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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning January 1 2015, and ending December 31 20 15 D Employer identification number C Name of organization Washington State Boys & Girls Clubs Association Check if applicable Doing business as Boys & Girls Clubs Washington State Association Address change 35-2275325 Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 7511 Greenwood Ave N #107 206-818-5802 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return G Gross receipts \$ 694,272 F Name and address of principal officer Mary Budke, President H(a) Is this a group return for subordinates? Tyes Ves No Application pending H(b) Are all subordinates included? Tyes Ves No PO Box 4167 Sequim, Wa 98382 If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) 🔲 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ begreatwa.org Form of organization 🗹 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile 2006 Briefly describe the organization's mission or most significant activities: Our mission is to enable all young people, Activities & Governance especially those who need us most, to reach their full potential as productive, caring and responsible citizens. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 75 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990 , line 3 7b 0 Pnor Year Current Year Contributions and grants (Part VIII, line 1h). 8 635,454 694,272 9 Program service revenue (Part VIII, line 2g) 10 0 0 10 Investment income (Part VIII, column (A), lines 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue — add lines 8 through 11 (must equal Party Lown) (A) line 12 12 635,454 694,272 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 469,455 512,687 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 67,664 79,419 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 96,727 101,205 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 633,846 693,311 19 Revenue less expenses Subtract line 18 from line 12 1.608 961 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 166,486 255,616 21 Total liabilities (Part X, line 26) 25,475 4,985 22 Net assets or fund balances. Subtract line 21 from line 20 141.011 250,631 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and continue Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Executive Direct Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I If self-employed Preparer Firm's name Firm's EIN ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Use Only

Phone no

Form 99	90 (2015) Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to enable all young people, especially those who need us most, to reach their full potential as productive,
	caring and responsible citizens.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 57,961 including grants of \$ 5,250) (Revenue \$ 70,076)
	Youth of the Year - This Character & Citizenship program recognized 15 outstanding teens from across the State. These young people
	were provided a variety of educational and enrichment activities over two days, then were interviewed by community leaders for the
	selection of the Washington State Youth of the Year. Participating teens also received college scholarships.
4b	(Code:) (Expenses \$ 515,542 including grants of \$ 495,687) (Revenue \$ 510,664)
	Club Capacity Building - In 2015 the Association focsed on targeted efforts to support Clubs, providing resources for increased
	programs for youth, expanding community collaborations and tackling issues youth face.
4c	(Code:) (Expenses \$14,086 including grants of \$0) (Revenue \$\$ 5,222)
	Keystone Summit (Teen Conference) - Hosted and facilitated a teen conference for 203 teens in November.
	Other recovery (December 20th of 100)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 35,048 including grants of \$ 0) (Revenue \$ 49,267)
40	(Expenses \$ 35,048 including grants of \$ 0) (Revenue \$ 49,267)

	V Checklist of Required Schedules			
	504(1/0) 40.47(1/4) (11.41)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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	~	
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	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		v
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	_	~
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		v
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		1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		· ·
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<i>'</i>
				~

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<u> </u>	<u> </u>
	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	20	_	-
	\$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		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		V
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		~
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
	conservation contributions? If "Yes," complete Schedule M	30		•
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
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			,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		Forn	ո 990	(2015)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
	Check if Schedule O contains a response or note to any line in this Part V			Г
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		<u> </u>	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 .		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	_	l
	reportable gaming (gambling) winnings to prize winners?	1c	~	1
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 2	- family		<u>.</u>
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) .			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country:	Ì		İ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).		•	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		ļ
	and services provided to the payor?	7a		~
	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?	_		١.,
		7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		7
f a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		-
_	sponsoring organization have excess business holdings at any time during the year?	8		V
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		,	
11	Section 501(c)(12) organizations. Enter.		,	' -
а	Gross income from members or shareholders			,
b	Gross income from other sources (Do not net amounts due or paid to other sources	``.		٠.
	against amounts due or received from them.)			L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1

a Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

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

~

13a

14a

14b

13b

13c

Form 99	90 (2015)		ı	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			V
<u>Secti</u>	on A. Governing Body and Management			
1а	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.	9	Yes	No
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		V
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? 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?	4 5 6	>	> >
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
ь 9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	_	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	~	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		/
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	7	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	V	
а	The organization's CEO, Executive Director, or top management official	15a	~	L
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	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		V
Secti	on C. Disclosure	1.00	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	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.	n 501	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Elise Menashe, 1111 Main St Suite 605 Vancouver, WA 98660, 360-448-7089			

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

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

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	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				•	2)					
(A)	(B)	(do n	not ob		ition	e than o	nna	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for	입합	Inst	Officer	Key employee	흙퓿	Former	the	organizations	compensation
	related organizations	l e è	T T	er	em	l by st	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Q 22	nal		oloy	l e co		,		and related
	line)	Individual trustee or director	Institutional trustee		e	Pen				organizations
		•	tee			Highest compensated employee				
(4) Elizable also Desarboration										
(1) Elise Menashe, Past President				~						
(2) Heather Powell, Secretary	1			,						
(3) Mary Budke, President	2			- -				·		
(4) Wary Bauke, Freshoerk				V						
(4) Brian Ace, Treasurer	1	-								
(5) Noelle Hardt	5	 -	├─							
(3) Noelle Hardt				~						
(6) Kevin McCartney	11			,						
(7) Lloyd Tolle	5								- 2	
		ļ		~						
(8) Joe Ingoglia	3			,						
(9) MV Prasad	0						Γ	-		
		ļ	ļ	~			<u> </u>			
(10) Matt Watrous, Executive Director	40	-			,					
(11)				_						
(12)						_				
(13)				_			-			
(44)		 		_						
(14)										
					•		_			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from				
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		composition from the composition of the composition from the composition	ther ensation the nization related izations	1
(15)										_				
(16)														
(17)														
(18)														
(19)											-			
(20)				_										
(21)					-									
(22)														
(23)														
(24)														
(25)			_										••	
1b c d	Sub-total			•	•	 	•	▶ ▶ ▶						
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received me	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						mp	loyee, or high	est comper	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1											~
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpei									5		~
Section	on B. Independent Contractors	, 00, 0				-					<u>· · · </u>			
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate oort compe	ed inc nsatio	depe	end or th	ent ne c	contra alend	acto ar y	ors that receive rear ending wit	ed more that h or within t	n \$100, he orga	,000 of anızatıc	on's ta	ях
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
		_												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a re	esponse or note to				<u></u>
				(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 1	a 0				
irar	b	Membership dues 1	b 6,400				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1	c 0				
ar /	d	Related organizations 1	d o				
ê, <u>E</u>	е	Government grants (contributions) 1					
Sign	f	All other contributions, gifts, grants,					1
the		and similar amounts not included above	f 604,073				
ᅙᆴ	g	Noncash contributions included in lines 1a-1f.					
an So	h	Total. Add lines 1a-1f		694,272			
		Total / Total	Business Code	054,272			
eu l	2a						
Ę,	b		l l	-			
e			-		<u>-</u> .		
Ž	۳ C		-		· · · · · · ·		
Š	d		-	-			
ran	e	All about the second sec			_		
Program Service Revenue	f	All other program service revenue.					
<u>.</u>	<u> </u>	Total. Add lines 2a-2f				u, u	
	3	and other similar amounts)					
			<u> </u>				
	4	Income from investment of tax-exempt	·			··	
	5	Royalties					
	_		(II) Fersonal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)			·		
	d	<u> </u>	▶				
	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)					
	d	Net gain or (loss)	. <u></u> . >				
40							
nue	8a	Gross income from fundraising					
Ve		events (not including \$					
Other Reve		of contributions reported on line 1c).					
Jer		See Part IV, line 18	a				
Ö		Less: direct expenses	b				
		Net income or (loss) from fundraising					
	9a	Gross income from gaming activities					
		See Part IV, line 19	a				
		Less: direct expenses	b		····-		
		Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less					
		returns and allowances	а				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of ii	nventory ▶				
İ		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		-			

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3)	and 501(c)	(4) organızatıons must	complete all columns.	All other organizations mu	ist complete column (A)

	Check if Schedule O contains a respon	<u>se o</u> r note to any lir	ne in this Part IX $$.		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	512,687	512,687		} ~
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o			# # # # # # # # # # # # # # # # # # #
3	Grants and other assistance to foreign		0		***
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	0		
4	Benefits paid to or for members	0	0		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Compensation of current officers, directors, trustees, and key employees	56,411	25385	14103	16923
6	Compensation not included above, to disqualified	30,411	2303	14103	10923
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1261	568	378	315
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,000	1350	900	750
9	Other employee benefits	3,440	1548	1032	860
10	Payroll taxes	15,307	6889	4591	3827
11	Fees for services (non-employees):				
a b	Management	0	0	<u>0</u>	0
c	Accounting	0	0	0	
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13 14	Office expenses	647	0	647	0
15	Royalties	155	0	<u>155</u> 0	0
16	Occupancy	0	0	0	0
17	Travel	6070	0	6070	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	2477	0	2477	0
20	Interest	0	0	0	0
21	Payments to affiliates	8500	0	8500	0
22 23	Depreciation, depletion, and amortization . Insurance	0 2144	0	0 2144	0
24	Other expenses Itemize expenses not covered	2144	<u> </u>	2144	0
	above (List miscellaneous expenses in line 24e. If		* ;	•	, , , ,
	line 24e amount exceeds 10% of line 25, column	,	. ,		2
	(A) amount, list line 24e expenses on Schedule O)		`		
а	Programs from Part III	74211	74211	0	0
b					·
C			_		<u> </u>
d	All other expenses 7,001	7004			4
e 25	Total functional expenses. Add lines 1 through 24e	7001 693,311	0 622,638	5,851	1,150 23,825
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	033,311	622,638	46,848	23,825

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 89,313 1 251,464 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . 3 4 4 65,173 3,750 5 Loans and other receivables from current and former officers, directors, ž trustees, key employees, and highest compensated employees. 5 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 Assets 7 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . 10b 10c b 11 Investments—publicly traded securities 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 12,000 402 Total assets. Add lines 1 through 15 (must equal line 34) . 16 166,486 16 255,616 17 20,975 17 4,985 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, : 5 22 Liabilities 23× trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . 26 20,975 4,985 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and * 64 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 86,642 86,699 28 28 52,762 162,971 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 1,608 961 33 33 141,011 250,631 34 Total liabilities and net assets/fund balances 34 166,436 255,616

Form **990** (2015)

				•	
Form 9	90 (2015)			Pa	age 1 2
Par	t XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94,27
2	Total expenses (must equal Part IX, column (A), line 25)	2		69	93,31
3	Revenue less expenses Subtract line 2 from line 1	3			96
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14	11,01
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			1
7	Investment expenses	7			- (
8	Prior period adjustments	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	109 f		9,620
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		25	50,63°
Par	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," ex	plain in	į.		
	Schedule O.	•	Ę.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:	•			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			,	
b			2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both		i e		
	Separate basis Consolidated basis Both consolidated and separate basis		-		
_	If "Yes" to line 2a or 2h, does the organization have a committee that assumes responsibility for o	versiaht			

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Form **990** (2015)

Schedule O.

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.

► Attach to Form 990 or Form 990-EZ.

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.

OMB No 1545-0047

2015

Open to Public Inspection

lailie	of the organization					Employer identification	Hamber	
	nington State Boys & Girls Clubs Ass						75325	
Pai		 					ns.	
ne (1	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
2	A school described in section							
3	☐ A hospital or a cooperative hos					* *		
4	A medical research organization hospital's name, city, and state	n operated in co					(iii). Enter the	
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.)							
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	described in section 170(b)(1)(.				
8	A community trust described in							
9	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt nt income and	functions—subject to unrelated business t	certain axable ir	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3%	of its
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11c	operated exclusions de organizations de	vely for the benefit of, escribed in section 50	to perfori 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	ion 509(a)(3).	
а	the supported organization(s) organization. You must com	the power to re	gularly appoint or ele					
b	Type II. A supporting organiz control or management of the organization(s). You must co	supporting org	anızatıon vested ın th					
c		ted. A supportin	g organization operat				y integrated w	vith,
d	Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organiz	zation generally must	satisfy a	dıstrıbutı	on requirement and	•	٠,
е	□ Ob 1. th b f th	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III	
f								
g	Provide the following information	-	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(IV) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount other support instructions	(see
				Yes	No			
A)								
B)								
C)								
D)								
E)								
	-							

Schedi	ule A (Form 990 or 990-EZ) 2015						, n 0
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	Page 2 alify under
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	289,148	385,640	300,965	626,342	687,322	2,289,417
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	o	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	289,148	385,640	300,965	626,342	687,322	2,289,417
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)		!				2,233,777
6	Public support. Subtract line 5 from line 4.	<u></u>					2,289,417
Sect	ion B. Total Support			·	<u>.</u> ;		2,203,417
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	289,148	385,640	300,965	626,342	687,322	2,289,417
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	19,696	7,660	9,112	6,950	43,418
11	Total support. Add lines 7 through 10					0,000	2,332,835
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop her	<u>re</u>			or fifth tax ye	ar as a section	1 501(c)(3)
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6	o, column (t) div	rided by line 1	1, column (f))		14	98 %
15 16a	Public support percentage from 2014 Sch					15	78 %
IVa	331/3% support test—2015. If the organization qual						
b	331/3% support test—2014. If the organicheck this box and stop here. The organic	nzation did not	check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "fa	ets the "facts-a	nd-circumstar	nces" test, che	ck this box and	d stop here. E	xplaın in

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

If the organization answered "Yes," on 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," on 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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, ,-								
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III						
Name (of organization			Employer idea	ntification number			
Nashi	ngton State Boys & Girls Cl		35-2275325					
Part	I-A Complete if the	c) or is a section 527	organization.					
1	Provide a description of	the organization's direct and indire	ect political campa	aign activities in Part IV.				
2	Political expenditures .				3			
3	Volunteer hours							
Part	Complete if the	e organization is exempt und	er section 501(c)(3).		_		
1	•	excise tax incurred by the organization			<u> </u>	_		
2		excise tax incurred by organization)			
3		ed a section 4955 tax, did it file Fo			Yes No			
4a	•		•		Tyes V No	_		
b	If "Yes," describe in Part					•		
Part		e organization is exempt und	er section 501(c), except section 501	(c)(3).	-		
1		ly expended by the filing organiz				-		
	· ·							
2	Enter the amount of the	filing organization's funds contrib	outed to other ora	anizations for section		٠-		
		vities						
3		expenditures. Add lines 1 and 2				-		
4		n file Form 1120-POL for this year			Yes No			
5		ses and employer identification nui						
5		ents. For each organization listed,						
		ontributions received that were pro						
		fund or a political action committee						
		 		1		-		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
				funds If none, enter -0-	promptly and directly			
					delivered to a separate			
					political organization If none, enter -0-			
						_		
(1)								
_						_		
(2)								
			<u> </u>			_		
(3)								
(4)								
						_		
(5)								
						_		
(6)								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)		
desc	ription of the lobbying activity.	Yes	No	A	mour	it	
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:				<u> </u>		
а	Volunteers?	~		(')	-14		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~			٠.,	-	
c	Media advertisements?		1			si - sel	
d	Mailings to members, legislators, or the public?		-	_			
e	Publications, or published or broadcast statements?		1	-			
f						8,50	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				7,81	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		V			.,,,,,,,,	
i	Other activities?		~			16,31	
j	Total. Add lines 1c through 1i					10,01	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	A-C-1A-	~				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	,					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		~				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction			
	501(c)(6).				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			-	165	NO	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2		-	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	_		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			1 -		l	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A,	line	3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	•			_	
а	Current year	.	2a				
b	Carryover from last year		2b		_		
С	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						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ıng					
	and political expenditure next year?	. [4				
5	Taxable amount of lobbying and political expenditures (see instructions)	. [5				
Par							
Provid 2 (see	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groun instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp list	;); Par	t II-A, I	ines 1	and	
The A	ssociation provides limited support to the Washington Alliance of Boys & Girls Clubs, a 501c(4) entity which	h eng	gages	ın gras	sroot	s	
advac	acy offerts with Pous & Cirls Clubs agrees Washington. The Association staff account Alliance at Alliana	I I					
auvoc	acy efforts with Boys & Girls Clubs across Washington. The Association staff support Alliance activities w	nicn	is reije	ected a	pove i	<u>n</u>	
Part II	B Line g. Association staff provide coordination, communication and information related to legislation wh	ich in	npacts	Boys	& Girl	<u>s</u>	
Clubs	These are indirect political activities. The Association also made a grant to the Alliance of \$8,500 to further	r sup	port t	hese a	ctivitie	s.	

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

2015

OMB No 1545-0047

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

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Schedule I (Form 990) (2015) **%** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** Healthy Lifestyles ✓ Yes 35-2275325 Programs Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance . (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P 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 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 495,687 17,000 91-1138000 (b) EIN various Nashington State Boys & Girls Clubs Association 1 (a) Name and address of organization (1) 15 Boys & Girls Clubs in WA (2) The Hope Heart Institute Name of the organization Bellevue, WA Part II Partl State ල € © 5 2 9 8 8 9

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) Staff monitor grant compliance based on program deliverables set by each funding source. Site visits, fiscal and narrative reports are required to ensure outcomes are met and funds are (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance spent according to grant requirements. Part IV Part III N ß က 4 9

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.

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Department of the Treasury Internal Revenue Service

► 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. Name of the organization Employer identification number

Washington State Boys & Girls Clubs Association 35-2275325 Other Program Services (Part III, Line 4d): Healthy Lifestyles partnership with another non-profit, and statewide AmeriCorps program. Form 990 Review Process (Part VI, Section B, #11b) The Association staff complete the 990 in conjunction with the Treasurer and President. Public Disclosure (Part VI, Section C, Line 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): Other changes in Net Assets include Restricted Grants received in 2015 for 2016 programs. Employee Review Process ((Part VI, Section B, Line 15): The Association completes an annual performance review with the Executive Director with a thorough review conducted by the Board of Directors. Other Expenses (Part IX, Line 24e): Dues, postage, printing, taxes, research study, fundraising expenses.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
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