

Short Form Return of Organization Exempt From Income Tax

private foundation

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. **The organization may have to use a copy of this return to satisfy state reporting requirements.**

OMB No. 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

| | | |
|---|---|---|
| B Check if: <input type="checkbox"/> address change <input type="checkbox"/> name change <input type="checkbox"/> initial return <input type="checkbox"/> termination <input type="checkbox"/> amended return <input type="checkbox"/> application pending | C Please use IRS e-file or print or return See Specific Instructions. Name of organization The Boys & Girls Club of Clermont County Number and street (or P.O. box, if mail is not delivered to street address) 212 Market Street City or town, state or country, and ZIP + 4 New Richmond, OH 45157 | D Employer identification number 31-1463574 E Telephone number 513-553-0188 F Group Exemption Number |
|---|---|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: N/A **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Part I Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **559,021.**

| 1 Contributions, gifts, grants, and similar amounts received | 404,332. | 1 | | 404,332. |
|--|----------|-----------|--|----------|
| 2 Program service revenue including government fees and contracts | 961. | 2 | | 961. |
| 3 Membership dues and assessments | -1,216. | 3 | | -1,216. |
| 4 Investment income | 970. | 4 | | 970. |
| 5a Gross amount from sale of assets other than inventory | | 5a | | |
| b Less: cost or other basis and sales expenses | | 5b | | |
| c Gain or (loss) from sale of assets other than inventory | -970. | 5c | | -970. |
| 6 Special events and activities (complete applicable parts of Schedule E; if any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a Gross revenue (not including \$ reported on line 1) | 154,632. | | | 154,632. |
| b Less: direct expenses other than fundraising expenses | 53,110. | | | 53,110. |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 101,522. | | | 101,522. |
| 7a Gross sales of inventory, less returns and allowances | | 7a | | |
| b Less: cost of goods sold | | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | | |
| 8 Other revenue (describe Miscellaneous Income) | 312. | 8 | | 312. |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 504,941. | 9 | | 504,941. |
| 10 Grants and similar amounts paid (attach schedule) | | 10 | | |
| 11 Benefits paid to or for members | | 11 | | |
| 12 Salaries, other compensation, and employee benefits | 270,858. | 12 | | 270,858. |
| 13 Professional fees and other payments to independent contractors | 3,398. | 13 | | 3,398. |
| 14 Occupancy, rent, utilities, and maintenance | 2,348. | 14 | | 2,348. |
| 15 Printing, publications, postage, and shipping | 70. | 15 | | 70. |
| 16 Other expenses (describe See Statement 1) | 104,659. | 16 | | 104,659. |
| 17 Total expenses. Add lines 10 through 16 | 381,333. | 17 | | 381,333. |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 123,608. | 18 | | 123,608. |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) | 17,226. | 19 | | 17,226. |
| 20 Other changes in net assets or fund balances (attach explanation) | | 20 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 140,834. | 21 | | 140,834. |

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

| 22 Cash, savings, and investments | 5,719. | 22 | | 94,984. |
|---|---------|-----------|--|----------|
| 23 Land and buildings | 16,553. | 23 | | 14,451. |
| 24 Other assets (describe See Statement 2) | 27,217. | 24 | | 43,215. |
| 25 Total assets | 49,489. | 25 | | 152,650. |
| 26 Total liabilities (describe See Statement 3) | 32,263. | 26 | | 11,816. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 17,226. | 27 | | 140,834. |

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

| | Yes | No |
|----|-----|----|
| 33 | | X |

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

| | Yes | No |
|----|-----|----|
| 34 | | X |

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

| | Yes | No |
|-----|-----|----|
| 35a | | X |

b If "Yes," has it filed a tax return on Form 990-T for this year?

| | Yes | No |
|-----|-----|----|
| 35b | N/A | |

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N

| | Yes | No |
|----|-----|----|
| 36 | | X |

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

| | 37a | 37b |
|-----|-----|-----|
| 37a | 0. | |

b Did the organization file Form 1120-POL for this year?

| | 38a | 38b |
|-----|-----|-----|
| 38a | | N/A |

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

| | 38a | 38b |
|-----|-----|-----|
| 38a | | X |

b If "Yes," complete Schedule L, Part II and enter the total amount involved

| | 38b | 38c |
|-----|-----|-----|
| 38b | N/A | |

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

| | 39a | 39b |
|-----|-----|-----|
| 39a | N/A | |

a Initiation fees and capital contributions included on line 9

| | 39a | 39b |
|-----|-----|-----|
| 39a | N/A | |

b Gross receipts, included on line 9, for public use of club facilities

| | 39a | 39b |
|-----|-----|-----|
| 39b | N/A | |

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911

| | 40a | 40b |
|-----|-----|-----|
| 40a | 0. | |

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

| | 40b | 40c |
|-----|-----|-----|
| 40b | | X |

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

| | 40c | 40d |
|-----|-----|-----|
| 40c | | 0. |

d Enter amount of tax on line 40c reimbursed by the organization

| | 40d | 40e |
|-----|-----|-----|
| 40d | | 0. |

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

| | 40e | 40f |
|-----|-----|-----|
| 40e | | X |

41 List the states with which a copy of this return is filed.

| | 41 |
|----|----|
| 41 | OH |

42a The books are in care of

| | 42a | 42b |
|-----|---------------|-----|
| 42a | George Straub | |

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)?

| | 42b | 42c |
|-----|-----|-----|
| 42b | | X |

If "Yes," enter the name of the foreign country.

| | 42c | 42d |
|-----|-----|-----|
| 42c | | X |

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

| | 42d | 42e |
|-----|-----|-----|
| 42d | | X |

If "Yes," enter the name of the foreign country.

| | 42e | 42f |
|-----|-----|-----|
| 42e | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

| | 43 | 44 |
|----|-----|----|
| 43 | N/A | |

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

| | 44 | 45 |
|----|----|----|
| 44 | | X |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

| | 45 | 46 |
|----|----|----|
| 45 | | X |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008
Open to Public
Inspection

Name of the organization

The Boys & Girls Club of Clermont County

Employer identification number

31-1463574

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: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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 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 the Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (See instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2008

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 206,006. | 132,393. | 185,864. | 157,912. | 405,293. | 1,087,468. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | 206,006. | 132,393. | 185,864. | 157,912. | 405,293. | 1,087,468. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4. | | | | | | 1,087,468. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | 206,006. | 132,393. | 185,864. | 157,912. | 405,293. | 1,087,468. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 147. | 135. | 160. | 176. | -1,216. | -598. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 802. | 2,555. | -656. | 436. | -658. | 2,479. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,089,349. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | | 419,937. |

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 | 15 |
|---|-------------------------------------|----|
| 14 Public support percentage for 2008 (line 6, column (f)) divided by line 11, column (f)) | 99.83 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 99.46 | % |
| 16a 33 1/3% support test - 2008. 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 | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2007. 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 | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 - 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtotal line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h **18** %

19a 33 1/3% support tests - 2008. 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 - 2007. 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

| | (a) Event #1 | | (b) Event #2 | | (c) Other Events | | (d) Total Events (Add col. (a) through col. (c)) |
|---|---|---------|-----------------------------|--------|------------------|---|---|
| | Dinner Auction (event type) | | Golf Outing (event type) | | (total number) | 2 | |
| 1 | Gross receipts | 76,432. | 69,115. | 9,085. | | | 154,632. |
| 2 | Less: Charitable contributions | | | | | | |
| 3 | Gross revenue (line 1 minus line 2) | 76,432. | 69,115. | 9,085. | | | 154,632. |
| 4 | Cash prizes | | | | | | |
| 5 | Non-cash prizes | | | | | | |
| 6 | Rent/facility costs | | | | | | |
| 7 | Other direct expenses | 23,662. | 25,259. | 4,189. | | | 53,110. |
| 8 | Direct expense summary. Add lines 4 through 7 in column (d) | | | | | | 53,110. |
| 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | | | | 101,522. |

Part III Gaming. Complete if the organization answered "Yes" to 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)) |
|---|--|---|---|---|------------------|--|
| | Yes | % | Yes | % | | |
| 1 | Gross revenue | | | | | |
| 2 | Cash prizes | | | | | |
| 3 | Non-cash prizes | | | | | |
| 4 | Rent/facility costs | | | | | |
| 5 | Other direct expenses | | | | | |
| 6 | Volunteer labor | | | | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: 9a
 a Is the organization licensed to operate gaming activities in each of these states? 9a
 b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a
 b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? 11
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

| | |
|--|------------|
| | 13a |
| | 13b |
| | % |

13b An outside facility %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

| | Yes | No |
|------------|-----|----|
| 15a | | |
| 17a | | |

| Form 990-EZ | Other Expenses | Statement | 1 |
|-------------------------------|-------------------------|---------------|---|
| Description | | | |
| | | Amount | |
| | Program Expenses | 64,131. | |
| | Dues & Subscriptions | 10,051. | |
| | Education | 8,376. | |
| | Insurance | 7,446. | |
| | State Taxes | 50. | |
| | Pension Administration | 1,000. | |
| | Office | 3,837. | |
| | Service Charges | 44. | |
| | Payroll Service Expense | 2,525. | |
| | Advertising | 577. | |
| | Interest Expense | 2,004. | |
| | Depreciation | 4,618. | |
| Total to Form 990-EZ, line 16 | | 104,659. | |

| Form 990-EZ | Other Assets | Statement | 2 |
|-------------------------------|-----------------------------|---------------------|--------------------|
| Description | | | |
| | | Beg. of Year | End of Year |
| | Investments - Builders Fund | 4,337. | 4,230. |
| | Accounts Receivable | 17,190. | 31,250. |
| | Prepaid Insurance | 5,690. | 7,735. |
| Total to Form 990-EZ, line 24 | | 27,217. | 43,215. |

| Form 990-EZ | Other Liabilities | Statement | 3 |
|-------------------------------|-------------------------------------|---------------------|--------------------|
| Description | | | |
| | | Beg. of Year | End of Year |
| | Accounts Payable | 9,744. | 8,578. |
| | Accrued Wages | 6,676. | 3,008. |
| | Accrued Payroll Taxes | 511. | 230. |
| | United Way - Employee Contributions | 46. | 0. |
| | Payroll Liabilities | 249. | 0. |
| | Line of Credit | 15,037. | 0. |
| Total to Form 990-EZ, line 26 | | 32,263. | 11,816. |

Form 990-EZ Gain (Loss) From Sale of Other Assets Statement 4

| Description | Name of Buyer | Date | | Method | Net Gain or (Loss) |
|----------------------------|---------------------|----------|----------|-----------|--------------------|
| | | Acquired | Sold | | |
| Laptop 2100 #CNF3373KQC | | 12/15/03 | 01/01/08 | Purchased | |
| | Gross Sales Price | 0. | | | |
| | Cost or Other Basis | 799. | 0. | 457. | -342. |
| Laptop 2500 #CNF352387X | | 09/15/04 | 01/01/08 | Purchased | |
| | Gross Sales Price | 0. | | | |
| | Cost or Other Basis | 799. | 0. | 380. | -419. |
| T.V Phillips #34823663 | | 06/15/01 | 10/01/08 | Purchased | |
| | Gross Sales Price | 0. | | | |
| | Cost or Other Basis | 200. | 0. | 200. | 0. |
| T.V. Table | | 06/15/00 | 10/01/08 | Purchased | |
| | Gross Sales Price | 0. | | | |
| | Cost or Other Basis | 20. | 0. | 20. | 0. |
| 2 Talk Abouts and Chargers | | 05/15/04 | 01/01/08 | Purchased | |
| | Gross Sales Price | 0. | | | |
| | Cost or Other Basis | 80. | 0. | 59. | -21. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------------|---------------|-----------|-----------------|
| Talkabout charger | 05/01/05 | 01/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 80. | 0. | 43. -37. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------------|---------------|-----------|-----------------|
| 3 Shelf Bookshelf | 06/15/01 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 40. | 0. | 40. 0. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------|---------------|-----------|-----------------|
| Long Couch | 06/15/99 | 01/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 50. | 0. | 50. 0. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------|---------------|-----------|-----------------|
| Short Couch | 06/15/99 | 01/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 20. | 0. | 11. -9. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------|---------------|-----------|-----------------|
| Green Desk | 06/15/97 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 30. | 0. | 30. 0. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-----------------|---------------|-----------|-----------------|
| Table - 6' Long | 06/15/00 | 01/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 240. | 0. | -48. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-------------|---------------|-----------|-----------------|
| Table | 06/15/97 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 20. | 0. | 0. |

| Description | Date Acquired | Date Sold | Method Acquired |
|--------------|---------------|-----------|-----------------|
| Square Table | 06/15/00 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 20. | 0. | -6. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-----------------------------|---------------|-----------|-----------------|
| Desk, L Shape-Unit Director | 06/15/97 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 200. | 0. | 0. |

| Description | Date Acquired | Date Sold | Method Acquired |
|-----------------------|---------------|-----------|-----------------|
| 4 Draw Filing Cabinet | 06/15/97 | 12/01/08 | Purchased |

| Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Net Gain or (Loss) |
|---------------|-------------------|---------------------|-----------------|--------------------|
| | 0. | 20. | 0. | 0. |

The Boys & Girls Club of Clermont County

31-1463574

| Description | Name of Buyer | Gross Sales Price | Cost or Other Basis | Expense of Sale | Deprec | Net Gain or (Loss) | Date Acquired | Date Sold | Method Acquired |
|------------------------|---------------|-------------------|---------------------|-----------------|--------|--------------------|---------------|-----------|-----------------|
| | | | | | | | 03/01/07 | 01/01/08 | Purchased |
| Fooseball Table | | 0. | 100. | 0. | 12. | -88. | | | |
| To Form 990-EZ, line 5 | | 2,718. | 2,718. | 0. | 1,748. | -970. | | | |

| | | |
|-------------|---|-------------|
| FORM 990-EZ | Information Regarding Transfers Associated with Personal Benefit Contracts | Statement 5 |
|-------------|---|-------------|

A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

| Form 990-EZ | Part IV - List of Officers, Directors, Trustees and Key Employees | Statement | 6 |
|---|--|--------------|---|
| Name and Address | Title and Avg Hrs/Wk | Compensation | Employee Ben Plan Expense Contrib Account |
| John Greer, 212 Market Street, New Richmond, OH 45157 | President 1.00 | 0. | 0. 0. |
| Dick Wuest, 212 Market Street, New Richmond, OH 45157 | President-New Richmond Unit 1.00 | 0. | 0. 0. |
| Beth Francis, 212 Market Street, New Richmond, OH 45157 | President-Felicity Cardinal U 1.00 | 0. | 0. 0. |
| Jim Klosterman, 212 Market Street, New Richmond, OH 45157 | Vice President 1.00 | 0. | 0. 0. |
| Jack Tucker, 212 Market Street, New Richmond, OH 45157 | Secretary 1.00 | 0. | 0. 0. |
| Robert H. Davis, 212 Market Street, New Richmond, OH 45157 | Secretary-New Richmond Unit 1.00 | 0. | 0. 0. |
| Bridget Paeltz, 212 Market Street, New Richmond, OH 45157 | Secretary-Felicity Cardinal U 1.00 | 0. | 0. 0. |
| Jill Cochran, 2402 St Rt 132, New Richmond, OH 45157 | Treasurer 40.00 | 15,077. | 809. 0. |
| Nancy Ball, 1112 Crooked Creek Dr, New Richmond, OH 45157 | Officer 40.00 | 61,236. | 2,520. 0. |
| Cathy Ariapad, 212 Market Street, New Richmond, OH 45157 | Member 1.00 | 0. | 0. 0. |
| Scott Doolley, 212 Market Street, New Richmond, OH 45157 | Member 1.00 | 0. | 0. 0. |
| Barb Kreider, 212 Market Street, New Richmond, OH 45157 | Member 1.00 | 0. | 0. 0. |
| Patricia Pryor, 212 Market Street, New Richmond, OH 45157 | Member 1.00 | 0. | 0. 0. |
| Rick Rack, 212 Market Street, New Richmond, OH 45157 | Member 1.00 | 0. | 0. 0. |

The Boys & Girls Club of Clermont County

31-1463574

| | | | | | |
|--|-----------------|------|----|----|----|
| Bill Shepherd, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| ME Steel-Pierce, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Connie Taggart, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Don White, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Tom Wildey, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Kathleen Wildey Warner, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Archie Wilson, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Hon. Stephanie Wylter, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Bob Geis, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Ralph Shepherd, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Becky Barger, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Monty Eastman, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Sue McKinley, 212 Market Street, New Richmond, OH 45157 | Member | 1.00 | 0. | 0. | 0. |
| Congresswoman Jean Schmidt, 212 Market Street, New Richmond, OH | Honorary Member | 1.00 | 0. | 0. | 0. |

Totals Included on Form 990-EZ, Part IV

| | | |
|---------|--------|----|
| 76,313. | 3,329. | 0. |
|---------|--------|----|

Form 4562

OMB No. 1545-0172

Depreciation and Amortization 990EZ
(Including Information on Listed Property)

Attachment
Sequence No. 67
2008

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

Identifying number

The Boys & Girls Club of Clermont County Form 990-EZ Page 1

31-1463574

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 the instructions for a higher limit for certain businesses | 250,000. | |
| 2 | Total cost of section 179 property placed in service (see instructions) | | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 800,000. | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | | |
| 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 smaller of line 5 or line 8 | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 |

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | |
|---|--|--------|
| 14 | Special depreciation for qualified property (other than listed property) placed in service during the tax year | 14 |
| 15 | Property subject to section 168(f)(1) election | 15 |
| 16 | Other depreciation (including ACRS) | 16 |
| Part III MACRS Depreciation (Do not include listed property.) (See instructions.) | | 4,618. |

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008

Section B - Assets Placed in Service During 2008 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 | |
| | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | |
|----|--|--------|
| 21 | Listed property. Enter amount from line 28 | 21 |
| 22 | Total. 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 instr. | 4,618. |
| 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 |

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|-----|---|----------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 | Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | | 25 |
| 26 | Property used more than 50% in a qualified business use | | % | | | | | | |
| | | | % | | | | | | |
| | | | % | | | | | | |
| 27 | Property used 50% or less in a qualified business use: | | | | | | | | |
| | | | % | | | | S/L- | | |
| | | | % | | | | S/L- | | |
| | | | % | | | | S/L- | | |
| 28 | Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 |
| 29 | Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| 30 | Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle |
|----|---|----------------|----------------|----------------|----------------|----------------|----------------|
| 31 | Total commuting miles driven during the year | | | | | | |
| 32 | Total other personal (noncommuting) miles driven | | | | | | |
| 33 | Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 | Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 | Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

- 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
 - 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
 - 39 Do you treat all use of vehicles by employees as personal use?
 - 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
 - 41 Do you meet the requirements concerning qualified automobile demonstration use?
- Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| 42 | Amortization of costs that begins during your 2008 tax year: | (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|----|--|-----------------------------|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 43 | Amortization of costs that began before your 2008 tax year | | | | | | 43 |
| 44 | Total. Add amounts in column (f). See the instructions for where to report | | | | | | 44 |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. **All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization The Boys and Girls Club of Clermont Coun | Employer identification number 31-1463574 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. 212 Market Street | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. New Richmond, OH 45157 | |

Check type of return to be filed (file a separate application for each return):

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ George Straub

FAX No. ▶

Telephone No. ▶ 513-553-0188

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
 - ▶ calendar year 2008, or
 - ▶ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 3c \$ _____ 0.
See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

