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OMB No 1545-0047

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 20	is calend	lar year, or tax year beginn	ing	<u>,</u> 2013, a	nd ending			,	
В	Check if app	licable	С					D Employer	Identificati	on Number
	Address	change	BOYS & GIRLS CLU	39-1225709						
	Name o	hange	160 S BADGER AVE					E Telephone	number	
	Initial re	turn	APPLETON, WI 549	14				920-7	731-05	555
	Termina	ited								
	X Amende	ed return						G Gross reco	eipts \$	2,797,726.
	Applica	tion pending	F Name and address of principa	l officer		Н	(a) Is this	a group return for	subordinate	
	_		Same As C Above			н	(b) Are al	subordinates in	cluded?	Yes No
ī	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	II NO,	' attach a list (s	ee instructi	ons)
j	Website	: ► BG	CLUBFOXVALLEY.ORG	3		 н	(c) Group	exemption num	_{ber} ►	
ĸ	Form of o	rganization	X Corporation Trust	Association Other	L Ye	ear of formation			te of legal	domicile WI
Pa	rt I	Summar	ν	<u></u>						
			be the organization's mission	on or most significant ac	tivities IN:	SPIRING	AND	ENABLIN	G ALL	YOUNG
a	PE	OPLE E	SPECIALLY THOSE V	WHO NEED US MOS						
Governance	PR		VE, RESPONSIBLE A							
Ĕ			 							
ð	2 Che		x F if the organization	•	•	ed of more	than 25	5% of its net	assets.	
S	3 Nur		ting members of the govern	•	•	L.\		<u> </u>	3	28
Se	4 Nur		dependent voting members	• •	•	D)		<u> </u>	5	28
ŧ	6 Tot		of individuals employed in of volunteers (estimate if r		it v, iiile za)			<u> </u>	6	164
Activities &	7a Tot		ed business revenue from F		e 12			-	7 a	1,285 0.
_			business taxable income f					<u> </u>	7 b	0.
	20			·····			F	Prior Year		Current Year
_ (1 - ~	tributions	and grants (Part VIII, line	1h)				2,139,10	1.	2,220,797.
Ę,			rice revenue (Part VIII, line					69,64		77,341.
ĕ.	10 Inv	estment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)				4,36		7,419.
ď,	∯11 Oth	er revenu	e (Part VIII, column (A), lın	es 5, 6d, 8c, 9c, 10c, ar	nd lle)			304,49	0.	300,738.
	1 12 100		e – add lines 8 through 11			12)	:	2,517,59	2.	2,606,295.
ũ	13 Gra	nts and s	ımılar amounts paid (Part I)	X, column (A), lines 1-3))	····		218,46	8.	282,787.
3	1 4 Ber	efits paid	to or for members (Part IX	(, column (A), line 4)	RECE	IVED				
8	15 Sal	aries, oth	er compensation, employee	e benefits (Part IX, colur	η <u>n (Å), lines 5</u>	10)	h었 :	1,572,20	4.	1,686,682.
Expenses MMR.	16 a Pro	fessional	fundraising fees (Part IX, c		אוור	e onta	llöl			
છું. ક	b Tot	al fundrais	raising expenses (Part IX, column (D), line 25) AUG 25, 2014							
Ω	17 Oth	er expens	ses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)			-	671,64	2.	763,983.
	18 Tot	al expens	ses (Part IX, column (A), lines. Add lines 13-17 (must e	qual Part IX, column (A), INDSDE	N, UI		2,462,31		2,733,452.
	19 Rev	enue less	expenses Subtract line 18	B from line 12				55,27		-127,157.
te 0							Beginn	ing of Current		End of Year
Not Assets Fund Balan	20 Tot	al assets	(Part X, line 16)				$\overline{}$	7,486,92		6,790,569.
A P	21 Tot	al liabilitie	s (Part X, line 26)					1,368,82		799,626.
ž	22 Net	assets or	r fund balances. Subtract lii	ne 21 from line 20				6,118,10	0.	5,990,943.
P			re Block				L	-,,	•••	
Und	er penalties of	редиту, І дес	lare that I have examined this return, i	 ncluding accompanying schedules	s and statements, an	nd to the best of	my knowle	edge and belief, it	is true, con	rect, and
com	plete Declar	ation of prep	arer (other than officer) is based on	all information of which prepare	er has any knowled	dge				
			4 P. Shot					8/19/2	614	
Si	gn	Signati	ure of officer				U	ate		
He	ere		is Schmidt			_	Trea	surer		
			r print name and title	<u></u>		r			16	
		Print/Type	preparer's name	Preparer's signature		Date	<i>i</i> .	Check	If PTIN	
Pa		Jami .	Johnson		SUL	8/14/	114	self employed	P0	0729202
	eparer	Firm's nam						_		
Us	e Only	Firm's addi	ess * 1000 West Co	llege				Firm's EIN ►	39-1	520996
_			Appleton, WI					Phone no	(920)	733-4957
_		-	nis return with the preparer							Yes No
BA	A For Pa	perwork F	Reduction Act Notice, see th	ne separate instructions	<u> </u>	TEEA	0113L 1	1/08/13		Form 990 (2013)

	990 (2013) BOYS & GIRLS CLUB FOX VALLEY, INC	39-	-12257	09	P	age 2
Par	III Statement of Program Service Accomplishments					(C)
	Check if Schedule O contains a response or note to any line in this Part III		•			X
1	Briefly describe the organization's mission. INSPIRING AND ENABLING ALL YOUNG PEOPLE ESPECIALLY THOSE WHO NEE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZ		MOST,	_TO_1	REAL	IZE_
2	Did the organization undertake any significant program services during the year which were not listed on	the pri	or			
_	Form 990 or 990-EZ?	 -		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		L		ت	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	/ices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				ت	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported.	ces, as ount of	measure grants ar	d by ex nd alloc	xpense cations	es. ; to
4 a	(Code) (Expenses \$ 1,950,007. including grants of \$) (F	Revenue	e \$			
	The BGCFV served 4,023 Members, ages 5 to 18 and from 43 differe		· · · —	lev a	area	—′
	communities, in a wide array of positive youth development activ					
	program areas: Education and Career Development, Health & Life S					
	Citizenship, The Arts, and Sports, Fitness & Recreation. An aver					
	participated in these programs each operating day and totaled an					
	hours of Club service. Membership and program service fees avera					
	for the year. The three priority outcomes for the youth developm					
	increase academic success, improve healthy lifestyles, and impro					
	citizenship.					
		- -				
	The BGCFV's Youth & Family Counseling Program served 1,063 youth and youth and parent counseling and/or guidance sessions, all of at no charge to the youth and their families. 89% of clients sur experiencing reduced symptoms.	whic	ch wer	e pr		
				- - -		
4	The BGCFV's Center for Grieving Children provided compassionate services at no cost to 264 children, teens and family members in loved one through death. 96% of clients surveyed report that par Center for Grieving Children helped improve their adjustment to	201 ticij	f supp 3 who pation	have in	the) it_a_
4	d Other program services. (Describe in Schedule O) See Schedule O					
-	(Expenses \$ 143,023. including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 2,321,687.					
BAA				For	n 990	(2013)

_			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4_		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 ь		х
	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	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O .	38	Х	
BAA		Forn	1 990	(2013)

• Check if Schedule O contains a response or note to any line in this Part V			
	$\neg \neg$	Yes	No
1 à Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 3			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 164			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b if 'Yes,' enter the name of the foreign country. ▶			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a 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?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			''
not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	6 b		
-			
a 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?	7 a		Х
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/1		^
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		<u> </u>
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 Ь		<u> </u>
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	 	
Note. See the instructions for additional information the organization must report on Schedule O			
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		1	
c Enter the amount of reserves on hand	1	I	1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b	,	

Form 990 (2013) BOYS & GIRLS CLUB FOX VALLEY, INC Page 6 39-1225709 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 28 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 X X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х X **b** Other officers of key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

BETH MOORE 160 S BADGER AVE

Form 990 (2013)	ROYS	r	GTRIS	CLUB	FOX	VALLEY	TNC	
(2013)	DOIS	α	GTVTO	CTOD	LOV	AWPPEI,	TINC	

39-1225709

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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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) Name and Title Position (do not check more than (B) (D) (F) **(E)** one box, unless person is both ar officer and a director/trustee) Reportable compensation from Reportable compensation from Estimated amount of other Average hours per week (list compensation from the organization and related the organization (W 2/1099-MISC) related organizations (W 2/1099 MISC) Individual any hours Institutional trustee employee rormer -lighest compensated r director employee organiza tions below dotted organizations trustee line) 0 (1) See attached schedule Director 0 X 0 0 0. (2) Gregory Lemke-Rochon 50 Excutive Director 0 X 110,166 0 22,835. (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)

·		s, Key Employees, an (C)									
(A) Name and title	Average hours per	box	, unle	heck ss pe	erson direct	than on the them of the them of the them of the them of the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) stimated int of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	com fr org an	pensation om the anization d related anizations
(15)											
(16)					-					, <u></u> -	
(17)											
(18)		 									
(19)	 	 									
20)		 									
(21)	 	-									. .
(22)											
(23)											
(24)											
(25)											
1 b Sub-total	_1	ļ		<u> </u>	1	L	•	110,166.	0.	-	22,835
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.		(
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited)	ed to the	se lis	sted	abo	ve)	who	rece	110,166. eived more than \$	0. 100,000 of reportab	le com	22,835 pensation
from the organization 1											Yes N
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or trus	stee,	key	em	ploy	ee, o	r hi	ghest compensate	ed employee	3	165 1
For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportabl	e cor	npei	nsat If 'Y	ion a	and o	the	r compensation fr	om		
such individual 5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om a	anv t	unrela	ated	organization or u	ndıvıdual	4	7
for services rendered to the organization? <i>If 'Yes,</i> Section B. Independent Contractors	' comple	te Sc	hed	ule .	J for	such	n pe	rson		5	;
1 Complete this table for your five highest compensation from the organization. Report comp	ated inde ensation	pend for t	dent	con cale	itrac ndar	tors t year	hat en	received more that ding with or within	an \$100,000 of the organization's	lax yea	r.
(A) Name and business addre	ess							(B) Description (C) ensation
										-	
Total number of independent contractors (including	g but no	l limit	led l	to th	ose	listed	d ab	ove) who receive	d more than		
\$100,000 of compensation from the organization		TEEA								Form	990 (201

Dawl 1/111	Clatement of Doverno
Part VIII	Statement of Revenue

	 Check if Schedule O contains a response or note to any 	y 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 d 688,878. f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 297,281. h Total. Add lines 1a-1f			-	
<u>ي</u>	Business Code	2,220,797.			
ICE REVENI	2a Program Service Revenue b	77,341.	77,341.		
3	d				1
AM S	e				
Se	f All other program service revenue.				
<u>=</u>	g Total: Add liftes 24-21	77,341.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds . 	7,419.			7,419.
	5 Royalties				
	6 a Gross rents 29,926. b Less rental expenses	_			
	c Rental income or (loss) 29, 926.	-			
	d Net rental income or (loss)	29,926.	ĺ		29,926.
	7 a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				23, 320.
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	-			
JE	d Net gain or (loss) 8 a Gross income from fundraising events				
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18 a 461.648				
HER	See Part IV, line 18 a 461,648. b Less: direct expenses b 191,431.	1			
ō	c Net income or (loss) from fundraising events	270,217.			270,217.
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses c Net income or (loss) from gaming activities	-		*	
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a Miscellaneous Income	595.			595.
	b				
	c				
	d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	595. 2,606,295.	77,341.	0	308,157.
			,,, <u></u> _,,		JUU, 137.

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 (A) Total expenses (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 282,787. 282,787. Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 110,166 84,828 14,322 11,016. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n 0 0. Other salaries and wages 1,322,239 1,094,011 115,803 112,425. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 114,536 76,940 23,395 14,201 10 Payroll taxes 139,741 115,043. 12,780 11,918. Fees for services (non-employees). a Management **b** Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column 45,031 22,390 11,073. 11,568. (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion Office expenses Information technology 14 15 Royalties 16 Occupancy 156,163. 151,706 2,258 2,199. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 26,610. 26,610 21 Payments to affiliates 22 Depreciation, depletion, and amortization 159,717 159,717 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 186,854 176,119 a <u>Supplies</u> 7,629 3,106. b Transportation 65,537 62,537 1,908 1,092. c Printing and Publications 31,992 14,515 377 17,100. d Miscellaneous 8,193. 22,968. 13,783 992 69,111. 40,701. 13,181. e All other expenses 15,229. 25 Total functional expenses Add lines 1 through 24e 733,452 2,321,687 203,718 208,047. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

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
	1	Cash — non-interest-bearing	218,858.	1	174,005.
	2	Savings and temporary cash investments	261,447.	2	137,717.
	3	Pledges and grants receivable, net	1,523,041.	3	1,058,635.
	4	Accounts receivable, net	2,840.	4	2,582.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges	50,720.	9	59,548.
J	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 6,359,734.			
	ь	Less. accumulated depreciation 10b 1,122,600.	5,345,236.	10 c	5,237,134.
	11	Investments – publicly traded securities	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	0,20,,2011
	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	84,783.	15	120,948.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,486,925.	16	6,790,569.
	17	Accounts payable and accrued expenses	132,047.	17	139,926.
	18	Grants payable	·	18	
	19	Deferred revenue	110,841.	19	74,010.
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ĺ	23	Secured mortgages and notes payable to unrelated third parties	1,086,078.	23	536,078.
š	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	39,859.	25	49,612.
	26	Total liabilities. Add lines 17 through 25	1,368,825.	26	799,626.
N E		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ŝ	27	Unrestricted net assets	4,354,130.	27	4,747,423.
ASSELS	28	Temporarily restricted net assets	1,738,690.	28	1,188,348.
	29	Permanently restricted net assets	25,280.	29	55,172.
R F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Ç	32	Retained earnings, endowment, accumulated income, or other funds		32	
日々してまひせの	33	Total net assets or fund balances .	6,118,100.	33	5,990,943.
E S	34	Total liabilities and net assets/fund balances	7,486,925.	34	6,790,569.
BA	A		·		Form 990 (2013)

Form	990 (2013) BOYS & GIRLS CLUB FOX VALLEY, INC 39-1225	5709	Pa	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2,6	06,2	95.
2.	Total expenses (must equal Part IX, column (A), line 25)	2,7	33,4	52.
3	Revenue less expenses. Subtract line 2 from line 1	-1	27,1	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,1	18,1	.00.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	5,9	90,9	43.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
	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.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2 b	X	
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	lit, 2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	a 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?	3 a	X	
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 3 t	х	
BAA		For	n 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545 0047

Open to Public. Inspection ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number

	S & GIRLS CLUB								225709	
Part	t I Reason for Pul	olic Charity Status (All organizations m	ust cor	nplete	this pa	art.) S	ee inst	truction	ıs.
The o	organization is not a pri	vate foundation because	e it is (For lines 1 throu	gh 11, cl	heck onl	y one b	ox)			
1	A church, conventi	on of churches or assoc	ciation of churches desc	ribed in	section	1 70(b)(1)(A)(i).			
2	A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule E.)						
3	A hospital or a coo	perative hospital service	e organization described	in sect	ion 170(b)(1)(A)	iii).			
4	A medical research	n organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(ьх1хах	(iii). Ente	er the hospital's
	name, city, and sta	ate .	•	•			•		,	·
5	An organization of 170(b)(1)(A)(iv).	perated for the benefit of Complete Part II)	f a college or university	owned o	r operal	ed by a	govern	mental ı	unit desc	ribed in section
6		-	overnmental unit describ	ed in se	ction 17	0(b)(1)(/	4)(v).			
7	X An organization the in section 170(b)(1	at normally receives a s XA)(vi). (Complete Pari	ubstantial part of its sup t II.)	port fro	m a gov	ernment	al unit d	or from t	the gene	ral public described
8	A community trust	described in section 17	0(b)(1)(A)(vi). (Complete	Part II.)					
9	from activities rela	ted to its exempt function) more than 33-1/3% of ons — subject to certain s taxable income (less s mplete Part III.)	exceptio	ns, and	(2) no r	nore tha	an 33-1/3	3% of its	support from gross
10		•	xclusively to test for put		-			•		
11	☐ more publicly supp	orted organizations des	xclusively for the beneficeribed in section 509(a) ion and complete lines	(1) or se	ection 50	9(a)(2).	tions of, See se	or carr ction 50	y out the 9(a)(3). (purposes of one or Check the box that
	a ∐Type I	b ∐Type II c	: Type III - Functior	nally inte	grated	•	! [] 1	Type III	– Non-fi	unctionally integrated
е	By checking this be other than foundat section 509(a)(2).	ox, I certify that the orginal in managers and other	anization is not controller than one or more publi	ed directi icly supp	ly or ind orted or	rectly by ganizati	y one oi ons des	more o	lisqualifi n sectior	ed persons n 509(a)(1) or
f		received a written detei	rmination from the IRS t	hat is a	Type I,	Type II o	r Type	III supp	orting or	ganization,
g	Since August 17, 2	2006, has the organizati	on accepted any gift or	contribu	ition froi	n any of	the foll	owing p	ersons?	
										Yes No
	(i) A person wh below, the g	o directly or indirectly co overning body of the su	ontrols, either alone or t pported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)
	(ii) A famıly mer	mber of a person descri	bed in (i) above?							11 g (ii)
	(iii) A 35% contr	olled entity of a person of	described in (i) or (ii) ab	ove?						11 g (iii)
h	• •		e supported organization							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	is the sation in i) listed in overning ment?	(v) Did yo the organ column (supp	zation in	organiz colur organize	s the ration in in (i) ed in the S ?	(MI) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
(A)				Yes	No	Yes	No	Yes	No	
<u>(A)</u>				Yes	No	Yes	No	Yes	No	
(A) (B)				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
(B)				Yes	No	Yes	No	Yes	No	
(B) (C)				Yes	No	Yes	No	Yes	No	
(B)				Yes	No	Yes	No	Yes	No	
(B) (C) (D) (E)			Instructions for Form 9			Yes				m 990 or 990·EZ) 2013

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.)

<u>Sec</u>	tion A. Public Support										
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	4,003,372.	2,717,941.	2,596,274.	2,139,101.	2,220,797.	13,677,485.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	4,003,372.	2,717,941.	2,596,274.	2,139,101.	2,220,797.	13,677,485.				
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)						257,098.				
6	Public support. Subtract line 5 from line 4	.,					13,420,387.				
Sec	tion B. Total Support					,					
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7	Amounts from line 4	4,003,372.	2,717,941.	2,596,274.	2,139,101.	2,220,797.	13,677,485.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,587.	3,925.	231.	4,360.	7,419.	25,522.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,			,	, ====	0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	222,785.	210,149.	344,392.	374,131.	378,079.	1,529,536.				
11	Total support. Add lines 7 through 10						15,232,543.				
12	Gross receipts from related activ	rities, etc (see inst	tructions)	<u> </u>		12	0.				
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	,				
Sec	tion C. Computation of Pu	ublic Support	Percentage								
14	11 1	• .	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	88.10%				
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	87.10%				
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization d qualifies as a pub	lid not check the b dicly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more, ch	neck this box . ► X				
t	33-1/3% support test — 2012. If t and stop here. The organization	he organization di qualifies as a put	d not check a box olicly supported or	on line 13 or 16a ganization	i, and line 15 is 33	3-1/3% or more, c	heck this box				
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop here	. Explain in Part I	V how				
18	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop here a publicly supporte	e. Explain in Part l ed organization	IV how the ▶				
	_		CR & DOX OIT TIME 1	J, 10a, 100, 17a,	·						
BAA	1				Scl	nedule A (Form 9	90 or 990-EZ) 2013				

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

Sec	tion A. Public Support					_		
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or			_				
	facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support						-	
	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b 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 IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12)		<u></u>					
14	First five years. If the Form 990 organization, check this box and			l, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu					.,		
15	// · / - · · · · · · · · · · · · · · · ·		• •	: 13, column (f))			15	<u></u> %
	Public support percentage from 2						16	%
Sec	tion D. Computation of Inv							
17	Investment income percentage for			•	nn (f)) .		17	8
18	Investment income percentage fi	rom 2012 Schedul	e A, Part III, line	17		Γ	18	8
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	rted organizat	ion	· 🗌
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%							· 🏻
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, ch —————	neck this box and	see instructio	ns P	

· SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

воч	S & GIRLS CLUB FOX VALLEY, IN	NC	39-1225709
>ar	I Organizations Maintaining Don	or Advised Funds or Other Simil swered 'Yes' to Form 990, Part IV	ar Funds or Accounts. , line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the		ın donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that gran of the donor or donor advisor, or for any	t funds can be used only other purpose conferring
Par	<u>'</u>		
		swered 'Yes' to Form 990, Part IV	', line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e.g., r	ecreation or education) Preserv	ation of an historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
2		on held a qualified conservation contributi	on in the form of a conservation easement on the
	last day of the tax year		
			Held at the End of the Tax Year
-	Total number of conservation easements		2 a
Ŀ	Total acreage restricted by conservation ease	ments	2 b
c	Number of conservation easements on a certi	fied historic structure included in (a)	2c
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a	historic 2 d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemet		n, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitori		,
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i) Yes No
9			ue and expense statement, and balance sheet, and the control of the describes the organization's accounting for
Par	HI Organizations Maintaining Collec	tions of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV	or Other Similar Assets. /, line 8.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIII, the text of the footnote to its final	is held for public exhibition, education, or	revenue statement and balance sheet works of research in furtherance of public service, provide, s.
ı	historical treasures, or other similar assets he following amounts relating to these items	eld for public exhibition, education, or rese	enue statement and balance sheet works of art, arch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	. • \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar as 116 (ASC 958) relating to these items:	sets for financial gain, provide the following
i	Revenues included in Form 990, Part VIII, line	e 1 .	> \$
	Assets included in Form 990. Part Y		▶ \$

2 RO12 BO12					39-122			Page 2
Part III Organizations Maintain	ing Collection	s of Art, Historic	al Trea	sures, or Oth	er Similar Assets (contını	ıed)	
3 Using the organization's acquisition items (check all that apply).	on, accession, an	d other records, che	eck any o	of the following the	nat are a significant use	e of its o	:ollectio	n
a Public exhibition		d Loan	or excha	inge programs				
b Scholarly research		e Other						
c Preservation for future genera	ations	_						
4 Provide a description of the organ Part XIII	nization's collection	ns and explain how	they fur	ther the organiza	ation's exempt purpose	ın		
5 During the year, did the organizal to be sold to raise funds rather th	ian to be maintair	ed as part of the or	ganızatıd	on's collection?		Yes		No
Part IV Escrow and Custodia Ine 9, or reported an	I Arrangemen amount on Fo	rm 990, Part X,	the org , line 2	ganization an 1.	swered 'Yes' to Fo	orm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or	other intermediary	for contr	ributions or other	assets not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII and c	omplete the followin	ng table:			Amount		
c Beginning balance					1c	- ariodik		
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					16			
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No							TNo	
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII.								
bili res, explain the arrangement	in Fart Am. Chec	k fiere if the explain	IIIOH Has	been provided if	I Fall Alli		L	J
Part V Endowment Funds. Co	mplete if the o	organization ans	wered	'Yes' to Form	990, Part IV, line	10.		
	(a) Current year	(b) Prior year	г	(c) Two years back	(d) Three years back	(e) F	our years	back
1a Beginning of year balance 40,151. 34,490. 35,111. 31,892.						900.		
b Contributions		2,0	000.		100.		6,	051.
c Net investment earnings, gains, and losses 4,308. 84. 3,620.								
d Grants or scholarships								
 Other expenditures for facilities and programs 					0.			313.
f Administrative expenses		6	547.	705	5. 501		31,	892.
g End of year balance	40,15	1. 40,1	151.	34,490	35,111	,	31,	892.
2 Provide the estimated percentage	e of the current ye	ear end balance (lin	e 1g, col	lumn (a)) held as	3			
a Board designated or quasi-endov	vment 🟲	8						
b Permanent endowment	8							
c Temporarily restricted endowmer	nt ►	%						
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%.						
3a Are there endowment funds not i	n the possession	of the organization	that are	held and adminis	stered for the	_		,
organization by.	•	J					Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations					•	3a(ii)		X
b If 'Yes' to 3a(ıı), are the related of	organizations liste	d as required on Sc	hedule F	₹?		3b		
4 Describe in Part XIII the intended	uses of the orga	nızatıon's endowme	ent funds	See Part	t XIII			-
Part VI Land, Buildings, and Complete if the organi		ed 'Yes' to Form	n 990. l	Part IV. line 1	1a. See Form 990	Part	X. line	÷ 10.
Description of property		Cost or other basis		Cost or other	(c) Accumulated		Book va	
	(a)	(investment)		isis (other)	depreciation			
1 a Land	<u> </u>			194,300.		_		<u>, 300 .</u>
b Buildings			6	5,099,224.	1,062,154.	5	<u>, 037</u>	<u>,070.</u>
c Leasehold improvements			L					
d Equipment				24,207.	24,207.			0.
e Other				42,003.	36,239.			<u>,764.</u>
Total, Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990. Part X. o	column (I	B), line 10(c),)	. •	5	237	134

Schedule **D** (Form 990) 2013

BAA

(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)		
c)		
 D)		
 <u>=</u>)		
 F)	·	
G)		
()		
otal (Column (b) must equal Form 990, Part X, column (B) line 12)	-	
Part VIII Investments - Program Related.	d 'Yes' to Form 990	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
	escription	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)	<u> </u>	(b) Book Value
(1)	•	(b) Book Valide
		(D) Dook Valide
(2) (3) (4)		(D) Dook Valide
(2) (3) (4) (5)		(D) Dook Valide
(2) (3) (4) (5) (6)		(D) Dook Valide
(2) (3) (4) (5) (6) (7)		(D) Dook Valide
(2) (3) (4) (5) (6) (7) (8)		(D) Dook Valide
(2) (3) (4) (5) (6) (7) (8) (9)		(D) DOON VALIDE
(2) (3) (4) (5) (6) (7) (8) (9) (10)		(D) DOON VALIDE
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	B), line 15)	>
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a)	B), line 15)	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form	B), line 15) n 990, Part IV, line 11e oi	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan	B), line 15) n 990, Part IV, line 11e oi	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8) (9)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25 e 512.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8) (9) (10)	B), line 15) n 990, Part IV, line 11e o (b) Book valu	r 11f. See Form 990, Part X, line 25 e 512.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8) (9) (10)	B), line 15) n 990, Part IV, line 11e oi (b) Book valu	r 11f. See Form 990, Part X, line 25 e 512.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8) (9) (10) (11) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 25)	B), line 15) n 990, Part IV, line 11e oi (b) Book valu 49, 6	r 11f. See Form 990, Part X, line 25 e 512.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Deferred Compensation plan (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	B), line 15) n 990, Part IV, line 11e oi (b) Book valu 49, 6	r 11f. See Form 990, Part X, line 25 e 512. financial statements that reports the organization's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Re	oroniao poi itotairii	
Complete if the organization answered 'Yes' to Form 990, Part IV,	, line 12a.	
1 Total revenue, gains, and other support per audited financial statements.	1	2,606,295.
2° Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	2,606,295.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		· -
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	2,606,295.
Part XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV	•	
Total expenses and losses per audited financial statements	1	2,733,452.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u> </u>	2,733,432.
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	2,733,452.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		2,733,432.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,733,452.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this Part V, Line 4 - Intended Uses Of Endowment Fund	lines 1b and 2b, Part V, s part to provide any addition	al information
<u>The intended use of these funds is to keep the principa</u>	<u>l amounts intact</u> a	and_use_the
earnings_to_provide_general_support_for_the_ClubDistr	<u>ibutions are subj</u> e	ect_to_the
discretion_of_the_Board_of_Directors_and_must_be_made_in	n <u>accordance with</u>	the spending
policy_of_the_agreement_made_with_the_Community_Foundat	ion_for_the_Fox_Va	alley Region,
Inc		
BAA	Sched	ule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is

OMB No 1545 0047

2013

Open to Public Inspection

at www.irs.gov/form990. Employer identification number BOYS & GIRLS CLUB FOX VALLEY, INC 39-1225709 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key Yes X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iv) Gross receipts (vi) Amount paid to (or retained by) (ii) Activity (v) Amount paid to (III) Did fundraiser from activity (or retained by) or entity (fundraiser) have custody or control of contributions? organization fundraiser listed in column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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

Schedule G (Form 990 or 990-EZ) 2013 BOYS & GIRLS CLUB FOX VALLEY, INC 39-1225709 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 (add column (a) Golf outing Vintage in the through column (c)) REVENUE (total number) (event type) (event type) 1 Gross receipts 103,669 102,487 255,492 461,648. 2 Less. Charitable contributions 3 Gross income (line 1 minus line 2) 255,492 103,669. 102,487. 461,648. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages Entertainment. Other direct expenses 111,774 43,252 36,405 191,431. 10 Direct expense summary. Add lines 4 through 9 in column (d) 191,431. 11 Net income summary. Subtract line 10 from line 3, column (d) 270,217. 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. (d) Total gaming (add column (a) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo through column (c)) Gross revenue 2 Cash prizes

BAA			TEEA	3702L 06	5/26/13		Sched	dule G (For	m 990 or 99	0-EZ) 2013
	a Were any of the orga b If 'Yes,' explain:	nization's gaming licenses					tax year?		Yes	No
	• •	which the organization ope ensed to operate gaming :	• •	n of the					Yes	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)										
	6 Volunteer labor		Yes No	_ %	YesNo	% %	YesNo	%	······	
	5 Other direct exp	enses								
R E S Noricash prizes 4 Rent/facility costs										
D X I P R E	3 Noncash prizes								_	

	c .			
Sche	edule G (Form 990 or 990-EZ) 2013 BOYS & GIRLS CLUB FOX VALLEY, INC	9-122	5709	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	med to	Yes	□ No
12	Indicate the percentage of gaming activity operated in.	1 1		
		1,2		0_
	The organization's facility	13a		 %
	An outside facility	13Ь		_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records	•	
	Name •			
	Address •		- 	
ŀ	Does the organization have a contact with a third party from whom the organization receives gaming revenue of f 'Yes,' enter the amount of gaming revenue received by the organization and to of gaming revenue retained by the third party f 'Yes,' enter name and address of the third party.		☐ Yes nt	No
	Name •			
	Address ►			
16	Gaming manager information.			
	Name •			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
í	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the process of the process	in the	□v	
	state gaming license?		Yes	∐No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in i	ine	
EIRC	organization's own exempt activities during the tax year > \$			<u> </u>
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, cand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	ny add	s (III) and Itional	(V),
			-	
	· · · · · · · · · · · · · · · · · · ·			
				
				
			·	
				-

SCHEDIII F.I.		Grants and Oth	ner Assistance t	to Organization	S,		OMB No 1545 0047
(Form 990)	Ğ	Governments, ar	overnments, and Individuals in the United States	n the United Sta	ates		2013
	Cor	nplete if the organizati	Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	orm 990, Part IV, line 21).	or 22.	<u> </u>	Onen to Piddic
Department of the Treasury Internal Revenue Service	▶ Informa	tion about Schedule I	 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. 	uctions is at www.lrs.g	ov/form990.		Inspection
Name of the organization						Employer Identification number	idon number
	CLUB FOX VALLEY, INC					39-1225709	6
	General Information on Grants and Assistance	stance					
1 Does the organization the selection criteria us	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e amount of the grants ice? intoring the use of gran	ne grants or assistance, the grantees' eligibility for the grants or assistance, and of grant funds in the United States.	tees' eligibility for the g	rants or assistance, a	- Pu	X Yes No
Part II Grants and Ot Form 990, Par	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	nts and Organizati nt that received n	ions in the United Sinore than \$5,000. F	tates. Complete if Part II can be dupli	the organization a	answered 'Yes' to	Ġ.
1 (a) Name and address of organization or government	organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(t)							
(2)							
(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	1 1 1 1 1 1 1						
(4)							
(5)							
(9)							
6							
(8)	1 1 1 1						
	1 1 1 1						
2 Enter total number of s	Enter total number of section 501(c)(3) and government organizations	_	isted in the line 1 table				0
3 Enter total number of c	Enter total number of other organizations listed in the line 1 table	1 table					0
BAA For Paperwork Reduc	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedul	Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013) BOYS & GIRLS CLUB FOX VALLEY, INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Meals for youth	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1					
	162,041			Cost	Food /snack
Transportation for youth	36	1,866.		Cost	Bus passes
Youth Recr and Camp	24	400.		Cost	Camp tuition
Youth of the Year Educational Scholarship		1,000.			
ו עטן	490	6,649.		Cost	Clothing, shelter, and supplies
Membership fees waived for	1				
members	C\$/ 'T	33, 337.			
Supplemental Information. Provide the informat		on required in Part I, line	12	 Part III, column (b), and any o	other additional information.
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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BAA

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization BOYS & GIRLS CLUB FOX VALLEY, INC Employer identification number

	S & GIRLS CLUB FOX VALLEY, INC			39-	122570	9		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d od of d contrib	etermin	ing mounts
1	Art — Works of art		•					_
2	Art — Historical treasures							
3	Art — Fractional interests					_		
4	Books and publications							
5	Clothing and household goods.							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests		· ,					
12	Securities - Miscellaneous							-
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other		·					
15	Real estate - Residential							
16	Real estate - Commercial		· · · · · · · · · · · · · · · · · · ·					
17	Real estate — Other						·	_
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			*-				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			· -				
24	Archeological artifacts		······································					
25	Other ()	·		 	†			
26	Other ()			·-				
27	Other► (
28	Other ()							-
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			ons for which the	29			
			-		L		Yes	No
30a	During the year, did the organization receive by co							
	purposes for the entire holding period?				•	30 a		Х
t	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance police	cy that requir	es the review of any n	on-standard contribution	ns?	31		Х
	Does the organization hire or use third parties or in noncash contributions?	related organ	izations to solicit, proc	cess, or sell		32 a		Х
t	If 'Yes,' describe in Part II.					`		
33	If the organization did not report an amount in col describe in Part II.	umn (c) for a	type of property for w	hich column (a) is chec	ked,			-
	For Denominal Partitation Act Notice, see the Inci		Farm 000		Cabad.	Ja BA /		0) 2012

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.

2013

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Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number 39-1225709 BOYS & GIRLS CLUB FOX VALLEY, INC Form 990 - Explanation of Amended Return SCHEDULE I PART III WAS AMENDED TO INCLUDE ADDITIONAL SCHOLARSHIPS PAID TO INDIVIDUALS AND TO CORRECT THE NUMBER OF RECIPIENTS ON LINE 5. Form 990, Part III, Line 4d - Other Program Services Description The BGCFV's Truancy Reduction and Assessment Center (TRAC) served 323 students in 2013 through 1,103 individual meetings. 96% of truant youth surveyed reported that TRAC helped them progress toward their goals and those served showed a 73% average increase in school attendance. Youth served were students in the Appleton, Little Chute, and Shiocton school districts. The BGCFV's Runaway Program reached 6,110 youth through street outreach activities, conducted 68 prevention education sessions in area schools to 2,253 youth, provided 24-hour crisis intervention services, served 46 youth through the evidence-based SMART Moves drug and alcohol abuse resistance education program, and also connected 86 runaway and homeless youth to counseling support. The Targeted Outreach Initiative, served 33 at risk youth, and provided case management sdeervices to 41 of these at risk youth. Form 990, Part VI, Line 11b - Form 990 Review Process Copy of 990, excluding Schedule B due to confidentiality, distributed electronically to all board members prior to signatures and filing. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Conflict of interest statement is provided to and signed by board members, staff, and volunteers, both at the time of the individual initial affiliation and at least annually.

- _Schedule 0 (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
BOYS & GIRLS CLUB FOX VALLEY, INC	39-1225709
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
Compensation shall be recommended by the Executive committee o	f the Board of
Directors and shall include a review and approval by independe	nt persons,
comparability data, and contemporaneous substantiation of the	deliberation and
decision.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Available on Web site and by request	
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2013 Schedule A, Part IV - Supplemental Information						Page !	
lient 25465-1	BOYS & GIRLS CLUB FOX VALLEY, INC					39-122570	
114/14		-				11.41A	
Part II, Line 10 - Oth	ner Income						
Nature and Sour	<u>ce</u>	2013	2012	2011	2010	2009	
Program service Other	revenue \$ Total \$	300,738.	\$ 69,641. 304,490. \$ 374,131.	\$ 61,466. 282,926. \$ 344,392.	\$ 37,457. \$ \\ \frac{172,692.}{\$ 210,149.} \\ \frac{5}{450} \]	39,055. 183,730. 222,785.	
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