<u></u>			
·	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby		* ^ .			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a ete this part for any additional information.	and F	art II-	·B, line	; 1ı. Al	so,
From	time-to-time the Association will support the Washington State Allıance of Boys & Girls Clubs, a 501(c)4 e	ntity	which	engaç	jes in	
grass	roots advocacy efforts with Boys & Girls Clubs across Washington The Association staff will support All	iance	activ	ities w	hich ıs	i 
reflec	ted above in Part II-B line i (other activities). Association staff provide coordination, communication and in	nform	nation	relate	d to	
	ation which impacts Boys & Girls Clubs. These are indirect political activities. The Association also made					of
	to further support these activities					
,	To further support these activities.					
<b>-</b>	,					

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number Washington State Boys & Girls Clubs Association 35-2275325 990-EZ Part ! (Line 10) Grants Paid: \$19,939.43 King County Boys and Girls Clubs - 8,685.95; Snohomish County Boys and Girls Clubs - 2,273.68; South Puget Sound Boys & Girls Clubs 1,773.68; Bellevue Boys and Girls Clubs - 2,273.68; Olympic Peninsula Boys and Girls Clubs - 1,091.22; Southwest WA Boys and Girls Clubs - 1,045.61; Thurston County Boys & Girls Clubs - 1,545.61; Skagit County Boys and Girls Clubs - 500.00 Whatcom County Boys & Girls Clubs 750.00