

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**BOYS & GIRLS CLUB OF OYSTER BAY - 11-2136505**  
**EAST NORWICH**

**Net Asset / Fund Balance at Beginning of Year** 6,172,337

### Revenue

Contributions	517,545
Program service revenue	582,584
Investment income	76,065
Capital gain / loss	46,768

#### Fundraising / Gaming:

Gross revenue	282,856
Direct expenses	84,316

Net income	198,540
Other income	14,619

**Total revenue** 1,436,121

### Expenses

Program services	1,188,973
Management and general	78,282
Fundraising	117,334

**Total expenses** 1,384,589

**Excess / (deficit)** 51,532

Changes 436,744

**Net Asset / Fund Balance at End of Year** 6,660,613

### Reconciliation of Revenue

Total revenue per financial statements 1,957,181

#### Less:

Unrealized gains	436,744
Donated services	_____
Recoveries	_____
Other	84,316

#### Plus:

Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<b>1,436,121</b>

### Reconciliation of Expenses

Total expenses per financial statements 1,468,905

#### Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	84,316

#### Plus:

Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<b>1,384,589</b>

### Balance Sheet

	Beginning	Ending	Differences
Assets	6,192,777	6,701,935	
Liabilities	20,440	41,322	
Net assets	6,172,337	6,660,613	488,276

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/20  
 Failure to file penalty \_\_\_\_\_

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2019, or fiscal year beginning ... 2019, and ending ... 20 .....

2019

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization: BOYS & GIRLS CLUB OF OYSTER BAY - EAST NORWICH; Employer identification number: 11-2136505

Name and title of officer: ROGER BAHNIK CO-PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,436,121

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize The Tax Advisory Group Inc. to enter my PIN 36505 as my signature. Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } 06/20/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

11931305070 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } KENNETH K. DILLENBECK Date } 06/20/20

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**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.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **BOYS & GIRLS CLUB OF OYSTER BAY - EAST NORWICH**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 PINE HOLLOW ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**OYSTER BAY NY 11771-0329**

**D** Employer identification number **11-2136505**  
**E** Telephone number **516-922-9285**  
**G** Gross receipts \$ **2,005,753**

**F** Name and address of principal officer:  
**ROGER BAHNIK**  
**190 PINE HOLLOW ROAD**  
**OYSTER BAY NY 11771**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **www.bgcoben.org** **H(c)** Group exemption number **u** \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other **u** \_\_\_\_\_ **L** Year of formation: **1959** **M** State of legal domicile: **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COMMUNITY YOUTH ORGANIZATION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>70</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>85</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>393,414</b>	<b>517,545</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>483,667</b>	<b>582,584</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>87,000</b>	<b>122,833</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>213,641</b>	<b>213,159</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,177,722</b>	<b>1,436,121</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>757,872</b>	<b>786,665</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>117,334</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>567,069</b>	<b>597,924</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,324,941</b>	<b>1,384,589</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-147,219</b>	<b>51,532</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>6,192,777</b>	<b>6,701,935</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>20,440</b>	<b>41,322</b>
		<b>6,172,337</b>	<b>6,660,613</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **ROGER BAHNIK** Date: \_\_\_\_\_  
 Type or print name and title: **CO-PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **KENNETH K. DILLENBECK** Preparer's signature: **KENNETH K. DILLENBECK** Date: **06/20/20** Check  if self-employed PTIN: **P01235602**

Firm's name: **The Tax Advisory Group Inc.** Firm's EIN: **05-0542060**  
 Firm's address: **223 Main Street**  
**Port Washington, NY 11050-3211** Phone no.: **516-231-5575**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**COMMUNITY YOUTH ORGANIZATION**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **4,440** including grants of \$ ) (Revenue \$ )

**OUTREACH - JUVENILE DELINQUENCY PREVENTION. AVAILABLE TO ALL YOUTH OF COMMUNITY OF JUNIOR AND SENIOR HIGH SCHOOL AGE**

4b (Code: ) (Expenses \$ **335,214** including grants of \$ ) (Revenue \$ **52,709** )

**YOUTH SERVICES - ACTIVITIES, TRIPS, WORKSHOPS, EMPLOYMENT SERVICES. AVAILABLE TO ALL YOUTH OF JUNIOR AND SENIOR HIGH SCHOOL AGE**

4c (Code: ) (Expenses \$ **101,934** including grants of \$ ) (Revenue \$ **129,318** )

**SUMMER PROGRAM - ACTIVITIES, TRIPS, WORKSHOPS. AVAILABLE TO ALL YOUTH OF COMMUNITY.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **747,385** including grants of \$ ) (Revenue \$ **400,557** )

4e Total program service expenses **u 1,188,973**

**Part IV Checklist of Required Schedules**

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>70</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>



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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CLAUDE BAHNIK</b>	2.00									
..... VICE PRESIDENT	0.00	X		X			0	0	0	
(2) <b>LORI BAHNIK</b>	3.00									
..... CO-PRESIDENT	0.00	X		X			0	0	0	
(3) <b>ROGER BAHNIK</b>	3.00									
..... CO-PRESIDENT	0.00	X		X			0	0	0	
(4) <b>DAN BARBIERO</b>	2.00									
..... SECRETARY	0.00	X		X			0	0	0	
(5) <b>MICHAEL BORGIA</b>	2.00									
..... TREASURER	0.00	X		X			0	0	0	
(6) <b>RALPH FUMANTE</b>	2.00									
..... VICE PRES.	0.00	X		X			0	0	0	
(7) <b>JAMES LITKE</b>	2.00									
..... VICE PRESIDENT	0.00	X		X			0	0	0	
(8)										
(9)										
(10)										
(11)										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>83,841</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>30,305</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>403,399</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 3,988</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>517,545</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>Program Service Revenue</b>	Business Code	<b>582,584</b>	<b>582,584</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>582,584</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>76,065</b>			<b>76,065</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>532,084</b>			
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>485,316</b>			
		<b>c</b> Gain or (loss)	<b>7c</b>	<b>46,768</b>			
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>46,768</b>	<b>46,768</b>			
	<b>8a</b> Gross income from fundraising events (not including \$ <b>83,841</b> of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>282,856</b>			
		<b>b</b> Less: direct expenses	<b>8b</b>	<b>84,316</b>			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	<b>198,540</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>MISCELLANEOUS</b>	Business Code	<b>14,619</b>	<b>14,619</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>14,619</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>1,436,121</b>	<b>643,971</b>	<b>0</b>	<b>76,065</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,347	103,995	12,235	6,117
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	533,328	466,590	16,767	49,971
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,572	27,477	1,396	2,699
9 Other employee benefits	47,189	41,068	2,086	4,035
10 Payroll taxes	52,229	45,455	2,308	4,466
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,000		10,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,917			19,917
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	19,601	1,535	1,691	16,375
14 Information technology				
15 Royalties				
16 Occupancy	120,358	114,340	3,009	3,009
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,381	120,083	4,149	4,149
23 Insurance	36,805	34,965	920	920
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SCHOLARSHIPS</b>	131,645	131,645		
b <b>TRIPS AND SPECIAL EVENTS</b>	49,850	49,850		
c <b>BANK &amp; CREDIT CARD CHARGE</b>	15,860	12,169	268	3,423
d <b>EQUIPMENT MAINTENANCE</b>	15,451	12,361	1,545	1,545
e All other expenses	50,056	27,440	21,908	708
25 Total functional expenses. Add lines 1 through 24e	1,384,589	1,188,973	78,282	117,334
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	44,290	1	100,485
	2	Savings and temporary cash investments	557,040	2	672,653
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,435	4	10,448
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,721	9	15,239
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,771,846		
	b	Less: accumulated depreciation	10b 2,854,531	10c	2,917,315
	11	Investments—publicly traded securities	2,539,520	11	2,981,532
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,950	15	4,263
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	6,192,777	16	6,701,935	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	20,440	17	41,322
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	20,440	26	41,322
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,422,271	27	3,377,753
	28	Net assets with donor restrictions	2,750,066	28	3,282,860
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	6,172,337	32	6,660,613
33	<b>Total liabilities and net assets/fund balances</b>	6,192,777	33	6,701,935	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,436,121</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,384,589</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>51,532</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,172,337</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>436,744</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>6,660,613</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>BOYS &amp; GIRLS CLUB OF OYSTER BAY - EAST NORWICH</b>	Employer identification number <b>11-2136505</b>
---------------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described 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  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	250,460	357,022	368,826	393,414	517,545	1,887,267
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	250,460	357,022	368,826	393,414	517,545	1,887,267
<b>5</b> 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)						686,804
<b>6</b> Public support. Subtract line 5 from line 4						1,200,463

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	250,460	357,022	368,826	393,414	517,545	1,887,267
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,505	74,096	76,809	86,162	76,065	392,637
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						2,279,904

**12** Gross receipts from related activities, etc. (see instructions) 12 2,541,810

**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**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 52.65%

**15** Public support percentage from 2018 Schedule A, Part II, line 14 15 54.20%

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** 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 supported organization

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

**Part III Support Schedule for Organizations Described in Section 509(a)(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage for 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>		
<b>3a</b>		
<b>b</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 the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>BOYS &amp; GIRLS CLUB OF OYSTER BAY - EAST NORWICH</b>	Employer identification number <b>11-2136505</b>
-------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**BOYS & GIRLS CLUB OF OYSTER BAY -**

Employer identification number

**11-2136505**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BAHNIK FOUNDATION INC. 190 PINE HOLLOW ROAD PO BOX 300 OYSTER BAY NY 11771	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BORGIA FAMILY FOUNDATION 43 WOODLAND DRIVE OYSTER BAY NY 11771	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCWOOD CHARITABLE FUND 134 WOODBINE ROAD ROSLYN HEIGHTS NY 11577	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RITE AID FOUNDATION 30 HUNTER LANE CAMP HILL PA 17011	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF OYSTER BAY - EAST NORWICH

Employer identification number

11-2136505

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (Yes/No), 6 Did the organization inform all grantees...

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... (2a-2d), 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	2,750,066	2,895,781	2,509,929	2,437,209	2,455,840
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	552,712	-126,255	407,703	98,529	7,179
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	19,917	19,460	21,851	25,809	25,810
<b>g</b> End of year balance .....	3,282,861	2,750,066	2,895,781	2,509,929	2,437,209

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** .....
- b** Permanent endowment **u** .....
- c** Term endowment **u** **100.00** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		910,697		910,697
<b>b</b> Buildings .....		4,189,767	2,234,596	1,955,171
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		570,950	519,503	51,447
<b>e</b> Other .....		100,432	100,432	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		<b>u</b>		<b>2,917,315</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,957,181</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>436,744</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>84,316</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>521,060</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,436,121</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>1,436,121</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>1,468,905</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>84,316</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>84,316</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,384,589</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>1,384,589</b>

**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.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

**DIRECT FUNDRAISING EXPENSES** \$ **84,316**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**DIRECT FUNDRAISING EXPENSES** \$ **84,316**



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BOYS & GIRLS CLUB OF OYSTER BAY -  
EAST NORWICH**

Employer identification number

**11-2136505**

**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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a 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

b If "Yes," list the 10 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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 licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA BENEFIT</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	236,498	109,126	21,073	366,697
	2	Less: Contributions	39,745	29,898	14,198	83,841
	3	Gross income (line 1 minus line 2)	196,753	79,228	6,875	282,856
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	37,601	41,187	5,528	84,316
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					198,540

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization	<b>BOYS &amp; GIRLS CLUB OF OYSTER BAY - EAST NORWICH</b>	Employer identification number <b>11-2136505</b>
--------------------------	---------------------------------------------------------------	-----------------------------------------------------

**Form 990, Part III, Line 4d - All Other Accomplishments**

**BEFORE AND AFTER SCHOOL PROGRAM - ACTIVITIES, TRIPS,  
WORKSHOPS. AVAILABLE TO ALL YOUTH OF COMMUNITY**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**FORM 990 IS REVIEWED BY THE DIRECTOR AND TREASURER OF THE ORGANIZATION  
BEFORE IT IS FILED WITH THE IRS.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**All Board members must disclose to the Board any financial relationship  
that they have with the Organization. That Board member must refrain from  
voting on the matter when the Board considers if the relationship is  
appropriate or not.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**The Board has a Personnel committee that reviews and makes recommendations  
to the Board concerning the salary of the Executive Director, and any other  
key personnel of the Organization.**

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

**The same policy that applies to the salary of the Executive director of the  
Organization applies to any other key employees.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**THE ORGANIZATON MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON**

Name of the organization

Employer identification number

BOYS & GIRLS CLUB OF OYSTER BAY -

11-2136505

REQUEST. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT  
MADE AVAILABLE TO THE PUBLIC.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DIRECT FUNDRAISING EXPENSES \$ 84,316

DIRECT FUNDRAISING EXPENSES \$ -84,316

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return **BOYS & GIRLS CLUB OF OYSTER BAY - EAST NORWICH** Identifying number **11-2136505**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,020,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,550,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>128,376</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>128,376</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

**There are no amounts for Page 2**

11-2136505

## Federal Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	LAND	4/01/94	610,697			610,697	0 -- Land	0	0
2	BUILDING	7/01/98	3,944,151			3,944,151	40 MO S/L	2,021,378	98,603
3	BUILDING	7/01/99	105,070			105,070	40 MO S/L	51,222	2,627
4	BUILDING	1/01/00	48,000			48,000	40 MO S/L	22,800	1,200
5	BUILDING	1/01/01	25,500			25,500	40 MO S/L	11,475	637
6	BUILDING	7/01/01	37,146			37,146	40 MO S/L	16,252	928
52	LAND	12/01/11	300,000			300,000	0 -- Land	0	0
54	FLAGPOLE LIGHTS	9/01/11	6,191			6,191	7 MO S/L	6,191	0
56	PLANTINGS & LANDSCAPING	5/01/11	6,017			6,017	7 MO S/L	6,017	0
57	LAND	12/01/11	60,000			60,000	0 -- Land	0	0
59	CONFERENCE ROOM CHAIRS	5/01/12	3,075			3,075	7 MO S/L	2,929	146
60	GAMEROOM SOFA	6/01/12	2,591			2,591	7 MO S/L	2,437	154
61	DISHWASHER	10/01/12	1,133			1,133	7 MO S/L	1,012	121
62	MAIN ENTRANCE DOORS	1/01/13	8,700			8,700	7 MO S/L	7,457	1,243
63	ELECTRONIC SIGN	1/01/13	30,400			30,400	7 MO S/L	26,057	4,343
64	FENCE	12/31/13	6,900			6,900	7 MO S/L	4,929	985
65	A/C CONDENSER	7/01/13	4,775			4,775	7 MO S/L	3,752	682
66	SHED	4/01/14	3,980			3,980	7 MO S/L	2,701	568
67	VACCUUM CLEANER	10/01/14	659			659	7 MO S/L	400	94
68	COMPUTERS	9/01/14	25,633			25,633	5 MO S/L	22,215	3,418
69	SPRINKLER SYSTEM	10/01/14	7,250			7,250	7 MO S/L	4,402	1,035
70	GYM EQUIPMENT	7/01/15	9,875			9,875	7 MO S/L	4,937	1,411
71	PICNIC TABLES	7/01/15	3,093			3,093	7 MO S/L	1,547	441
72	STORAGE CABINETS	10/01/15	590			590	7 MO S/L	274	84
73	COMPUTER EQUIPMENT	1/01/16	5,824			5,824	5 MO S/L	3,494	1,165
74	COMPUTER EQUIPMENT	6/01/16	1,050			1,050	5 MO S/L	543	210
75	FURNITURE & FIXTURES	4/01/16	3,743			3,743	7 MO S/L	1,470	535
76	FURNITURE & FIXTURES	7/01/16	1,363			1,363	7 MO S/L	487	194
77	COMPUTER SET UP	2/01/16	5,224			5,224	5 MO S/L	3,047	1,045
78	BUILDING IMPROVEMENTS	4/01/16	29,900			29,900	15 MO S/L	5,482	1,993
79	AIR CONDITIONER	6/01/18	12,500			12,500	7 MO S/L	1,042	1,785
80	4 CHAIRS	9/01/18	2,898			2,898	7 MO S/L	138	414
81	AIR HOCKEY & BUMPER POOL	10/01/18	6,168			6,168	7 MO S/L	220	881
82	TELEVISION	2/01/18	1,396			1,396	7 MO S/L	183	199
83	COUCHES & STOOLS	5/01/18	2,071			2,071	7 MO S/L	197	296
84	READAROUND CHAIRS	6/01/18	1,351			1,351	7 MO S/L	113	193
85	STORAGE UNIT	12/01/18	2,746			2,746	7 MO S/L	33	392
86	AIR CONDITIONER	11/01/19	14,875			14,875	7 MO S/L	0	354
<b>Total Other Depreciation</b>			<u>5,342,535</u>			<u>5,342,535</u>		<u>2,236,833</u>	<u>128,376</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,342,535</u>			<u>5,342,535</u>		<u>2,236,833</u>	<u>128,376</u>
<b>Grand Totals</b>			5,342,535			5,342,535		2,236,833	128,376
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>5,342,535</u>			<u>5,342,535</u>		<u>2,236,833</u>	<u>128,376</u>

11-2136505

**NY Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
<b>Other Depreciation:</b>								
1	LAND	4/01/94	610,697	610,697	0	0	0	0
2	BUILDING	7/01/98	3,944,151	3,944,151	2,021,378	98,603	98,603	0
3	BUILDING	7/01/99	105,070	105,070	51,222	2,627	2,627	0
4	BUILDING	1/01/00	48,000	48,000	22,800	1,200	1,200	0
5	BUILDING	1/01/01	25,500	25,500	11,475	637	637	0
6	BUILDING	7/01/01	37,146	37,146	16,252	928	928	0
52	LAND	12/01/11	300,000	300,000	0	0	0	0
54	FLAGPOLE LIGHTS	9/01/11	6,191	6,191	6,191	0	0	0
56	PLANTINGS & LANDSCAPING	5/01/11	6,017	6,017	6,017	0	0	0
57	LAND	12/01/11	60,000	60,000	0	0	0	0
59	CONFERENCE ROOM CHAIRS	5/01/12	3,075	3,075	2,929	146	146	0
60	GAMEROOM SOFA	6/01/12	2,591	2,591	2,437	154	154	0
61	DISHWASHER	10/01/12	1,133	1,133	1,012	121	121	0
62	MAIN ENTRANCE DOORS	1/01/13	8,700	8,700	7,457	1,243	1,243	0
63	ELECTRONIC SIGN	1/01/13	30,400	30,400	26,057	4,343	4,343	0
64	FENCE	12/31/13	6,900	6,900	4,929	985	985	0
65	A/C CONDENSER	7/01/13	4,775	4,775	3,752	682	682	0
66	SHED	4/01/14	3,980	3,980	2,701	568	568	0
67	VACCUUM CLEANER	10/01/14	659	659	400	94	94	0
68	COMPUTERS	9/01/14	25,633	25,633	22,215	3,418	3,418	0
69	SPRINKLER SYSTEM	10/01/14	7,250	7,250	4,402	1,035	1,035	0
70	GYM EQUIPMENT	7/01/15	9,875	9,875	4,937	1,411	1,411	0
71	PICNIC TABLES	7/01/15	3,093	3,093	1,547	441	441	0
72	STORAGE CABINETS	10/01/15	590	590	274	84	84	0
73	COMPUTER EQUIPMENT	1/01/16	5,824	5,824	3,494	1,165	1,165	0
74	COMPUTER EQUIPMENT	6/01/16	1,050	1,050	543	210	210	0
75	FURNITURE & FIXTURES	4/01/16	3,743	3,743	1,470	535	535	0
76	FURNITURE & FIXTURES	7/01/16	1,363	1,363	487	194	194	0
77	COMPUTER SET UP	2/01/16	5,224	5,224	3,047	1,045	1,045	0
78	BUILDING IMPROVEMENTS	4/01/16	29,900	29,900	5,482	1,993	1,993	0
79	AIR CONDITIONER	6/01/18	12,500	12,500	1,042	1,785	1,785	0
80	4 CHAIRS	9/01/18	2,898	2,898	138	414	414	0
81	AIR HOCKEY & BUMPER POOL	10/01/18	6,168	6,168	220	881	881	0
82	TELEVISION	2/01/18	1,396	1,396	183	199	199	0
83	COUCHES & STOOLS	5/01/18	2,071	2,071	197	296	296	0
84	READAROUND CHAIRS	6/01/18	1,351	1,351	113	193	193	0
85	STORAGE UNIT	12/01/18	2,746	2,746	33	392	392	0
86	AIR CONDITIONER	11/01/19	14,875	14,875	0	354	354	0
<b>Total Other Depreciation</b>			<u>5,342,535</u>	<u>5,342,535</u>	<u>2,236,833</u>	<u>128,376</u>	<u>128,376</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,342,535</u>	<u>5,342,535</u>	<u>2,236,833</u>	<u>128,376</u>	<u>128,376</u>	<u>0</u>
<b>Grand Totals</b>			5,342,535	5,342,535	2,236,833	128,376	128,376	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>5,342,535</u>	<u>5,342,535</u>	<u>2,236,833</u>	<u>128,376</u>	<u>128,376</u>	<u>0</u>

11-2136505

**AMT Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	LAND	4/01/94	0			0	0 HY	0	0
2	BUILDING	7/01/98	0			0	0 HY	0	0
3	BUILDING	7/01/99	0			0	0 HY	0	0
4	BUILDING	1/01/00	0			0	0 HY	0	0
5	BUILDING	1/01/01	0			0	0 HY	0	0
6	BUILDING	7/01/01	0			0	0 HY	0	0
52	LAND	12/01/11	0			0	0 HY	0	0
54	FLAGPOLE LIGHTS	9/01/11	0			0	0 HY	0	0
56	PLANTINGS & LANDSCAPING	5/01/11	0			0	0 HY	0	0
57	LAND	12/01/11	0			0	0 HY	0	0
59	CONFERENCE ROOM CHAIRS	5/01/12	0			0	0 HY	0	0
60	GAMEROOM SOFA	6/01/12	0			0	0 HY	0	0
61	DISHWASHER	10/01/12	0			0	0 HY	0	0
62	MAIN ENTRANCE DOORS	1/01/13	0			0	0 HY	0	0
63	ELECTRONIC SIGN	1/01/13	0			0	0 HY	0	0
64	FENCE	12/31/13	0			0	0 HY	0	0
65	A/C CONDENSER	7/01/13	0			0	0 HY	0	0
66	SHED	4/01/14	0			0	0 HY	0	0
67	VACCUUM CLEANER	10/01/14	0			0	0 HY	0	0
68	COMPUTERS	9/01/14	0			0	0 HY	0	0
69	SPRINKLER SYSTEM	10/01/14	0			0	0 HY	0	0
70	GYM EQUIPMENT	7/01/15	0			0	0 HY	0	0
71	PICNIC TABLES	7/01/15	0			0	0 HY	0	0
72	STORAGE CABINETS	10/01/15	0			0	0 HY	0	0
73	COMPUTER EQUIPMENT	1/01/16	0			0	0 HY	0	0
74	COMPUTER EQUIPMENT	6/01/16	0			0	0 HY	0	0
75	FURNITURE & FIXTURES	4/01/16	0			0	0 HY	0	0
76	FURNITURE & FIXTURES	7/01/16	0			0	0 HY	0	0
77	COMPUTER SET UP	2/01/16	0			0	0 HY	0	0
78	BUILDING IMPROVEMENTS	4/01/16	29,900			29,900	15 MO S/L	5,482	1,993
79	AIR CONDITIONER	6/01/18	0			0	0 HY	0	0
80	4 CHAIRS	9/01/18	0			0	0 HY	0	0
81	AIR HOCKEY & BUMPER POOL	10/01/18	0			0	0 HY	0	0
82	TELEVISION	2/01/18	0			0	0 HY	0	0
83	COUCHES & STOOLS	5/01/18	0			0	0 HY	0	0
84	READAROUND CHAIRS	6/01/18	0			0	0 HY	0	0
85	STORAGE UNIT	12/01/18	0			0	0 HY	0	0
86	AIR CONDITIONER	11/01/19	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>29,900</u>			<u>29,900</u>		<u>5,482</u>	<u>1,993</u>
	<b>Total ACRS and Other Depreciation</b>		<u>29,900</u>			<u>29,900</u>		<u>5,482</u>	<u>1,993</u>
	<b>Grand Totals</b>		29,900			29,900		5,482	1,993
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>29,900</u>			<u>29,900</u>		<u>5,482</u>	<u>1,993</u>

11-2136505

**Bonus Depreciation Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
78	BUILDING IMPROVEMENTS	4/01/16	29,900		0	0	0	29,900
<b>Grand Total</b>			<u>29,900</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>29,900</u>

11-2136505

# Depreciation Adjustment Report

FYE: 12/31/2019

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

11-2136505

**Future Depreciation Report****FYE: 12/31/20**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	LAND	4/01/94	610,697	0	0
2	BUILDING	7/01/98	3,944,151	98,604	0
3	BUILDING	7/01/99	105,070	2,627	0
4	BUILDING	1/01/00	48,000	1,200	0
5	BUILDING	1/01/01	25,500	638	0
6	BUILDING	7/01/01	37,146	929	0
52	LAND	12/01/11	300,000	0	0
54	FLAGPOLE LIGHTS	9/01/11	6,191	0	0
56	PLANTINGS & LANDSCAPING	5/01/11	6,017	0	0
57	LAND	12/01/11	60,000	0	0
59	CONFERENCE ROOM CHAIRS	5/01/12	3,075	0	0
60	GAMEROOM SOFA	6/01/12	2,591	0	0
61	DISHWASHER	10/01/12	1,133	0	0
62	MAIN ENTRANCE DOORS	1/01/13	8,700	0	0
63	ELECTRONIC SIGN	1/01/13	30,400	0	0
64	FENCE	12/31/13	6,900	986	0
65	A/C CONDENSER	7/01/13	4,775	341	0
66	SHED	4/01/14	3,980	569	0
67	VACCUUM CLEANER	10/01/14	659	94	0
68	COMPUTERS	9/01/14	25,633	0	0
69	SPRINKLER SYSTEM	10/01/14	7,250	1,036	0
70	GYM EQUIPMENT	7/01/15	9,875	1,411	0
71	PICNIC TABLES	7/01/15	3,093	442	0
72	STORAGE CABINETS	10/01/15	590	85	0
73	COMPUTER EQUIPMENT	1/01/16	5,824	1,165	0
74	COMPUTER EQUIPMENT	6/01/16	1,050	210	0
75	FURNITURE & FIXTURES	4/01/16	3,743	535	0
76	FURNITURE & FIXTURES	7/01/16	1,363	195	0
77	COMPUTER SET UP	2/01/16	5,224	1,045	0
78	BUILDING IMPROVEMENTS	4/01/16	29,900	1,993	1,993
79	AIR CONDITIONER	6/01/18	12,500	1,786	0
80	4 CHAIRS	9/01/18	2,898	414	0
81	AIR HOCKEY & BUMPER POOL	10/01/18	6,168	882	0
82	TELEVISION	2/01/18	1,396	200	0
83	COUCHES & STOOLS	5/01/18	2,071	296	0
84	READAROUND CHAIRS	6/01/18	1,351	193	0
85	STORAGE UNIT	12/01/18	2,746	392	0
86	AIR CONDITIONER	11/01/19	14,875	2,125	0
<b>Total Other Depreciation</b>			<u>5,342,535</u>	<u>120,393</u>	<u>1,993</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,342,535</u>	<u>120,393</u>	<u>1,993</u>
<b>Grand Totals</b>			<u>5,342,535</u>	<u>120,393</u>	<u>1,993</u>

11-2136505

**NY Future Depreciation Report****FYE: 12/31/20**

FYE: 12/31/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<b>Other Depreciation:</b>				
1	LAND	4/01/94	610,697	0
2	BUILDING	7/01/98	3,944,151	98,604
3	BUILDING	7/01/99	105,070	2,627
4	BUILDING	1/01/00	48,000	1,200
5	BUILDING	1/01/01	25,500	638
6	BUILDING	7/01/01	37,146	929
52	LAND	12/01/11	300,000	0
54	FLAGPOLE LIGHTS	9/01/11	6,191	0
56	PLANTINGS & LANDSCAPING	5/01/11	6,017	0
57	LAND	12/01/11	60,000	0
59	CONFERENCE ROOM CHAIRS	5/01/12	3,075	0
60	GAMEROOM SOFA	6/01/12	2,591	0
61	DISHWASHER	10/01/12	1,133	0
62	MAIN ENTRANCE DOORS	1/01/13	8,700	0
63	ELECTRONIC SIGN	1/01/13	30,400	0
64	FENCE	12/31/13	6,900	986
65	A/C CONDENSER	7/01/13	4,775	341
66	SHED	4/01/14	3,980	569
67	VACCUUM CLEANER	10/01/14	659	94
68	COMPUTERS	9/01/14	25,633	0
69	SPRINKLER SYSTEM	10/01/14	7,250	1,036
70	GYM EQUIPMENT	7/01/15	9,875	1,411
71	PICNIC TABLES	7/01/15	3,093	442
72	STORAGE CABINETS	10/01/15	590	85
73	COMPUTER EQUIPMENT	1/01/16	5,824	1,165
74	COMPUTER EQUIPMENT	6/01/16	1,050	210
75	FURNITURE & FIXTURES	4/01/16	3,743	535
76	FURNITURE & FIXTURES	7/01/16	1,363	195
77	COMPUTER SET UP	2/01/16	5,224	1,045
78	BUILDING IMPROVEMENTS	4/01/16	29,900	1,993
79	AIR CONDITIONER	6/01/18	12,500	1,786
80	4 CHAIRS	9/01/18	2,898	414
81	AIR HOCKEY & BUMPER POOL	10/01/18	6,168	882
82	TELEVISION	2/01/18	1,396	200
83	COUCHES & STOOLS	5/01/18	2,071	296
84	READAROUND CHAIRS	6/01/18	1,351	193
85	STORAGE UNIT	12/01/18	2,746	392
86	AIR CONDITIONER	11/01/19	14,875	2,125
	<b>Total Other Depreciation</b>		<u>5,342,535</u>	<u>120,393</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,342,535</u>	<u>120,393</u>
	<b>Grand Totals</b>		<u>5,342,535</u>	<u>120,393</u>

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2019**

For calendar year 2019, or tax year beginning , and ending

Name

**BOYS & GIRLS CLUB OF OYSTER BAY -  
EAST NORWICH**

Employer Identification Number

**11-2136505**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>HOLIDAY LUNCHEO</u>	<u>MISCELLANEOUS F</u>		(add col. (a) through col. (c))
		(event type)	(event type)	(event type)	
Revenue	1	Gross receipts	<b>15,313</b>	<b>5,760</b>	<b>21,073</b>
	2	Less: Charitable contributions	<b>8,438</b>	<b>5,760</b>	<b>14,198</b>
	3	Gross income (line 1 minus line 2)	<b>6,875</b>		<b>6,875</b>
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food/beverages			
	8	Entertainment			
	9	Other expenses	<b>5,528</b>		<b>5,528</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**BOYS & GIRLS CLUB OF OYSTER BAY -  
EAST NORWICH**
**11-2136505**

		2018	2019	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. 371,497	487,240	115,743
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 21,917	30,305	8,388
	4. Program service revenue .....	4. 483,667	582,584	98,917
	5. Investment income .....	5. 86,162	76,065	-10,097
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. 838	46,768	45,930
	8. Net income or (loss) from fundraising events .....	8. 205,869	198,540	-7,329
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. 7,772	14,619	6,847
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,177,722	1,436,121	258,399
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. 121,847	122,347	500
	16. Salaries, other compensation, and employee benefits .....	16. 636,025	664,318	28,293
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 28,461	29,917	1,456
	19. Occupancy, rent, utilities, and maintenance .....	19. 94,604	120,358	25,754
	20. Depreciation and Depletion .....	20. 128,933	128,381	-552
	21. Other expenses .....	21. 315,071	319,268	4,197
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 1,324,941	1,384,589	59,648
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -147,219	51,532	198,751
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24. 1,177,722	1,436,121	258,399
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 578,439	720,036	141,597
	27. Total assets .....	27. 6,192,777	6,701,935	509,158
	28. Total liabilities .....	28. 20,440	41,322	20,882
	29. Retained earnings .....	29. 6,172,337	6,660,613	488,276
	30. Number of voting members of governing body .....	30. 19	20	
	31. Number of independent voting members of governing body .....	31. 19	20	
	32. Number of employees .....	32. 63	70	
	33. Number of volunteers .....	33. 85	85	

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
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Name	<b>BOYS &amp; GIRLS CLUB OF OYSTER BAY - EAST NORWICH</b>	Employer Identification Number <b>11-2136505</b>
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....	250,460	357,022	368,826	393,414	517,545	
Membership dues .....						
Program service revenue .....	582,665	556,032	504,952	483,667	582,584	
Capital gain or loss .....	-33,052	-51,229	85,520	838	46,768	
Investment income .....	79,505	74,096	76,809	86,162	76,065	
Fundraising revenue (income/loss) .....	235,787	189,019	270,797	205,869	198,540	
Gaming revenue (income/loss) .....						
Other revenue .....	260	62,934		7,772	14,619	
<b>Total revenue</b> .....	<b>1,115,625</b>	<b>1,187,874</b>	<b>1,306,904</b>	<b>1,177,722</b>	<b>1,436,121</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	111,442	114,982	124,154	121,847	122,347	
Other compensation .....	504,188	526,752	596,901	636,025	664,318	
Professional fees .....	33,810	33,809	30,851	28,461	29,917	
Occupancy costs .....	84,014	128,166	88,820	94,604	120,358	
Depreciation and depletion .....	143,644	138,818	129,898	128,933	128,381	
Other expenses .....	332,663	319,673	299,736	315,071	319,268	
<b>Total expenses</b> .....	<b>1,209,761</b>	<b>1,262,200</b>	<b>1,270,360</b>	<b>1,324,941</b>	<b>1,384,589</b>	
<b>Excess or (Deficit)</b> .....	<b>-94,136</b>	<b>-74,326</b>	<b>36,544</b>	<b>-147,219</b>	<b>51,532</b>	
<b>Total exempt revenue</b> .....	<b>1,115,625</b>	<b>1,187,874</b>	<b>1,306,904</b>	<b>1,177,722</b>	<b>1,436,121</b>	
Total unrelated revenue .....						
Total excludable revenue .....	629,378	641,833	667,281	578,439	720,036	
Total Assets .....	6,261,401	6,260,706	6,551,517	6,192,777	6,701,935	
Total Liabilities .....	20,374	17,723	23,689	20,440	41,322	
Net Fund Balances .....	6,241,027	6,242,983	6,527,828	6,172,337	6,660,613	

11-2136505

**Federal Statements**

FYE: 12/31/2019

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 16,866		14			
Total	\$ <u>16,866</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 59,199		14			
Total	\$ <u>59,199</u>					

11-2136505

**Federal Statements**

FYE: 12/31/2019

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
SUPPLIES	\$ 13,933	\$ 8,661	\$ 5,272	\$
EMPLOYEE BACKGROUND CHECK	12,339		12,339	
DUES AND PUBLICATIONS	9,306	9,306		
MISCELLANEOUS	6,865	5,367	1,303	195
TELEPHONE AND INTERNET	5,132	4,106	513	513
DATA PROCESSING	2,481		2,481	
Total	<u>\$ 50,056</u>	<u>\$ 27,440</u>	<u>\$ 21,908</u>	<u>\$ 708</u>

11-2136505

**Federal Statements**

FYE: 12/31/2019

**Schedule A, Part II, Line 1(e)**

Description	Amount
US GOV'T - COMMUNITY DEVELOP. GRANT	\$ 12,000
NYS ALLIANCE NUTRITION GRANT	18,305
Other	21,399
THE BAHNIK FOUNDATION INC. Cash Contribution	180,000
BORGIA FAMILY FOUNDATION Cash Contribution	15,000
MR. & MRS. JOHN CELAURO Cash Contribution	5,000
MR. & MRS. CHARLES DOLAN Cash Contribution	5,000
ANNE & JOHN TATTA FAMILY FOUNDATION Cash Contribution	10,000
BANK OF AMERICA CHARITABLE FOUNDATIO Cash Contribution	7,000
MR. & MRS. MICHAEL BORGIA Cash Contribution	5,000
ALLEN & PATRICIA MURRAY FOUNDATION Cash Contribution	10,000
MCWOOD CHARITABLE FUND Cash Contribution	100,000
BILL AND JOANNE QUINN Cash Contribution	5,000
MR. AND MRS. GLENN MINKIN Cash Contribution	10,000
RITE AID FOUNDATION Cash Contribution	30,000
GALA BENEFIT Cash Contribution	39,745
GOLF TOURNAMENT Cash Contribution	29,898
HOLIDAY LUNCHEON Cash Contribution	8,438
MISCELLANEOUS FUNDRAISERS Cash Contribution	5,760
Total	<u>\$ 517,545</u>

11-2136505

**Federal Statements**

FYE: 12/31/2019

**Schedule A, Part II, Line 8(e)**

Description	Amount
	\$ 16,866
	59,199
Total	\$ <u>76,065</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
Program Service Revenue	\$ 582,584
MISCELLANEOUS	14,619
GALA BENEFIT	196,753
GOLF TOURNAMENT	79,228
HOLIDAY LUNCHEON	6,875
MISCELLANEOUS FUNDRAISERS	
Total	\$ <u>880,059</u>