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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2019

Department of the Treasury Internal Revenue Service

HTA

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

Open to Public Inspection

_					
Α	For th	ne 2019 calen	dar year, or tax year beginning , and ending	1	
В	Check	ıf applıcable.	ployer identification number		
	Address	s change	BOYS TOWN NATIONAL ALUMNI ASSOCIATION	1	
	Name o	change	Number and street (or PO, box if mail is not delivered to street address) Room/suite		7-0437767
	Initial re	etum	14057 FLANAGAN BOULEVARD E Tel	phone n	umber
	Final retu	ım/terminated	City or town State ZIP code		
	Amendo	ed return	BOYS TOWN NE 68010 10	(40	02) 498-1150
	Applica	ton pending		oup Exe	emption
			Nu	mber 💺	
_	A = = =		X Cash Accrual Other (specify)		if the organization is
		nting Method:			o attach Schedule B
					00-EZ, or 990-PF).
<u>J</u>	Tax-exe	mpt status (che	k only one) — 501(c)(3) X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527 (Form		
K	Form o	f organization	X Corporation Trust Association Other	· ·	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
			re \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	59,059
	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	<u>_</u> _	
	41 L I		the organization used Schedule O to respond to any question in this Part I	0113 10	
-				·	
	1		is, gifts, grants, and similar amounts received	1	11,705
	2		rvice revenue including government fees and contracts	2	5.505
	3		o dues and assessments	3	5,525
	4	Investment		4	5,034
	5a		unt from sale of assets other than inventory		
ł	b		or other basis and sales expenses		_
	C	-	s) from sale of assets other than inventory (subtract line 5b from line 5a)	5c_	DEOENTED
- 1	6		I fundraising events:		RECEIVED
<u>o</u>	а		ne from gaming (attach Schedule G if greater than	اسا	
Revenue			6a 6a 6a 6a 6a 6a 6a 6a	A008	ADD 1 77 2020
Š	b		ne from fundraising events (not including \$ of contributions	ĕ	APR 1 7 2020
Ž			ising events reported on line 1) (attach Schedule G if the	111	
	_		expenses from gaming and fundraising events 6c 36,795		OGDEN, UT
	C				
-	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	6d	36,795
707	7a	,	of inventory, less returns and allowances	- ou	30,733
1	b		of goods sold	1	1
ى د	C		or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
	8	-	ue (describe in Schedule O)	8	<u> </u>
MAR	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,059
₹	10		similar amounts paid (list in Schedule O)	10	38,008
	11		d to or for members	11	
اي	12		ner compensation, and employee benefits	12	
ise i	13		I fees and other payments to independent contractors	13	
je.	14		rent, utilities, and maintenance	14	
Expenses	15		blications, postage, and shipping	15	
_	16	Other expe	nses (describe in Schedule O)	16	61,660
	17	Total expe	nses. Add lines 10 through 16	17	61,660
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-2,601
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	- ''	-2,001
SS	. •	end-of-vear	figure reported on prior year's return)	19	383,738
¥.	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20	47,430
2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	428,567
			on Act Notice, see the separate instructions.	41	Form 990-EZ (2019)

	aan-ES (501a) BO					1	
Par	III Balance Sheets (s	ee the instructions for	Part II)				
	Check if the organizat	ion used Schedule O to re	espond to any question in the	nis Part II		,	
				(A)	Beginning of year	T	(B) End of year
22	Cook sovings and loves	tmanta		1.5.2	383,738	122	428,567
22	Cash, savings, and inves	iments		· · · ·	303,730	23	720,001
23	Land and buildings .			· · · · · -		24	
24	•	Schedule O)		· · · · ·	222.722	4- 	100 507
25					383,738		428,567
26		e in Schedule O)				26	
27	Net assets or fund balar	nces (line 27 of column (E	must agree with line 21).		383,738	27	428,567
Pa	rt III Statement of Prog	gram Service Accomplis	hments (see the instruction	ns for Part III)		1	
	Check if the organ	zation used Schedule O t	o respond to any question	in this Part III.	🖂	ļ	Expenses
100-	it is the organization's prima				EDIENDONIDI		quired for section
vvna	it is the organization's prima	ary exempt purpose?	TO REEP ALIVE AWONG	ALUMINI BUNDS OF	FRIENDSHIF I		(c)(3) and 501(c)(4)
	cribe the organization's pro						anizations, optional others.)
	neasured by expenses. In a			ovided, the number o)t	1	
pers	ons benefited, and other re	elevant information for eac	h program title.			↓	
28	KEEP ALIVE AMONG ALL					1	
	HOME (BOYS TOWN)					1	
						1	
	(Grants \$) If this amoun	t includes foreign grants, cl	neck here		28a	
29			<u> </u>			1.	
25						1	
				-		Ι'	
						1	}
	(Grants \$) If this amoun	t includes foreign grants, cl	neck here	. <u> </u>	29a	<u>i </u>
30						-	
						1	
						1	
		\ 16 Ab. a. a. a. a. a.	4ald fazai	t. t		1	,
	(Grants \$	i it inis amoun	i includes ioreian aranis, ci	neck nete		20-	
24	(Grants \$		t includes foreign grants, cl	neck nere .	<u>···▶</u>	30a	`
31	Other program services (d	lescribe in Schedule O) .			<u> </u>	1	
	Other program services (d (Grants \$	lescribe in Schedule O) .) If this amoun	t includes foreign grants, cl	 heck here	•	31a	1
32	Other program services (d (Grants \$ Total program service ex	escribe in Schedule O) .) If this amoun spenses. (add lines 28a th	t includes foreign grants, cl rough 31a)	neck here		31a 32	0
32	Other program services (d (Grants \$ Total program service ex rt IV List of Officers, Di	escribe in Schedule O) .) If this amoun spenses. (add lines 28a th irectors, Trustees, and K	t includes foreign grants, cl irough 31a) ey Employees (list each on	neck here .	ated—see the ins	31a 32	0
32	Other program services (d (Grants \$ Total program service ex rt IV List of Officers, Di	escribe in Schedule O) .) If this amoun spenses. (add lines 28a th irectors, Trustees, and K	t includes foreign grants, cl rough 31a)	neck here .	ated—see the ins	31a 32	0
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34 35 a	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	Yes	No
35 a	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
35 a	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	1	ĭ
35 a		1	L	X
	and of the second of the secon	1		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		
	change on Schedule O. See instructions	34		X
		1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	; 35a		<u> </u>
þ	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	. 35b	- 	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	*	1	ļ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c	. <u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	
	during the year? If "Yes," complete applicable parts of Schedule N	. 36		X
37 a	<u> </u>		_	\
	Did the organization file Form 1120-POL for this year?	<u>37</u> b	 	X
38 a				\
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		1	1
39	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9	Ì	1	 *
a b				
40 a	<u> </u>	- 	ļ	(
40 a	section 4911 ►, section 4912 ►; section 4955 ►		1	
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	- ,	ĺ	
~	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	·	-	ļ ——
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	. 40b		
С		. 132	+	
_	on organization managers or disqualified persons during the year under sections 4912,	,	1	·
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	_		
	40c reimbursed by the organization	' [1	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		_	i
	transaction? If "Yes," complete Form 8886-T	,. 40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ► BOYS TOWN NATIONAL ALUMNI ASSOCIA Telephone no. ►	(402)	498-11	50
	Located at ► 14057 FLANAGAN BOULEVAR City BOYS TOWN ST NE ZIP + 4 ►	68010		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	1 720	 	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	-		
	Financial Accounts (FBAR).		1	
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	1	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• '		_
•••	•	 1		
	and enter the amount of tax-exempt interest received or accrued during the tax year	J	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	NO
u	completed instead of Form 990-EZ	. 44a	-	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- -a	+-	1
_	completed instead of Form 990-EZ	. 44b	-{	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	+	x
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1 -	+	 ^-
_	explanation in Schedule O	44d	1	Х
45 a		45a		x
b		754		1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ. See instructions	45b	-	
			990-E2	(2019)

•	•	·							
Form 9	90-EZ (2019	BOYS TOWN NATIONAL	ALUMNI ASSOCIATION				47-04377		Page 4
46		rganization engage, directly or indirectl lates for public office? If "Yes," complete		ivities on behalf of	or in opposi	tion !	46	Yes	No X
Part	AI 50	ection 501(c)(3) Organizations O I section 501(c)(3) organizations m and 51.	nust answer questions 4			·	s for line	es es	_
	C	neck if the organization used Sche	dule O to respond to ar	ny question in thi	s Paπ VI		· · ·	 V	
47		organization engage in lobbying activitie Yes," complete Schedule C, Part II	es or have a section 501(h)		during the ta	x	47	Yes	No
48		ganization a school as described in sec			dule E .		. 48		
49 a b		organization make any transfers to an e was the related organization a section t	•	ed organization?			49a 49b	+	<u> </u>
50		e this table for the organization's five his es) who each received more than \$100							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	dealth benefits, strons to employee plans, and deferred empensation	(e) Estim other c	nated am compens	
Name Title	None		HrMK 00						
Name Title			Hrmk .00			, ,			
Name Title			Hr/WK .00			1			
Name			Hr/WK .00			1			
Name									
Title			Hr/WK 00	<u> </u>					
f 51	Complet	nber of other employees paid over \$10 e this table for the organization's five hid compensation from the organization	ghest compensated indep		who each re	eceived more	than		
		(a) Name and business address of each independ	lent contractor	(b) Type of	service	(c) Compens	ation	-
Name	None	Str ST	ZIP						
Name		Str	<u>Z</u> IF			 -			
City		ST	ZIP						
Name City		Str ST	ZIP						
Name City		Str ST	ZIP						
Name		Str ST	ZIP						
		mber of other independent contractors of		00					
52		organization complete Schedule A? Not ed Schedule A	te: All section 501(c)(3) org	janizations must at	ttach a		► Y	es X] No
Under true, co	penalties of porrect, and co	perjury, I declare that I have examined this return, i emplete Declaration of preparer (other) han officer	ncluding accompanying schedules is based or all information of whi	and statements, and to ch preparer has any kno	the best of my wiedge	knowledge and b	elief, it is		
] _) le	1000				3/1/2020		
Sign Here		Signature of officer RICHARD TAPIO	•			Date ,			
. 1616	·	Type or print name and title				TREASURER			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	. 1		
	oarer	Firm's name		-	<u> </u>	self-employed	- 		
USe	Only	Firm's address				Phone no			

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions .

No

Yes

Phone no

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

ons and the latest information. Inspectio

Employer identification number

BOYS	TOWN NATIONAL ALUMNI ASSOCI	ATION				47-04	37767
Part		mplete if the	organizati	on answe	ered "Yes" on For	m 990, Part IV, li	ne 17.
	Form 990-EZ filers are not	required to co	mplete thi	is part			
1	Indicate whether the organization rai	sed funds throu	igh any of t	he followir	ng activities Check	all that apply	
а	Mail solicitations		e 🔙 Sc	olicitation o	of non-government g	rants	
b	Internet and email solicitations		f Sc	dicitation o	of government grants	s	
С	Phone solicitations		q 🗍 Sr	ecial fund	raising events		
d	In-person solicitations		· · · ·		J	Ì	
2a	Did the organization have a written of	vr oral agreeme	nt with any	individual	(including officers of	lirectors trustees	
za b	key employees listed in Form 990, P If "Yes," list the 10 highest paid indiv	art VII) or entity	in connect	tion with pi	rofessional fundraisi	ng services?	Yes No
_	compensated at least \$5,000 by the		- •	,,	•		
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1						l I	
					0	0	0
2					o	- 0	0
3					0	100	0
4					0		0
5					0	1	0
6				•	0	0	
7					0]	0
8					0	1	
9					0		
10				·			· · · · · · · · · · · · · · · · · · ·
					0	0	0
Total	<u> </u>				0	0	0
3	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is registration or licensing						
· · · · · · · · · · · · · · · · · · ·							
<u> </u>							
- 							
						·i	
						1	

	il (e ii	more than \$15,000 of fu	indraising event contrib	butions and gross inco		
		events with gross recei	ots greater than \$5,000 (a) Event #1 Reunion (event type)). (b) Event #2 Luncheon (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Kevenue	1	Gross receipts	35,985	810	0	36,795
ž	2	Less. Contributions	!		0	0
	3	Gross income (line 1 minus line 2)	35,985	810	0	36,795
	4	Cash prizes			0	0
_	5	Noncash prizes .			0	0
enses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
<u>D</u>	8	Entertainment			0	0
	9	Other direct expenses .			0	0
	10 11	Direct expense summary. Add Net income summary. Subtract	ct line 10 from line 3, colur	mn (d)	<u>.</u>	(0) 36,795
Pa	art III	Gaming. Complete if the than \$15,000 on Form	_	ed "Yes" on Form 990	, Part IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
Sirect	4	Rent/facility costs				0
_	5_	Other direct expenses .				0
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary Add	l lines 2 through 5 in colur	ทก (d) . . .		()
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)	<u> </u>	0
9	a Is	nter the state(s) in which the ore the organization licensed to co "No," explain.	nduct gaming activities in	each of these states?.		Yes No
10	a W b If	/ere any of the organization's ga	aming licenses revoked, s	uspended, or terminated	dunng the tax year?	Yes No
						1

BOYS TOWN NATIONAL ALUMNI ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2019

47-0437767

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization of grantor, beneficiary or tructice of a truct, or a member of a partnerohip or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13 The organization's facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the third party 15a Does the organization of gaming revenue received by the organization 15a Does the organization of gaming revenue received by the third party 15a Does the organization of gaming revenue received by the third party 15a Does the organization of gaming revenue organization 15a Does the organization of gaming revenue received by Part I, line 2b, columns (iii) and (v); and Part II, lines 2, by 10, by 15b, 15c, 16, and 17b, as applicable. Also provide any additional information 15a Does the organization organization organization organization organizations or spent in the organization's own exempt activities during the tax part	11 Does the organization conduct gaming activities with nonmembers?	Schedu	ale G (Form 990 or 990-EZ) 2019 BOYS TOWN NATIONAL ALUMNI ASSOCIATION	47-0437767 Page 3
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? Indicate the percentage of gaming activity conducted in: The organization's facility	Is the organization or grontor, beneficiary or trustoe of a trust, or a member of a portnership or other entity Yes No more do administer charitable gaming? Yes No indicate the percentage of gaming activity conducted in: 13a			Yes No
Indicate the percentage of gaming activity conducted in: a The organization's facility	Indicate the percentage of gaming activity conducted in: a The organization's facility	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	. Yes No
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Addr		Indicate the percentage of gaming activity conducted in: The organization's facility	
Address	Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Enter the name and address of the person who prepares the organization's gaming/special events books a	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization		Name ▶	
b If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ 0 Description of services provided ► Director/officer	revenue?.		Address ▶	¹
b If "Yes," enter the amount of gaming revenue received by the organization	b If "Yes," enter the amount of gaming revenue received by the organization	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
Name ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$	Name ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ 0 Description of services provided ► Director/officer		If "Yes," enter the amount of gaming revenue received by the organization \$0 and the amount of gaming revenue retained by the third party \$0	. — —
Address Gaming manager information: Name Gaming manager compensation \$ 0 Description of services provided Director/officer Employee Independent contractor Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 0 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	Address Gaming manager information:	С	If "Yes," enter name and address of the third party	
Name Gaming manager compensation Substitutions Gaming manager compensation Substitutions Su	Name ► Gaming manager compensation ► \$		Name ▶	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	Saming manager compensation Description of services provided Director/officer		Address ▶	
Description of services provided Director/officer Employee Independent contractor Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	Gaming manager compensation Description of services provided Director/officer	16	Gaming manager information:	
Description of services provided Director/officer Employee Independent contractor Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	Gaming manager compensation Description of services provided Director/officer		Name ▶	
Director/officer	Director/officer		Gaming manager compensation ► \$ 0	
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.		Description of services provided	
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.		Director/officer Employee Independent contractor	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.		· · · · · · · · · · · · · · · · · · ·	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	b	retain the state gaming license?	
		Part	Supplemental Information. Provide the explanations required by Part I, line 2b, colum Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	ns (iii) and (v); and

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of th	e organization							}	Emplo	yer ide	intificat	lon nu	mber		
BOYS T	OWN NATIONAL AL	LUMNI ASSOC	IATION						47-04	37767	, 				
Part I	Excess Benefit Complete if the	t Transactions organization ar	(section 501(c))(3), s on Fo	section 50 rm 990, P	1(c)(4), and art IV, line	secti 25a o	on 501(c)(2 r 25b, or Fo	29) org	aniza 0-EZ,	tions (only) V, line	40b.		
4	(2) Manager of the small Co		(b) Relationship be			person and		(a) Day	scription	of trop	coetion	ì	'	(d) Con	rected?
1	(a) Name of disqualifie	ea person		organi	zation			(c) UE:	scription		Sacuon	<u>'</u>		Yes	No
(1)												<u>'</u>			
(2)															
(3)						·									
(4)															
(5)												<u>'</u>			
(6)							<u> </u>	<u></u>				<u>'</u>			L
	Enter the amount of	-	the organizatio	n ma	nagers or	disqualified	d pers	ons during	the ye	ar		٠			
_	inder section 4958.				•		٠				. 1	▶ \$			
3 E	Enter the amount of	tax, if any, on lii	ne 2, above, rei	imbuı	sed by the	e organizati	ion		•	•	. 1	▶ \$			
Part II	Loans to and/o Complete if the organization re	organization a	nswered "Yes"	on Fo	orm 990-E. t X, line 5	Z, Part V, li , 6, or 22.	ne 38	a or Form 9	90, Pa	art IV,	line 2	6; or	if the		
(a) Nan	ne of interested person	(b) Relationship with organization	(c) Purpose of loan) f	Loan to or rom the anization?	(e) Origii principal an		(f) Balance	due	(g) In d	lefault?	by bo	proved ard or nittee?	(i) Written agreement?	
		<u> </u>		То	From			<u> </u>		Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)				L								'			
(5)				L								-			<u> </u>
(6)	·-·-							L							
_(7)		 		<u> </u>				<u> </u>				<u>'</u>			
(8)												1	<u> </u>		
(9)		ļ		 				 				-			
(10)		<u> </u>	L	L	!	L		L					J		L;
Total Part III	Grants or Assi Complete if the				ons.	art IV, line	▶ \$		0						
(a) N	ame of interested person		ship between intere and the organization		(c) Amount	of assistance		(d) Type of as:	sistance		(e) Purpo	ose of a	ssistand	;e
(1)	 														
(2)															
(3)															
(4)															
(5)							 								
(6)							-					<u> </u>			
(7)							 								
<u>(8)</u> (9)															
(9)												.			

Page 2

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c							
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transa	ction	(e) Sha organiz reven	ation's
					<u> </u>	Yes	No
(1)			1				
(2)					<u> </u>	<u> </u>	
(3)					<u> </u>	 	
(4)			ļ		<u>} </u>	+	
(5)			 		! [+-	
(6) (7)					<u>, </u>	+	
(8)					<u> </u>		
(9)					1		
(10) Part V		· · · · · · · · · · · · · · · · · · ·			t		
Part V	Supplemental Information. Provide additional information for	responses to questions or	n Schedule L (see ins	structions).			
				_			
					1		

					! 		
			•				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer Identification number** Name of the organization 47-0437767 **BOYS TOWN NATIONAL ALUMNI ASSOCIATION** Form 990-EZ, Part I, Line 16, Other Expenses Travel: 478 Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising 50,726 Form 990-EZ, Part I, Line 16, Other Expenses. Bank Charges: 624 Form 990-EZ, Part I, Line 16, Other Expenses Investment Fees: 1,615 Form 990-EZ, Part I, Line 16, Other Expenses: Credit Card Expense: 857 Form 990-EZ, Part I, Line 16, Other Expenses: License Fee. 20 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance Expense. 2,340 Form 990-EZ, Part I, Line 16, Other Expenses: Information Technology: 5,000 Form 990-EZ, Part I, Line 20, Net Assets Unrealized Gain 47,430

Schedule O (Form 990 or 990-EZ) (2019)	<u> </u>	Page 2
Name of the organization	Employer identification	n number
BOYS TOWN NATIONAL ALUMNI ASSOCIATION	47-0437767	
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Schedule O (Form 990 or 990-EZ) (2019)