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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

A	For the	2013 cale	ndar year, or tax year	beginning	January 1	, 2013,	and endi	ng Dec	ember 31	, 20 13	
В	Check if applicable C Name of organization Washington State Boys & Girls Clubs Association								D Emplo	yer Identification n	umber
\checkmark	Address	change	Doing Business As Bo	ys & Girls Clu	bs Washington	State Associat	tion			35-2275325	
	Name ch	hange	Number and street (or F	O box if mail is	not delivered to str	eet address)	Room/s	uite	E Teleph	one number	
	Initial ret	turn	7511 Greenwood Ave	N #107						206-818-5802	
	Terminat	ted	City or town, state or pr	ovince, country,	and ZIP or foreign p	oostal code					
	Amende	d return	Seattle, WA 98103						G Gross	receipts \$	308,624
	Applicat	ion pending	F Name and address of p	rıncıpal officer	Elise Menashe			H(a) Is thus a	group return fo	r subordinates? Yes	✓ No
		, -	1111 Main St Suite 60		NA 98660			H(b) Are a	ill subordinat	es included? 🔲 Yes	✓ No
$\overline{}$	Tax-exe	mpt status	√ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	lf '	'No," attach	a list (see instruction	ns)
J	Website	: ▶ bea	reatwa org			1,1,1		H(c) Grou	ıp exemptio	n number 🕨	
ĸ	Form of		✓ Corporation ☐ Trust	Association	☐ Other ►	L Ye	ear of forma	ation 200	6 M Stat	e of legal domicile	
Р	art I	Summ	ary						-		
	1	Briefly de	escribe the organizat	on's mission	or most signific	cant activities	: Our n	nission is to	enable all	young people,	
ĕ	1	•	y those who need us n		-						
Governance			4				4		·····		
er	2	Check th	is box ▶ 🗌 if the org	anization disc	continued its or	perations or d	Isposed	of more tha	an 25% o	f its net assets.	
õ	3		of voting members o						. 3	1	9
	4		of independent votin	_			I, line 1b)	. 4		9
Activities &	5		nber of individuals ei	-	-				. 5		1
Χį	6		mber of volunteers (e	-	-				. 6		18
Act	7a		elated business reve		• •	C), line 12 .			. 7a		0
•	b		lated business taxab						. 7b		
_	 							Prior		Current Y	
_	8	Contribu	tions and grants (Par	t VIII. line 1h)					400.900)	308,624
Je	9		service revenue (Par	-			• •	-		<u> </u>	000,021
Revenue	10	•	ent income (Part VIII,		nes 3 4 and 70	 d)					0
æ	11		venue (Part VIII, colur								<u>_</u> 0
	12		enue—add lines 8 thr						400,900		308,624
_	13		nd similar amounts p						285,394	T	140,560
	14		paid to or for member	•		-				0	140,300
	15		other compensation,	•		•			60,210	† · · · · · · · · · · · · · · · · · · ·	62,389
Expenses	16a		onal fundraising fees		-					0	02,30 3
- Se	b		draising expenses (F	-		-	154		· · · · · ·	+	
Ä	17		penses (Part IX, colu				134		51,984	4	104,550
	18		penses (rait ix, cold penses. Add lines 13-				5)		405,330	T	307,499
	19		less expenses Sub				·		(4,436		1,125
		ricvende	icas experises oub	adot into 10 ii		i winaissi wi	163	Beginning of			
ets or	20	Total acc	sets (Part X, line 16)		MAY.	1 9 2014 .	S	-	119,07	2	113,891
Asse	21		oilities (Part X, line 26)	(1015-11.	A & COIT	S		750		4838
Net Asse	22		ets or fund balances.	=	21 from lune 20				118,32		109,053
	art II		ture Block	Odbirdot iiric		en, ut			110,32.	<u> </u>	100,000
			ury, I declare that I have ex	amined this retur	n including accom	nanying schedule	es and stat	tements and to	the best of	my knowledge and	helief it is
			lete Declaration of prepare							,ougo u	
_		116	edm.	1/11							
Sig	an	Sign	nature of officer						Date		
	ere	1 2	Use R Me	nashe					5/2/	2014	
		Typ	e or print name and title	143 /1 C					0/2/	, , , , , , , , , , , , , , , , , , ,	
_		Print/Tv	/pe preparer's name	Pre	parer's signature	<u> </u>		Date		PTIN	
	aid				,					i if if in mployed	
	epare	. 1		L_				т.			
Us	se On		-						ırm's EIN ▶	·	
Ma	v the II		address ► s this return with the	nrenarer sho	wn above? (see	e instructions	<u> </u>		hone no	Y e	s No
_				· · · · · · · · · · · · · · · · · · ·				No. 11000V	• • •		990 (2013)
FU	rapen	work ucal	iction Act Notice, see	me separate i			cat	No. 11282Y		,	(50.0)

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	~	_
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	~	~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	v	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	_	<u></u>
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	,
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		-
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	~
20 -	If "Yes," complete Schedule G, Part III	19	 -	V
20 a	·	20a	-	V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	Ш.	~

Part	· · · · · · · · · · · · · · · · · · ·		F	Page 4
rart	Checklist of Required Scriedules (Continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	
22	Did the organization report more than \$5,000 of grants or 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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	~	
			000	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
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?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		١.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	•
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		'
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			~
	·	4a	ļ	<u> </u>
b	If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Ť
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	qifts were not tax deductible?	6b		V
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		1	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	~
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. 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. Did the organization make any taxable distributions under section 4966?	9a		\ \cdot \ \
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	1
10	Section 501(c)(7) organizations. Enter:	55		Ť
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		1
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	_	ļ	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
A	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1	1	
_	Total	1	1	
C 140	Enter the amount of reserves on hand	140	 -	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	 	1
	n 195, has kinda a form reg to report these payments (ii 170, provide an explanation in Schedule O .	, , 70	1	1 -

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins				
Secti	on A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		,		
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		,		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~		
6	Did the organization have members or stockholders?	6		~		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	-			
а	The governing body?	8a	~			
b	Each committee with authority to act on behalf of the governing body?	8b	~			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
40			Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a	•			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	~			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		~		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		~		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		,		
13	Did the organization have a written whistleblower policy?	13		<i>'</i>		
14	Did the organization have a written document retention and destruction policy?	14		~		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		·		
b	Other officers or key employees of the organization	15b		~		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		,		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed Washington Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	(c)(3)s	only)		
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
20	financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records	of the	•			
	organization: ► Elise Menashe, 1111 Main St. Suite 605 Vancouver WA 98660 360-448-7089					

Dago	•

Form	$\alpha \alpha \alpha$	MA	an.

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	, Highest	: Compensated	Employees, a	nc
	Independent Contractors					
	Check if Schedule O contains a response of	or note to any line in this Part	t VII			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization no	any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.	
(A) Name and Title	(B)		(C) Position (do not check more than one				(D)	(E) Reportable compensation from related	(F) Estimated		
Name and little	Average hours per week (list any	office	officer and a		cer and a director/trustee)					Reportable compensation from	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Elise Menashe, President	2			,							
(2) Mary Starnes, Secretary	11			,							
(3) Mary Budke, Treasurer	1			,							
(4) Joe Ingoglia, Immediate Past President	1			,							
(5) Kelly Reynolds, Officer	0			,						-	
(6) Noelle Hardt, Officer	10			,							
(7) Angela Ware, Officer	0			,							
(8) Lloyd Tolle, Officer	5			,						-	
(9) MV Prasad, Officer	0			~							
(10) Matt Watrous, Executive Director	40			~							
(11)											
(12)											
(13)											
(14)	ļ	-									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ntınue	d)		
						C) Ition							_	
	(A) Name and title		(do not check more than o						(D) Reportable	(E) Reportable			F) nated	-
	Name and the	hours per					ıs both or/trust		compensation	compensation fro	om	amo	unt of	
		week (list any hours for	일	Ins	Q	<u>&</u>	en E	5	from the	related organizations		ot compe	her Insatio	on
		related	lividu	tt	Officer	Key employee	ploy	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	fron	n the	
		organizations below dotted	Jal tr	onal		ploy	ee		(44-2/1099-1415C)				ization elated	
		line)	Individual trustee or director	Institutional trustee		e	pens					organi	zation	ıs
			, e	tee			Highest compensated employee							
(15)							_							
(16)														
(17)		<u> </u>						_						
XX.17														
(18)														
(19)														
(20)										<u> </u>				
(21)											_			
(22)														
(23)														
(24)														
(05)								-	-					
(25)														
1b	Sub-total			٠.	•	<u>. </u>	L	>						
С	Total from continuation sheets to Part	VII, Sectio	n A					>						
<u>d</u>		<u> </u>						<u> </u>						
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ted :	above	e) w	ho received m	ore than \$100	,000 c	of		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compens	ated			
_	employee on line 1a? If "Yes," complete							•			•	3		~
4	For any individual listed on line 1a, is the organization and related organizations													
	individual							٠,				4		V
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual			
Section	on B. Independent Contractors	11 163, 0	Jornpi	<u> </u>	307	ięu.	116 0 1	01 3	such person	<u> </u>	•	5		<u> </u>
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more than	\$100.0	000 of		
	compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
							_	<u> </u>						
		_			_			<u> </u>						
		 					 -					_		
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue	onanaa ar nata ta	any lina in thia	Dort VIII		
		Check if Schedule O contains a re	esponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	a				
وتق	b	Membership dues 11	b 6,200				
s, G Am	C	Fundraising events 10	c				
a g	d	Related organizations 10	d				İ
S. III	е	Government grants (contributions) 1	e 500			•	
er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1	,				
a g	g	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f		308,624		 	
Program Service Revenue	2a			ł		•	
ě	b		i				
8	C		f I			 	
ΘZ	d						
E	e		1				
g	f	All other program service revenue.		İ		i	
<u> </u>	g	Total. Add lines 2a-2f					
	3	Investment income (including div					
		and other similar amounts)					
	4	Income from investment of tax-exempt	bond proceeds ▶			1	
	5	Royalties	▶ (ii) Personal				
		.,	(ii) Personal				
	6a	Gross rental expanses					
	b	Less. rental expenses Rental income or (loss)					
	ď					†	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)]	
	ď	Net gain or (loss)	. <u> </u>				
venue	8a	Gross income from fundraising events (not including \$:				
Other Rev		of contributions reported on line 1c). See Part IV, line 18	a				
₹		Less: direct expenses	b				
		Net income or (loss) from fundraisir					
	9a	Gross income from gaming activities See Part IV, line 19					
		Less: direct expenses	b				
		Net income or (loss) from gaming a		_		ļ. <u>.</u>	
	10a	Gross sales of inventory, less		:			
		returns and allowances					
		Less: cost of goods sold		1		<u> </u>	
	С	Net income or (loss) from sales of ii Miscellaneous Revenue	nventory ► Business Code	-			
	11a			1			
	b					 	· · · · · · · · · · · · · · · · · · ·
	°						
	d	All other revenue	-			<u> </u>	
	е	Total. Add lines 11a-11d					
	12		▶	200 024	_	T	1

Part IX S	tatement of Functional	Expenses

	X Statement of Functional Expenses			 	
Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	mn (A).
<u> </u>	Check if Schedule O contains a respons				<u> U</u>
	nt include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	145,260	145,260		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments,	0	0		
	organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 67,770	50,828	10,166	6,776
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0,,,,,			
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include	U	0	0	0
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	2,356	1,767	353	236
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f g	Investment management fees	0			
	(A) amount, list line 11g expenses on Schedule O) .	o			
12	Advertising and promotion	0			_
13	Office expenses	320		320	
14	Information technology	105		105	
15	Royalties	0			····
16	Occupancy	0			
17	Travel	4,166	3,125	625	416
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	0		7-	-
20	Interest	17		17	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	632		632	
24	Other expenses. Itemize expenses not covered				-
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Youth of the Year	30,491	30,491		
b	AmeriCorps	45,207	45,207		
C	Teen Summit	2430	2430		
d	Alliance Support	6750		6750	
е	All other expenses 1,995	1995		1841	154
25	Total functional expenses. Add lines 1 through 24e	307,499	279,108	20,809	7,582
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 118,101 1 113,891 2 Savings and temporary cash investments 0 2 0 3 3 0 0 4 4 Accounts receivable, net 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . 6 0 0 Assets 7 Notes and loans receivable, net 0 0 Inventories for sale or use 8 8 0 0 9 Prepaid expenses and deferred charges . . 9 0 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 0 10c Less: accumulated depreciation 10b 0 0 11 11 ol Investments—publicly traded securities . 0 12 Investments-other securities See Part IV, line 11 . 0 12 0 13 Investments - program-related. See Part IV, line 11. 13 0 0 14 14 0 0 0 15 15 Other assets. See Part IV, line 11 . . . 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 118,101 16 113,891 17 17 Accounts payable and accrued expenses 750 4,838 18 Grants payable. 0 18 0 19 19 Deferred revenue 0 0 20 Tax-exempt bond liabilities . 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 26 750 26 Total liabilities. Add lines 17 through 25 4.838 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 93,287 87,184 Temporarily restricted net assets 28,500 28 19,076 Permanently restricted net assets 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 ol 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 (4,436) 2792 33 Total net assets or fund balances 33 117,351 109,052 34 Total liabilities and net assets/fund balances . 34 118,101 113,891 Form **990** (2013)

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Page	- 1	-

	(2010)				.gc
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30	8,624
2	Total expenses (must equal Part IX, column (A), line 25)	2		30	7,499
3	Revenue less expenses. Subtract line 2 from line 1	3			1,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	7,351
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6	· · ·		0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		. (8,299)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10	9,052
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · _			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ı	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oled c	or		
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
þ	Were the organization's financial statements audited by an independent accountant?		. 2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	olaın ı	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		I		
	the Single Audit Act and OMB Circular A-133?		04		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	~	I		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts.	3b		~
			For	ո 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 35-2275325 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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: 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). 11 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. c Type III-Functionally integrated **b** Type II **d** Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 No 11g() (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). (i) Name of supported an EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col, (i) listed in your organization (described on lines 1-9 the organization in organization in col. support col. (i) of your support? above or IRC section governing document? (i) organized in the **U.S.2** (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Schedu	de A (Form 990 ar 990-EZ) 2013						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	
Secti	on A. Public Support						
Calen	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	293,499	148,136	289,148	385,640	300,965	1,417,388
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	O	0	0	0	0
4	Total. Add lines 1 through 3	293, 499	148,136	289,148	385,640	300,965	1,417,388
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		Z er			7	
_							0
<u>6</u>	Public support. Subtract line 5 from line 4.			W. T.	S	h, ¢ ^ ,	1,417,388
	on B. Total Support	() 2222	# 1 co4c	() 2244	(1) 0040	430040	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293,499	148,136	289,148	385, 640	300, 965	1,417,388
9	Net income from unrelated business activities, whether or not the business is regularly carried on				• •		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,045	8,000	o	19,696	7,660	41,401
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,	7.00	T. Vict	/	र रहिला है है	1,458,789
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for th organization, check this box and stop her	′e			•	ear as a section	
<u>Secti</u>	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test—2013. If the organization qual	edule A, Part leation did not e	II, line 14 check the box	on line 13, and	 line 14 is 331		97 % 95 % neck this . ► ✓
b	331/a% support test—2012. If the organ check this box and stop here. The organi	izatlon did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ % (
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ola. If the organts the "facts-acts-and-circu	nization did no and-circumstal mstances" tes	ot check a box nces" test, che t. The organiza	on line 13, 16 ck this box an ation qualifies	d stop here. E as a publicly su	ine 14 is xplain in ipported . ► □
b	10%-facts-and-circumstances test-20	12. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line

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)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Name	of organization			Employer ider	ntification number
	ngton State Boys & Girls Cl				35-227 5325
Part	I-A Complete if th	e organization is exempt und	er section 501(d	c) or is a section 527 (organization.
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .			<i></i> > \$)
3	Volunteer hours				***************************************
Part	I-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	0
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes 🗸 No
4a	Was a correction made?			<i></i>	Yes 🗸 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		-	
				_	
2		filing organization's funds contrib			
	527 exempt function acti	vities	· · · · · ·	> \$	
3		expenditures. Add lines 1 and 2.			
4	- -	n file Form 1120-POL for this year			
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				idida. Il norie, enter -c	delivered to a separate
					political organization, if none, enter -0
					11010, 01101 0 .
(1)					
(2)					
(3)					
(4)					
\ ''					
(5)					
(6)					

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-ac	ш	_

	dale e (i citi ecc ci cos EL) Este						raye =
	rt II-A Complete if the organiza section 501(h)).	<u> </u>				•	
A	Check ► ☐ if the filing organization name, address, EIN, exp					ffiliated gro	up member's
В	Check ► ☐ if the filing organization	checked box A	and "limited cor	itrol" provisions	apply.		
		bbying Expendit			(e	a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred	l.)	organiz	ation's totals	group totals
1	a Total lobbying expenditures to influer	nce public opinion	(grass roots lobb	ying)			
	b Total lobbying expenditures to influer	nce a legislative b	ody (direct lobbyir	ng)		Ī	
	c Total lobbying expenditures (add line	s 1a and 1b) .					
	d Other exempt purpose expenditures						
	Total exempt purpose expenditures (a	add lines 1c and 1	ld)				
	Lobbying nontaxable amount. Ente	er the amount f	rom the followin	g table in both			
	columns.				1	j	
	If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amou	nt is:			
	Not over \$500,000		mount on line 1e.		ļ ,	*, ;	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		· 1	_
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		į.	
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of			1	
	Over \$17,000,000	\$1,000,000.			,	.	, ", ",
	g Grassroots nontaxable amount (enter 25% of line 1f)				1		
	h Subtract line 1g from line 1a. If zero or less, enter -0						
	i Subtract line 1f from line 1c. If zero or less, enter -0						
j	If there is an amount other than ze	ro on either line	1h or line 1i, di	d the organizatior	file Fo	om 4720	
	reporting section 4911 tax for this ye	ar?					Yes No
	(Some organizations that columns below	made a section to water w. See the instru	ctions for lines 2	not have to com a through 2f on p		It of the five	
	Lobby	Ing Expenditures	During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012		n) 2013	(e) Total
2	Lobbying nontaxable amount						
ļ	Lobbying ceiling amount (150% of line 2a, column (e))		1			16 - 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	Total lobbying expenditures						
(Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))	. 7	د من حرار المحاد ع	9. % Sec.	۶.	.125	
1	Grassroots lobbying expenditures						

\$6,750 to further support these activities.

Schedul	e C (Form 990 or 990-EZ) 2013				F	age 3
Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
or e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	iption of the lobbying activity.	Yes	No	Am	ount	
1	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 referendum, through the use of:	25.0				
a b	Volunteers?	_	1		, ep	
d d	Media advertisements?		V			
e f	Publications, or published or broadcast statements?	7	/			6,750
9 h :	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_	1			3,120
j 2a	Other activities?					9,870
b	If "Yes," enter the amount of any tax incurred under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\/E\				
Part	501(c)(6).)(ə), ·	or se	·		
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?)(5),	 or se	1 2 3 ction	Yes ine (No 3, is
1 2	Dues, assessments and similar amounts from members	s of	1			
a b	Current year		2a 2b 2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the	3			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part II	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro -B, line 1. Also, complete this part for any additional information.		·			and
	sociation provides limited support to the Washington State Alliance of Boys & Girls Clubs, a 501(c)4 ent					
	oots advocacy efforts with Boys & Girls Clubs across Washington. The Association staff will support All		activi	ties whic	h is	
reflect	ed above in Part II-B line g. Association staff provide coordination, communication and information relat	ed to				
egisla	tion which impacts Boys & Girls Clubs. These are indirect political activities. The Association also mad	e a gra	ant to	the Allia	nce o	<u>f</u>

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

OMB No 1545-0047	2013	Open to Public
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Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ° □ (h) Purpose of grant or assistance ω Program Support Program Support Program Support Program Support **Program Support** Program Support Program Support Program Support √ Yes 35-2275325 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,600 12,800 16,750 9,300 5,500 5,500 9 (d) Amount of cash 13,800 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN Washington State Boys & Girls Clubs Association (5) BGC Benton & Franklın Counties (1) BGC King County (2) BGC South Puget Sound (6) BGC Skagit County (8) BGC Spokane County (3) BGC Metro Portland 1 (a) Name and address of organization (4) BGC Bellevue (7) BGC Snohomish Mt. Vernon, WA Bellevue, WA Spokane, WA Portland, OR Facoma, WA Everett, WA Seattle, WA Pasco, WA Part II Part I N <u></u> 5 12)

Schedule I (Form 990) (2013)

Cat No 50055P

Part III	Grants and Other Assistance to mulviqueis in		_		7 7 7 7	
	(a) Type of grant or assistance (b) Number of recipients	tal space is needed (b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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/ Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	l de the information r	required in Part I, I	line 2, Part III, colum	n (b), and any other addi	tional information.
Ve ensur	We ensure grant compliance through an LOA process that local Clubs follow when implementing a grant with the Association.	that local Clubs follow	w when implementing	a grant with the Assoc	uation.	
			0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				- 1		
						Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Washington State Boys & Girls Clubs Association	35-2275325			
Employee Review Process, Part VI, Section B, #15 - The Association completes an annual performance review with the Executive Director				
with a thorough review conducted by the Board of Directors.				
Public Disclosure, Part VI, Section C, #19 - The Association makes available general information on its	website. The 990 is available through			
Guide Star, and financial information is available upon request.				
Reconciliation of Net Assets, Part XI, Line 9 - Restricted Assets were recognized as revenue during 20	13.			
Form 990 Review Process, Part VI, Section B, #11b - The Association staff complete the 990 in conjunc	tion with the Treasurer and President.			
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
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