For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493181021660

2018

OMB No. 1545-0047

Department of the

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

		enue Service							· ·
A F	or th	e 2019 c		inning 07-01-2018 , and ending 06	5-30-201	19			
_	dress	pplicable: change	C Name of organization BOYS AND GIRLS CLUB OF DANE	COUNTY INC			39-192		fication number
□ Ini	tial re	-	Doing business as						
☐ Am	nende	d return on pending	Number and street (or P.O. box if	mail is not delivered to street address) Room	n/suite		E Telephon (608) 2	ne number 257-2606	
			City or town, state or province, co MADISON, WI 537132334	ountry, and ZIP or foreign postal code			G Gross re		
			F Name and address of princi	nal officer:	ш/-) To this			,000,702
			MICHAEL JOHNSON	par emeer.	"(*		a group re linates?	turn for	□Yes ☑No
			1818 W BELTLINE HWY MADISON, WI 537132334		H(E		subordinat	tes	Yes No
	x-exei	mpt status:			─ `	include	ed?		
J W	ebsit	te:► WW	VW.BGCDC.ORG	◀ (insert no.)			exemption	•	instructions) ►
K Forr	n of o	rganization	: 🗹 Corporation 🗆 Trust 🗀 As	ssociation Other	L Yea	ar of forma	tion: 1998	M State	of legal domicile: WI
D	art I	Sum	mary						
1 6		_	scribe the organization's mission	or most significant activities:					
e Ce	:	SOCIÁL, R	RECREATION, PERSONAL & EDUC	CATIONAL DEVELOPMENT, PHYSICAL ED & LEADERSHIP TRAINING TO BOYS & G					
Activities & Governance	-								
eII	:								
NO.	2	Check thi	is box $\blacktriangleright \Box$ if the organization (discontinued its operations or disposed o	of more t	han 25%	of its net a	issets.	
ত স্ব			of voting members of the goverr					3	29
တ္	4	Number o	of independent voting members	of the governing body (Part VI, line 1b)			ı	4	29
Ě	5	Total nun	nber of individuals employed in	calendar year 2018 (Part V, line 2a) .				5	211
Ę	6	Total nun	nber of volunteers (estimate if n	ecessary)				6	809
٩	7a	Total unr	elated business revenue from Pa	art VIII, column (C), line 12				7a	C
	b	Net unrel	lated business taxable income fr	om Form 990-T, line 34				7 b	C
						Pric	or Year		Current Year
Q)	8	Contribut	ions and grants (Part VIII, line 1	h)			4,589,:	141	5,207,328
Ravenue	9	Program	service revenue (Part VIII, line 2		456,3	384	469,220		
λċ	10	Investme	ent income (Part VIII, column (A)	, lines 3, 4, and 7d)			2,8	815	2,166
_	11	Other rev	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			-117,6	686	-56,79
	12	Total rev	enue—add lines 8 through 11 (m	nust equal Part VIII, column (A), line 12))		4,930,6	654	5,621,928
	13	Grants ar	nd similar amounts paid (Part IX,	, column (A), lines 1–3)			64,6	552	35,918
	14	Benefits	paid to or for members (Part IX ,	column (A), line 4)				0	(
&	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5–10) [3,190,3	368	3,618,438
Expenses	16 a	Profession	onal fundraising fees (Part IX, col	umn (A), line 11e)	L		45,9	946	(
Ċ.	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶615,769	L				
ш	l		penses (Part IX, column (A), line	•			1,270,9	935	1,704,139
	l		`	qual Part IX, column (A), line 25)			4,571,9	901	5,358,49
	19	Revenue	less expenses. Subtract line 18	from line 12			358,7		263,433
Net Assets or Fund Balances					В	eginning (of Current Y	ear	End of Year
ssel ada	20	Total ass	ets (Part X, line 16)		F		6,525,0	046	7,685,346
¥₩ B	21	Total liab	oilities (Part X, line 26)				1,280,6	634	2,113,72
žĪ	22	Net asset	ts or fund balances. Subtract line	e 21 from line 20			5,244,4	412	5,571,62
Pa	rt II	Sign	ature Block						
				mined this return, including accompany					
any k			ा, it is true, correct, and comple	te. Declaration of preparer (other than o	officer) is	based or	ı alı informi	ation of	wnich preparer has
		14							
		Signati	* ure of officer			2020 Date)-06-29 :		
Sign Here									
	•		SEL JOHNSON PRESIDENT & CEO or print name and title						
		17	Print/Type preparer's name	Preparer's signature	Date	- 1		PTIN	
Paid	4		. 11 1 1	, 9		I		P0008490	8
Pre		er	Firm's name WEGNER CPAS LLP	·	1		employed ı's EIN ► 39-	-0974031	
Use		H	Simila address > 2024 (ANDARADICE	CTF 200				274 45-	
J J G		- ر	Firm's address ► 2921 LANDMARK PL			Phor	ne no. (608)	2/4-4020	
			MADISON, WI 5371	34236					
May t	he IR	S discuss	this return with the preparer sh	own above? (see instructions)				✓ \	Yes 🗌 No

Cat. No. 11282Y

Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Se	rvice Accomplis	hments		
	Check if Sche	dule O contains a	response or note to	any line in this Part III		🗹
1	Briefly describe the o			,		
BOYS	& GIRLS CLUB OF DA	NE COUNTY WILL	INSPIRE AND EMPO	WER ALL YOUNG PEOF	PLE, ESPECIALLY THOSE WHO NE	EED US THE MOST, TO REACH
THEI	R FULL POTENTIAL AS	PRODUCTIVE, RES	SPONSIBLE, AND CA	RING ADULTS.		
2	Did the organization	undertake any sig	nificant program ser	vices during the year	which were not listed on	
	the prior Form 990 o	r 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the					
3	Did the organization	cease conducting,	or make significant	changes in how it con	ducts, any program	
	services?					. 🗆 Yes 🗹 No
	If "Yes," describe the	ese changes on Scl	nedule O.			
4		d 501(c)(4) organ	izations are required	to report the amount	e largest program services, as m of grants and allocations to othe	
4a	(Code:) (Expenses \$	1,412,479	including grants of \$	35,918) (Revenue \$	0)
	See Additional Data					
4b	(Code:) (Expenses \$	921,750	including grants of \$	0) (Revenue \$	268,809)
	See Additional Data					
4c	(Code:) (Expenses \$	858,265	including grants of \$	0) (Revenue \$	169,952)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in So	thedule O.)			
	(Expenses \$	691,570	including grants of	\$	0) (Revenue \$	30,465)
4e	Total program serv	vice expenses ▶	3,884,0	64		

Pa	tiv Checklist of Required Schedules			rage 3
- 1	Comment of trademan and animates		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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	Yes	
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 2	10	Yes	
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	Yes	
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		No
	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 2	11c		No
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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
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		No
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		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
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	Yes	

orm '	990 (2018)			Page 4
Parl	Checklist of Required Schedules (continued)			
			Yes	No
	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	Yes	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		No
	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		No
	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		No
	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		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 😕	29	Yes	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	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	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0			ı

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	this return	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<u>, </u>	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1		No
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	1		No
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u></u>	\bot		

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	No
b	If "Yes," enter the name of the foreign country: ►		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No

6b

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Organizations that may receive deductible contributions under section 170(c).

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

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

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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

which the organization is licensed to issue qualified health plans

b Enter the amount of reserves the organization is required to maintain by the states in

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

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders .

Enter the amount of reserves on hand .

If "Yes," complete Form 4720, Schedule O .

against amounts due or received from them.)

а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		

10a

10b

11a

11b

12b

13b

13c

Form	990 (2018)			Page 6
Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to i	ines 🔽
_Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 29		Yes	No_
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No ——
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		NI -
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
Ь	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		
Se	ction C. Disclosure	05		
17	List the States with which a copy of this Form 990 is required to be filed▶			
4.5	WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
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 interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: KELLY KLEVEN 1818 W BELTLINE HWY MADISON, WI 537132334 (608) 257-2606			
			OO	n (2010)

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees	
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
 List all 	of the organization's current off ation. Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
• List all o	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	organization's five current high d reportable compensation (Box and any related organizations.)
	of the organization's former office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000
	of the organization's former dire n, more than \$10,000 of reportab										e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, un off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	•	MISC)	related organizations
See Addition	al Data Table										
-											

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o is b	is both an officer and a director/trustee) organization (W-organizations (V-2/1099-MISC)						Reportable compensation	- '	nted f other sation the on and	
		organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee individual trustee						relat organiza	ed		
See /	Additional Data Table												
											+		
											+		
											+		
											+		
											_		
	ub-Total						>						
	otal (add lines 1b and 1c)	•					•		411,783	0			78,634
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rece	eived more than \$1	00,000			
												Yes	No
3	Did the organization list any former of			ee, k	ey e	mplo	oyee, d	or hi	ghest compensated	employee on			
	line 1a? If "Yes," complete Schedule 3			•	•	•					3		No
4	For any individual listed on line 1a, is organization and related organization individual									tne	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization									vidual for	5		No
Se	ction B. Independent Contract	ors									-		
1	Complete this table for your five high from the organization. Report comper	est compensate									ensa	ition	
	nom the organization. Report comper		GICITUAL	year	CIIU	19	***************************************		I	(D)			

(B)
Description of services

(C) Compensation

Form **990** (2018)

(A) Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part		Statement of	Revenue									Page 9
ran	VIII	Check if Schedul		respo	onse or note	to any line i	in this Part VIII					. 🗆
		- Chest II Consul	3 3 33 11 31 3			İ	(A) cal revenue	(B) Related or exempt function		(C) Unrelated business revenue	Re exclu tax und	(D) evenue ided from der sections
	12	Federated campaign	ns	1a	19	1,104		revenue			51	2 - 514
nts nts		• Membership dues		1b	<u> </u>							
Grai nou		Fundraising events		1c	<u> </u> 55	1,379						
IS, (d Related organizatio		1d	70	0,000						
ia ia	(• Government grants (co	ontributions)	1e	1,04	9,731						
ns, Sim	1	All other contributions,				<u> </u>						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts na above	ot included	1 f	2,71	5,114						
듈툍	و	Noncash contribution	ons included	4.5	c 70.1							
Contributions, Gifts, Grants and Other Similar Amounts	١,	in lines 1a - 1f:\$ h Total. Add lines 1a	-1f		6,704 •	•						
9		Totall /(dd lilles 1d			l Ru	ısiness Code	5,207,328			1		
пПе	2a	LICENSED CHILD CARE					3	39,761	339,761			
eve		MEMBERSHIPS AND FEE	ES			6244		61,559	61,559		_	
Service Revenue	_					6241	10				_	
ervić	C											
S LL	d e											
Program	f	All other program se	rvice revenue					67,906	67,906			
Æ	g.	Total. Add lines 2a-2	lf		>	469,2	26					
	3]	Investment income (in	ncluding divid	ends, i	interest, and	other	2.16	_				2.166
		imilar amounts) . Income from investme			and proceeds	▶]	2,166	9				2,166
		Royalties				· •					-	
		,	(i) Real		(ii) Perso	onal						
	6a	Gross rents		10.020								
	b	Less: rental expenses		10,030 0								
		D 11:		10.020								
	C	Rental income or (loss)		10,030								
	d	Net rental income o	r (loss)			>	10,030	D .				10,030
	7 _	Gross amount	(i) Securit	ies	(ii) Oth	er						
	/a	from sales of assets other										
		than inventory										
	b	Less: cost or other basis and										
	_	sales expenses										
		Gain or (loss) Net gain or (loss) .				•						
		Gross income from for	undraising eve	ents								
ıne		(not including \$ contributions reporte	551,379 ed on line 1 c).									
.ver		See Part IV, line 18		а		.79,952						
Re		Less: direct expense		b		246,774	66 933					66 922
Other Revenue		Net income or (loss) Gross income from g		-	ents	<u> </u>	-66,822	2			_	-66,822
Ö		See Part IV, line 19			ļ							
	h	Less: direct expense		a b								
		Net income or (loss)			ies							
		Gross sales of invent	ory, less									
		returns and allowand	ces	a								
	b	Less: cost of goods s	sold	b								
	c	Net income or (loss)	from sales of	invent	tory	<u> </u>						
		Miscellaneous	Revenue		Business	Code						
	11	a										
	b											
	מ	•										
	c										+	
	d	All other revenue .									+	
		Total. Add lines 11a			٠	>					+	
	12	Total revenue. See	Instructions.			▶			60.22		+	
						•	5,621,928	4 <u>4</u>	69,226		0	-54,626

	1 990 (2018)				Page 10
	art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	elete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,918	35,918		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	432,970	70,630	297,032	65,308
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,674,668	2,125,361	213,107	336,200
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,967	8,960		2,007
9	Other employee benefits	250,312	203,508	18,389	28,415
10	Payroll taxes	249,521	181,674	35,772	32,075
11	Fees for services (non-employees):				
а	Management				
_	Legal				
	Accounting	72,870		72,870	
	Lobbying	, , , , , ,		7_10.0	
	· · ·				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	250 402	202 224	67.050	
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	360,183	292,324	67,859	
	Advertising and promotion	66,705	10,679		56,026
	Office expenses	80,547	56,872	14,769	8,906
14	Information technology	3,386	1,672	915	799
15	Royalties				
16	Occupancy	281,830	207,869	38,351	35,610
17	Travel	55,459	45,654	2,308	7,497
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	74,198	59,915	13,379	904
20	Interest	29,481	28,608	736	137
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	213,915	181,909	32,006	
23	Insurance	31,631	15,612	8,552	7,467
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.)				
	a SUPPLIES	393,585	350,058	10,162	33,365
i	b DUES AND SUBSCRIPTIONS	40,349	6,841	32,455	1,053
	C C				
	d All obbar oversees				
	e All other expenses	F 252 125	0.001.001	050.000	e.e ===
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	5,358,495	3,884,064	858,662	615,769
	educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form	990 ((2018)				Page 11
Pa	art X	Balance Sheet				_
		Check if Schedule O contains a response or not	e to any line in this Part IX	<u></u>		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		589,381	1	292,927
	2	Savings and temporary cash investments	[663,677	2	24,092
	3	Pledges and grants receivable, net		1,242,161	3	1,123,904
	4	Accounts receivable, net	25,826	4	38,641	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality		5		
ıts	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6		
ssets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges	· · ·	57,746	9	17,995
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,977,602		•	,
	b	Less: accumulated depreciation	10b 1,946,971	3,624,762	10c	5,030,631
	11	Investments—publicly traded securities .		11	· ·	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		321,493	15	1,157,156
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	6,525,046	16	7,685,346
	17	Accounts payable and accrued expenses		488,837	17	291,154
	18	Grants payable		0	18	71,974
	19	Deferred revenue		0	19	1,500
	20	Tax-exempt bond liabilities			20	
ý	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D	91,148	21	133,012
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
iat		persons. Complete Part II of Schedule L $$.			22	
	23	Secured mortgages and notes payable to unrela	'	700,649	23	960,820
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		0	25	655,261
	26	Total liabilities. Add lines 17 through 25		1,280,634	26	2,113,721
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33				
<u>lar</u>	27	Unrestricted net assets		4,045,498		3,815,068
	28	Temporarily restricted net assets	1,198,914	28	1,756,557	
pu	29	Permanently restricted net assets		29		
or Fund		Organizations that do not follow SFAS 117				
	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or eq	⊢		31	
ASS	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
Net /	33	Total net assets or fund balances		5,244,412	33	5,571,625
Z	34	Total liabilities and net assets/fund balances .	6,525,046	34	7,685,346	

7,685,346 Form **990** (2018)

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u> </u>
	T (A) (A) (A) (A)			_	624 626
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,621,928
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,	,358,495
3	Revenue less expenses. Subtract line 2 from line 1	3			263,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	,244,412
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			69,782
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-6,002
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,	,571,625
Pa	tXII 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	"
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

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

3b

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 39-1925617

Name: BOYS AND GIRLS CLUB OF DANE COUNTY INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

OVER 500 STUDENTS IN POST-SECONDARY.

TOPS - AVID/TOPS IS A PROGRAM CREATED BY THE PARTNERSHIP BETWEEN MADISON METROPOLITAN SCHOOL DISTRICT (MMSD) AND THE BOYS AND GIRLS CLUBS OF DANE COUNTY (BGCDC). AVID/TOPS IS A HIGH-INTENSITY, IN-SCHOOL AND OUT-OF-SCHOOL PARTNERSHIP FOCUSED ON SUPPORTING STUDENTS TO DEVELOP THE WRITING, INQUIRY, COLLABORATION, ORGANIZATION AND READING SKILLS NEEDED TO BE COLLEGE AND CAREER READY. AVID/TOPS STUDENTS WILL INCREASE THEIR GPAS, ATTENDANCE, HIGH SCHOOL GRADUATION AND COLLEGE ACCEPTANCE, THROUGH THE AVID/TOPS PARTNERSHIP, STUDENTS RECEIVE THE AVID COLLEGE READINESS CURRICULUM, IN ADDITION TO TUTORING, COLLEGE FIELD TRIPS, MENTORING, SUMMER INTERNSHIPS AND CAREER EXPLORATION. THE GOAL OF AVID/TOPS IS TO CLOSE THE ACHIEVEMENT GAP BY ENSURING THAT STUDENTS, WHO ARE TYPICALLY UNDERREPRESENTED ON COLLEGE CAMPUSES, GRADUATE FROM HIGH SCHOOL WITH THE SKILLS AND KNOWLEDGE NEEDED TO BE SUCCESSFUL FOR COLLEGE AND CAREER, WE SERVE OVER 900 HIGH SCHOOL STUDENTS ANNUALLY AND

Form 990, Part III, Line 4b:

AS WELL AS TO 4,395 OTHERS IN THE COMMUNITY. PROGRAMS ARE PROVIDED IN THE AREAS OF CHARACTER AND LEADERSHIP, EDUCATION AND CAREER

DEVELOPMENT. THE ARTS. SPORTS, FITNESS, AND RECREATION, HEALTH AND LIFE SKILLS, AND OTHER SPECIALIZED INITIATIVES.

ALLIED LOCATION - BOYS AND GIRLS CLUB OF DANE COUNTY PROVIDED VARIOUS ENRICHMENT PROGRAMS AT ITS ALLIED FAMILY CENTER LOCATION TO 535 MEMBERS.

Form 990, Part III, Line 4c: TAFT LOCATION - BOYS AND GIRLS CLUB OF DANE COUNTY PROVIDED VARIOUS ENRICHMENT PROGRAMS AT ITS TAFT STREET LOCATION TO 360 MEMBERS AS WELL AS TO 1,362 OTHERS IN THE COMMUNITY, PROGRAMS ARE PROVIDED IN THE AREAS OF CHARACTER AND LEADERSHIP, EDUCATION AND CAREER DEVELOPMENT, THE AREAS,

SPORTS, FITNESS, AND RECREATION, HEALTH AND LIFE SKILLS, AND OTHER SPECIALIZED INITIATIVES.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

PARTICIPATION AND PROGRESS THROUGH PRIZES, FIELD TRIPS AND SERVICE-LEARNING PROJECTS.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 417,416 including grants of \$ 0) (Revenue \$ 30,353) REGIONAL CLUBS - BOYS AND GIRLS CLUB OF DANE COUNTY PROVIDED VARIOUS ENRICHMENT PROGRAMS IN WALWORTH COUNTY TO 140

IMEMBERS AS WELL AS TO 20 OTHERS IN THE COMMUNITY. PROGRAMS ARE PROVIDED IT THE AREAS OF CHARACTER AND LEADERSHIP.

EDUCATION AND CAREER DEVELOPMENT, THE ARTS, SPORTS, FITNESS AND RECREATION, HEALTH AND LIFE SKILLS AND OTHER SPECIALIZED

INITIATIVES. (Code:) (Expenses \$ 274,154 including grants of \$ 0) (Revenue \$ 112) COLLEGE CLUBS - THE COLLEGE CLUB PROGRAM'S VISION IS TO INSPIRE AND PREPARE MEMBERS IN GRADES 1 TO 8 FOR THEIR EDUCATIONAL

FUTURE. THE CURRICULUM FOCUSES ON TOPICS LIKE GOAL SETTING, COLLEGE ENTRY, FINANCIAL AID, CAREER DEVELOPMENT AND LIFE

SKILLS. CASE MANAGERS WORK WITH EACH STUDENT TO SET ACADEMIC AND PERSONAL GOALS. CASE MANAGEMENT ALSO PROVIDES THE

OPPORTUNITY TO CONNECT COLLEGE CLUB MEMBERS' FAMILIES TO COMMUNITY RESOURCES IN THE HOPES OF REMOVING ANY SOCIAL AND/OR

ECONOMIC BARRIERS INTERFERING WITH STUDENTS' EDUCATION. COLLEGE CLUB MEMBERS ARE REWARDED FOR THEIR ACTIVE

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	for related						,	organization	organizations	from the	
	organizations below dotted line) trustee		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JENNY MEICHER SANTEK PRESIDENT	1.00			х				0	0	0	
DR LESLIE PETTY VICE CHAIR	1.00	X		x				0	0	0	
BOB WALKOWIAK TREASURER	1.00			х				0	0	0	
AARON OLSON DIRECTOR	1.00							0	0	0	
ANTHONY HUDSON	1.00							0	0	0	

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BETH KORTH

CARL KUGLER

CEDRIC JOHNSON

CHRIS FORTUNE

ASTRID VACCARO

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	and a director/trustee)					, !	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CRAIG PARSONS DIRECTOR	1.00	X						0	0	0	
DWAYNE MADDOX DIRECTOR	1.00	X						0	O	0	
FRED ROUSE DIRECTOR	1.00	X						0	O	0	
JACK MCKENZIE	1.00							0	0	0	

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DIRECTOR
FRED ROUSE
DIRECTOR
JACK MCKENZIE
DIRECTOR

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JASMINE ZAPATA

DIRECTOR

JAY LOEWI

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MIKE DILLIS

JIM BUCHHEIM

MARK WEIDERHAFT

MATT ANDERSON

.......

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

į	any nours	and a director/trustee)					<i>)</i>	organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
NASRA WEHELIE DIRECTOR	1.00	X						0	0	0	
NESTOR RODRIGUEZ DIRECTOR	1.00	X						0	0	0	
OSCAR MIRELES DIRECTOR	1.00	X						0	0	0	
PAUL TONNESEN DIRECTOR	1.00							0	0	0	
SALVADOR CARRANZA	1.00	×						0	0	0	

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DIRECTOR

SCOTT RESNICK

DIRECTOR

SEAN MULLEN

TERRY BOLZ

THAD SCHUMACHER

DIRECTOR (THRU MARCH)

DIRECTOR

DIRECTOR

JULIA VOSS

...... DIRECTOR

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DEAN PRIBBENOW DIRECTOR (THRU MARCH)	1.00	X						0	0	0
DEBORA KILGORE DIRECTOR (THRU MARCH)	1.00	Х						0	0	0
JASON SANDERS DIRECTOR (THRU MAY)	1.00	Х						0	0	0
MARKINITU	1.00									

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JASON SANDERS
DIRECTOR (THRU MAY)
MARK HUTH
DIRECTOR (THRU MARCH)
MARK THOMAS

......

DIRECTOR (THRU MARCH)

DIRECTOR (THRU MARCH)

DIRECTOR (THRU JANUARY)

DIRECTOR (THRU OCTOBER)

PRESIDENT & CEO (BEG DEC)

......

STAN DAVIS

STEVE LIPTON

STEVE SCHAFER

MICHAEL JOHNSON

RODERIC MITCHELL

INTERIM CEO (THRU FEB)

and Independent Contractors (A) Name and Title

CHIEF OPERATING OFFICER (BEG JUNE)

KELLY KLEVEN

VP OF FINANCE

SARAH GHEE

(B)

Average

hours per

person is and a dire 40.00

pers	n (do an on on is a dir	e bo both	x, ı ı ar
Individual trustee or director	Institutional Trustee	Officer	Key employee
		×	
		Х	

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

(C)

neck more unless n officer rustee) Highest co

Former

(D) Reportable compensation from the organization (W-2/1099-MISC) 65,110

compensation



(E)

Reportable





10,357

(F)

Estimated

amount of other

efil	e GR/	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493181021660		
SCI	HED	ULE A		Public 4	Charity Statu	s and Duk	alic Supp		OMB No. 1545-0047		
	m 990		Con		rganization is a sect				2018		
990E	EZ)				4947(a)(1) nonexe ▶ Attach to Form	empt charitable	trust.		2010		
Depart	ment of	the Treasury		► Go to	www.irs.gov/Form				Open to Public		
		ne Service ne organiza	tion					Employer identific	Inspection ation number		
BOYS	AND GI	RLS CLUB OF I	DANE COUNTY	INC				39-1925617			
Pa	rt I	Reason	for Public	Charity State	us (All organization	s must comple	te this part.) S				
The o	rganiz	ation is not a	a private four	ndation because	it is: (For lines 1 thro	ough 12, check or	nly one box.)				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital o	or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		(b)(1)(A)	(iv). (Comple	ete Part II.)	t of a college or unive	,			oed in section 170		
6		,		-	governmental unit de			, ,			
7	✓	section 17	0(b)(1)(A)	(vi). (Complete	·			nit or from the genera	al public described in		
8	Ш		•		170(b)(1)(A)(vi).	` '	•				
9					escribed in 170(b)(1) ee instructions. Enter				ege or university or a		
10		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.)									
11		An organiza	ation organize	ed and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12		more public	ly supported	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2)). See <mark>section 509(a</mark>			
a		Type I. A so	supporting or n(s) the pow	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		manageme	nt of the sup		ervised or controlled intion vested in the sar						
c					supporting organizatio ons). You must com				ted with, its		
d		functionally	integrated.	The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	fy a distribution i	requirement and				
е					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter					-		<u> </u>			
g					pported organization(
	organization organization in your governing document? monetary support other suppo						(vi) Amount of other support (see instructions)				
						Yes	No				
Tot-											
Tota For P		vork Reduc	tion Act Not	ice, see the Tr	nstructions for	Cat. No. 11285	F .	Schedule A (Form 9º	90 or 990-EZ) 2018		
		or 990-EZ.	LIJII ACE HOL	, see the H	.5 4000013 101	540. 110. 11205		Juliania A (1 01111 3	23 31 330 LL; 2010		

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

:	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	2,333,526	4,060,449	4,170,332	4,589,141	5,207,328	20,360,776
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,333,526	4,060,449	4,170,332	4,589,141	5,207,328	20,360,776
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)						4,290,924
6	Public support. Subtract line 5						16 069 852

4 5	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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	2,333,526	4,060,449	4,170,332	4,589,141	5,207,328	20,360,776 4,290,924
6	amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						16,069,852
S	ection B. Total Support		I				_
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,333,526	4,060,449	4,170,332	4,589,141	5,207,328	20,360,776
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,032	1,423	2,466	2,815	12,196	19,932
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						

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4	2,333,526	4,060,449	4,170,332	4,589,141	5,207,328	20,360,776
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,032	1,423	2,466	2,815	12,196	19,932
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 VI.).						
11	Total support. Add lines 7 through 10						20,380,708
12	2 Gross receipts from related activities, etc. (see instructions)						
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
	check this box and stop here					<u> ▶ [</u>	<u> </u>
	action C. Commutation of Bublic	- Comment David					

	dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,032	1,423	2,466	2,815	12,196	19,932
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 VI.).						
11	Total support. Add lines 7 through 10						20,380,708
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,584,767
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					<u> ▶</u> []
S	ection C. Computation of Public	c Support Perc	entage				
14	Public support percentage for 2018 (lin	ne 6, column (f) di	ivided by line 11, o	column (f))		14	78.850 %
15	Public support percentage for 2017 Sc	hedule A, Part II,	line 14			15	77.960 %
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qual						▶ ☑

11	10 at support. Add lines / through					20,380,708
12	Gross receipts from related activities, etc. (se	ee instructions)			12	1,584,767
13	First five years. If the Form 990 is for the o	rganization's first, second,	third, fourth, or fift	h tax year as a secti	on 501((c)(3) organization,
	check this box and stop here					▶□
S	ection C. Computation of Public Sup	port Percentage				
14	Public support percentage for 2018 (line 6, co	olumn (f) divided by line 11	., column (f))		14	78.850 %
15	Public support percentage for 2017 Schedule	A, Part II, line 14			15	77.960 %
16 a	33 1/3% support test—2018. If the organi	ization did not check the bo	x on line 13, and li	ne 14 is 33 1/3% or	more, c	heck this box
b	and stop here. The organization qualifies as 33 1/3% support test—2017. If the organ					
	box and stop here. The organization qualifi					

		· · · -
Section C. Computation of Public Support Percentage		
4 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	78.850 °
5 Public support percentage for 2017 Schedule A, Part II, line 14	15	77.960 °
$_{6a}$ 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or $_{10}$	nore, c	heck this box
and stop here. The organization qualifies as a publicly supported organization		
box and stop here. The organization qualifies as a publicly supported organization		

1 1 17 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 supported

h 10%-facts-and-circumstances test-2017. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2		
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If								
	the organization fails to qualify under the tests listed below, please complete Part II.)								
Se	ection A. Public Support						_		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and								
-	membership fees received. (Do not								
	include any "unusual grants.") .								
2	Gross receipts from admissions,								
	merchandise sold or services								
	performed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are								
	not an unrelated trade or business								
4	under section 513 Tax revenues levied for the								
4	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge								
6	Total. Add lines 1 through 5								
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
_	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
J	from line 6.)								
Se	ection B. Total Support				•		•		
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975. Add lines 10a and 10b.								
С 11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.)								
14	First five years. If the Form 990 is for	_			,				
	check this box and stop here						▶ ⊔		
	ection C. Computation of Public S			1 (6)					
15	Public support percentage for 2018 (lin		•	, , ,		15			
16									
Se	Section D. Computation of Investment Income Percentage								
17	7 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))								
18	8 Investment income percentage from 2017 Schedule A, Part III, line 17								
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not		
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□		
	33 1/3% support tests—2017. If the								
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□		
20	Private foundation. If the organization						►□		

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Schedule A	chedule A (Form 990 or 990-EZ) 2018 Page 8							
Part VI	Section A, lines 1, 2, Part IV, Section D, li	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1 nes 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See						
	Facts And Circumstances Test							
990 Sche	dule A, Suppleme	ntal Information	_					
Ret	urn Reference	Explanation						
SCHEDULE A, PART II: THE 2014 COLUMN ON SCHEDULE A, PART II REPRESENTS THE SHORT TAX YEAR BEGINNING JANUARY 1, 2015 AND ENDING JUNE 30, 2015.								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493181021660

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** BOYS AND GIRLS CLUB OF DANE COUNTY INC 39-1925617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, □ _{Yes} Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Cat. No. 52283D

Schedule D (Form 990) 2018

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

Par	3111	Organizations Ma	aintaining Col	lections of Art,	Histori	cal T	reas	ures, or	Other	Similar A	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other records	, check	any of	the fo	ollowing tl	nat are a	significant (use of its coll	ection	
а		Public exhibition			d		Loar	n or excha	nge prog	ırams			
b		Scholarly research			e		Othe	∍r					
С		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII.	organization's col	lections and explain	how the	ey furtl	her th	e organiz	ation's ex	xempt purpo	se in		
5		ng the year, did the organists to be sold to raise fur									☐ Yes	□ N	lo.
Pai	t IV	Complete if the org			rm 990	, Part	IV,	ine 9, or	reporte	ed an amou			
1-	T = +1= .	X, line 21.			diam e Cam		ر ما الحد راحا						
1a		e organization an agent ded on Form 990, Part I									☐ Yes	☑ N	lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fe	ollowina	table:		Г		Α	mount		_
c		nning balance			_				1c				_
d	Addit	ions during the year .						[1d				_
е		ibutions during the year							1e				_
f	Endir	ng balance						[1f				_
2a	Did tl	he organization include	an amount on Fo	rm 990. Part X. line	21. for	escrow	v or c	ustodial a	ccount lia	ability?	Vec	□ N	— Io
b		es," explain the arrange								•			
	rt V	Endowment Fund											
			asi complete ii	(a)Current year		rior yea				(d)Three yes		our yea	rs back
1 a	Beginn	ning of year balance .		288,026	. ,		9,710		214,658		207,443		190,632
b	Contril	butions		13,500		14	1,000		14,500		15,000		13,250
С	Net in	vestment earnings, gair	ns, and losses	23,547		26	5,715		33,160		-5,549		4,722
d	Grants	or scholarships											
е		expenditures for facilitie	es	9,737		Ġ	9,278						
f	Admin	istrative expenses .		3,262		3	3,121		2,608		2,236		1,161
g	End of	year balance		312,074		288	3,026		259,710		214,658		207,443
2	Provi	de the estimated perce	ntage of the curre	ent year end balance	e (line 1	g, colu	mn (a	a)) held as	5:		•		
а	Board	d designated or quasi-e	ndowment 🟲	100.000 %									
b	Perm	anent endowment 🕨	0 %										
С	Temp	oorarily restricted endov	wment ▶ 0	%									
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
3а		here endowment funds	not in the posses	sion of the organiza	tion tha	t are h	eld ar	nd admini:	stered fo	r the			
	-	nization by: nrelated organizations									3a(i)	Yes Yes	No
		elated organizations				•		• •			3a(ii)	163	No
b		es" on 3a(ii), are the rel		is listed as required	on Sche	dule R	? .				3b		
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's endo	wment i	funds.							
Pai	t VI												
		Complete if the or											
	Descr	iption of property	(a) Cost or oth (investme		t or other	basis (other)	(c) Accı	ımulated d	depreciation	(d) B	ook valu	ie
1 a	Land					50	00,117	,					500,117
b	Buildin	ngs				5,34	49,241	-		1,410,729			3,938,512
С	Leaseh	nold improvements					9,297	,		3,016			6,281
d	Equipn	ment				1,04	42,87 6	5		533,226			509,650

76,071

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

76,071

5,030,631

Schedule D (Form 990) 2018			Page 3
Part VII Investments—Other Securities. Complete if the organise See Form 990, Part X, line 12.	anization a	nswered "Yes" on Form 9	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Bool valu	k Cost or end-	hod of valuation: of-year market value
(1) Financial derivatives	<u>:</u>		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, Part IV	, line 11c. See Form 990), Part X, line 13.
	(b) Book val	ue (c) Met	hod of valuation: of-year market value
(1)		Cost of Cita	or year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets. Complete if the organization answered 'Yes' of (a) Description	n Form 990,	, Part IV, line 11d. See Form	1 990, Part X, line 15. (b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE LEAD ANNUITY TRUST (2) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY FOUN (3)	NDATION		845,082 312,074
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			▶ 1,157,156
Part X Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. 1. (a) Description of liability		Form 990, Part IV, line) Book value	11e or 11f.
(1) Federal income taxes			
DEFERRED LOANS (2)		655,261	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)2. Liability for uncertain tax positions. In Part XIII, provide the text of the form	▶ otnote to the	655,261 e organization's financial sta	tements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	heck here if	the text of the footnote has	been provided in Part XIII

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Pal	EXTI Reconciliation of Expenses per Audited Financial Statem	ents	with Expenses per R	eturi	п.				
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements								
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a	123,962						
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIII.)	2d	271,971						

Add lines 2a through 2d . 2e 395,933 3 5,358,495 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5.358.495

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

le D (Form 990) 2018 Page	
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 39-1925617

Name: BOYS AND GIRLS CLUB OF DANE COUNTY INC

Supplemental Information

Explanation

N WITH THE ORGANIZATION'S MANAGEMENT.

Return Reference Explanation

PART IV, LINE 2B:

THE BOYS AND GIRLS CLUB OF DANE COUNTY, INC. ACTS AS FISCAL AGENT FOR THE WISCONSIN STATE ALLIANCE OF BOYS AND GIRLS CLUBS. THE ACTIVITIES OF THIS GROUP IS CLOSELY ALIGNED WITH THE ORGANIZATION'S INTERESTS AND GOALS. REPRESENTATIVES OF THIS GROUP HAVE REGULAR INTERACTIO

pplemental Information	
Return Reference	Explanation
RT V, LINE 4:	A GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE CLUB.

Sur

Supplemental Information									
Return Reference	Explanation								
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY FOUNDATION 20,285.								

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -271,971.

S

Supplemental Information								
Return Reference	Explanation							
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 271,971.							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Attach to Form 990 or Form 990-EZ.

organization entered more than \$15,000 on Form 990-EZ, line 6a.

DLN: 93493181021660 OMB No. 1545-0047

> Open to Public Inspection

licensing.

Department of the Treasury

(Form 990 or 990-EZ)

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization BOYS AND GIRLS CLUB OF DANE COUNTY INC 39-1925617 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •	,					
	revenue?		om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address	of the third party:					
	Name ►						
	Address►						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation	• \$					
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$				
Pai			ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Capture | Captu

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

DLN: 93493181021660

Open to Public Inspection

nternal Revenue Service							
ame of the organization OYS AND GIRLS CLUB OF	DANE COUNTY INC					Employer identific	ation number
						39-1925617	
Part I General In	formation on Grants	s and Assistance					
			the grants or assistance,		for the grants or assistan	ce, and	☑ Yes ☐ No
	•	_	se of grant funds in the U				
Part II Grants and O	ther Assistance to Don more than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	and Domestic Governme	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							

(Form 990)

Department of the

Treasury

Schedule I (Form 990) 2018					Page 2
Part IIII Grants and Other Assistance to Part III can be duplicated if addition			nization answered "Yes'	on Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	133	35,918			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

PART I, LINE 2:

Return Reference

Explanation

IT MUST RECEIVE FROM THE EDUCATIONAL INSTITUTION THE RECIPIENT'S TRANSCRIPT TO VERIFY ENROLLMENT. Schedule I (Form 990) 2018

THE ORGANIZATION DISBURSES SCHOLARSHIP FUNDS DIRECTLY TO THE RECIPIENT'S EDUCATIONAL INSTITUTION. BEFORE THE ORGANIZATION DISBURSES FUNDS

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

efil	e GRAPHI	print - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9318	1021	660	
Sch	edule J	С	ompensat	tion Information	OM	IB No.	1545-0	047	
(Forr	n 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						
•	tment of the Trea	•		or instructions and the latest infor	mation.	pen t			
	al Revenue Servi ne of the org				Employer identificat		ectio mber		
BOY	'S AND GIRLS C	LUB OF DANE COUNTY INC			39-1925617				
Pa	rt I Que	stions Regarding Compens	ation		39-1923017				
	C.						Yes	No	
1a				of the following to or for a person liste any relevant information regarding the					
	First-	lass or charter travel		Housing allowance or residence for	personal use				
	_	for companions	님	Payments for business use of perso					
		emnification and gross-up payme	_	Health or social club dues or initiat					
	□ Discre	tionary spending account		Personal services (e.g., maid, chau	ffeur, chef)				
b		boxes in line 1a are checked, did of all of the expenses described a		follow a written policy regarding payr mplete Part III to explain	nent or reimbursement	1b			
2				g or allowing expenses incurred by all	- 1-2	2			
	directors, tr	istees, officers, including the CEO	/Executive Directo	or, regarding the items checked in lin	ela?				
3				sed to establish the compensation of t	he				
				o not check any boxes for methods e CEO/Executive Director, but explain	in Part III.				
	, -								
		ensation committee	H	Written employment contract					
		endent compensation consultant 1990 of other organizations		Compensation survey or study Approval by the board or compensations	ation committee				
		550 of other organizations	<u></u>	Approval by the board of compense	ation committee				
4	During the y		n 990, Part VII, S	Section A, line 1a, with respect to the	filing organization or a				
а	Receive a se	verance payment or change-of-co	ntrol payment? .			4a		No	
b	•		•	alified retirement plan?		4b		No	
С	•			ensation arrangement?		4c		No	
	ir yes to a	ny or lines 4a-c, list the persons a	nd provide the ap	oplicable amounts for each item in Par	τ 111.				
	Only 501(c)(3), 501(c)(4), and 501(c)(2	9) organizations	s must complete lines 5-9.					
5	For persons	listed on Form 990, Part VII, Sect	ion A, line 1a, did	d the organization pay or accrue any					
	compensation	n contingent on the revenues of:							
а	The organiz	ation?				5a		No	
b						5b		No	
	,	ine 5a or 5b, describe in Part III.							
6		listed on Form 990, Part VII, Sect n contingent on the net earnings		d the organization pay or accrue any					
а	_	ation?				6a		No	
b	•	- -				6b		No	
_	•	ine 6a or 6b, describe in Part III.							
7	payments n	ot described in lines 5 and 6? If "Y	es," describe in P	d the organization provide any nonfixe		7		No	
8	subject to tl	e initial contract exception descri	oed in Regulations	eured pursuant to a contract that was s section 53.4958-4(a)(3)? If "Yes," d		8		No	
9				e presumption procedure described in		9			
For F	Paperwork R	eduction Act Notice, see the Ir	structions for F	Form 990. Cat No	50053T Schedule J		990)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

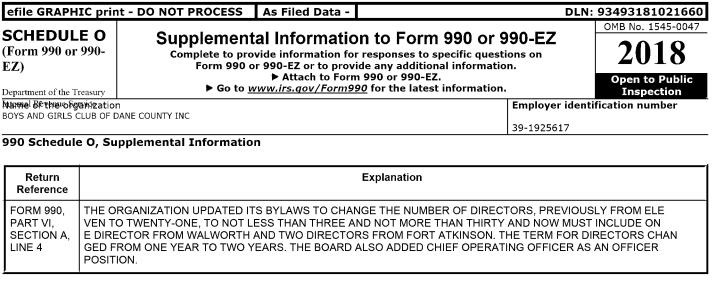
	Do no	ot list any individuals that	ted on Schedule J, report are not listed on Form 9 dividual must equal the to	90, Part VII.		_		t individual.
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MICHAEL JOHNSON PRESIDENT & CEO (BEG	(i)	150,527	26,400	0	22,698	20,313	219,938	45,900
DEC)	(ii)	0	0	0	0	0	0	0
2 RODERIC MITCHELL INTERIM CEO (THRU FEB)	(i)	169,746	0	0	11,718	13,548	195,012	0
. ,	(ii)	0	0	0	0	0	0	0
							1	

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990)

DLN: 93493181021660 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** BOYS AND GIRLS CLUB OF DANE COUNTY INC 39-1925617 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining noncash contribution amounts applicable items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 1,250 COST/SELLING PRICE Clothing and household 32,484 COST/SELLING PRICE Χ goods Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution-Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles 6,650 COST/SELLING PRICE 18 Χ 57,169 COST/SELLING PRICE **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 23.892 COST/SELLING PRICE 25 Other ▶ (EVENT TICKETS) Χ 8,584 COST/SELLING PRICE Other ▶ (1 **EVENT SUPPLIES**) 27 Other ▶ (Χ 17 6,088 COST/SELLING PRICE TOYS) 28 Χ 587 COST/SELLING PRICE Other ▶ (GIFT CARDS) Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2018)

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN B. THE ORGANIZATION HIRED A THIRD PARTY TO SELL COLLECTIBLES PLEDGED TO THE ORGANIZATION AT PART I, LINE 32B: 6/30/19. Schedule M (Form 990) (2018)



Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, REVIEW COPIES OF THE APPROVED 990 ARE PROVIDED TO THE BOARD OF DIRECTORS.

LINE 11B

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	ANNUALLY, ALL DIRECTORS AND OFFICERS ARE GIVEN A STATEMENT TO DISCLOSE CONFLICTS OF INTERE
PART VI,	ST. THE SIGNED STATEMENTS ARE REVIEWED BY THE MEMBERS OF THE GOVERNING BODY AND THE ORGANI
SECTION B,	ZATION'S MANAGEMENT FOR POTENTIAL CONFLICTS OF INTEREST. ANY DIRECTOR OR OFFICER WITH A CO
LINE 12C	NFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS
	AND DECISIONS ON THE INVOLVED TRANSACTION.

990 Schedule O, Supplemental Information

Return

Explanation Reference FORM 990. THE ORGANIZATION'S EXECUTIVE COMMITTEE AND PERSONNEL COMMITTEE CONDUCT A PERFORMANCE REVIE

PART VI. W OF THE PRESIDENT & CEO. COO. AND VICE PRESIDENT OF FINANCE AND COMPARE COMPENSATION FOR SECTION B. THESE POSITIONS TO COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS IN THE AREA. THE COMMITTE LINE 15 ES RECOMMEND A COMPENSATION PACKAGE OF THESE POSITIONS TO THE MEMBERS OF THE GOVERNING BOD. Y WHO THEN DISCUSS AND VOTE TO APPROVE A COMPENSATION PACKAGE FOR EACH POSITION. THIS PROC. **FSS WAS LAST UNDERTAKEN IN 2018**

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MCF 20,285. LOSS FROM DISCONTINUED OPERATIONS -26,287.

SCHEDULE R
(Form 990)

As Filed Data Related

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

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2018

Schedule R (Form 990) 2018

DLN: 93493181021660OMB No. 1545-0047

Open to Public Inspection

BOYS AND GIRLS CLUB OF DANE COUNTY INC								Employer identification number					
Part I Identification of Disregarded Entities Complete	if the organi:	zation answere	ed "Yes'	' on Form 9	90, Part	IV, line 33	39-1925617 3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile or foreign cou		(d) Total inco	d) (e) ncome End-of-year a			(f) ct controlling entity			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons Complet	te if the organi	ization a	answered "\	res" on F	orm 990,	Part IV, line 3	4 becau	ise it had one or	more			
(a) Name, address, and EIN of related organization		(b) ry activity		(c) omicile (state ign country)	Exempt Co	d) ode section	(e) Public charity sta (if section 501(c)	atus ((3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?		
(1)THE BURKE FOUNDATION INC 320 E BUFFALO ST STE 600	SUPPORTING	ORGANIZATION	WI		501(C)(3)		LINE 12A, I		4	Yes	No No		
MILWAUKEE, WI 53202 39-1828760													

Cat. No. 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activity		(d) Direct controlling entity	(e) Predominant income(related, excluded from tax under sections 512)	d, total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownershi
					314)			Yes	No	1	Yes	No	
			1 1										
Identification of Related Organiza because it had one or more related on						nization ansv	wered "Yes	s" on F	orm 9	90, Part IV,	, line	34	
		L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Perce	, line 1) ntage ership	S-(1	(i) ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	Si (1	

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.											
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity											
b	Gift, grant, or capital contribution to related organization(s)	1 b		No							
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes								
d	Loans or loan guarantees to or for related organization(s)	1d		No							
e	Loans or loan guarantees by related organization(s)	1e		No							
f	Dividends from related organization(s)	1f		No							
g		1 g		No							
h	Purchase of assets from related organization(s)	1h		No							
i	Exchange of assets with related organization(s)	1i		No							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No							
0	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1 p		No							
q	Reimbursement paid by related organization(s) for expenses	1 q		No							
r	Other transfer of cash or property to related organization(s)	1r		No							
s	Other transfer of cash or property from related organization(s)	1s		No							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										

=	Reimbursement paid to related organization(s) for expenses				1p 1q	No No				
r	Other transfer of cash or property to related organization(s)				1r	No				
s	Other transfer of cash or property from related organization(s)				1s	No				
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount invo	olved				

Page **3**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

chedule R (Form 990) 2018							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).					
Return Reference		Explanation					