DLN: 93493221015416

Form 990

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

OMB No 1545-0047
2015

Open to Public Inspection

A F	or the 20	015 cal	endar year, or tax year	beginning 01-0	L-2015 , and ending 1	12-31-20) 1 5			
	eck if appl		C Name of organization BOYS & GIRLS CLUBS OF T	ΓOLEDO				D Emplo	oyer id	entification number
☐ Ad	dress chan	ige	AND THE TOLEDO NEWSBO					34-4	4279	33
∏ Na	me chang	e	Doing business as							
In:	tial return					. 1		E Teleph	one nu	mber
Fir	al urn/termir	nated	Number and street (or P O 2250 N DETROIT AVE) box if mail is not	delivered to street address) Room/s	suite	(419	1241-	-4258
	ended ret		City or town, state or prov	unce country and	7IP or foreign postal code			(113	, 2 1 1	1230
_	plication p		TOLEDO, OH 43606	rince, country, and	Zir or foreign postar code			G Gross	receipts	s \$ 3,356,548
,			F Name and addres	ss of principal o	fficer		11/2) 7			
			DAVID R WEHRMEI	STER	ilicei			s this a group subordinates?		n for □Yes 🔽 No
			2250 N DETROIT A TOLEDO,OH 4360					re all subord	ınates	
			102200,011 1000				1	ncluded? f "No " attacl	naliei	t (see instructions)
I Ta	x-exempt	status	▼ 501(c)(3)) () 🖪 (ınsert no)	527		Group exemp		
J W	ebsite: l	► ww	W BGCTOLEDO ORG				7 ` ′	Group exemp		amber P
<u></u>			Corporation Trust	•	_		1	- f f t 1	005	M Chaha af la ant de manda a Oli
		Sumi		Association Oth	er 📭		L Year	of formation 1	905	M State of legal domicile OH
			cribe the organization's	mission or mor	et cianificant activities					
			IRLS CLUBS OF TOLED				ING PEOPI	LE, ESPECIA	LLY T	HOSE WHO NEED US
			REACH THEIR FULL P							
e e	1		COMES PRIMARILY FF SING EVENTS	ROM THE UNI	ED WAY OF GREATE	RIOLE	DO, DONC	OR CONTRIB	0110	NS, GRANTS AND
e e										
Governance	- Ch	ock thi	s box ► If the organiz	ation discontin	and its apprations or di	spacad	of more the	25% of its	not a	conto
	2 011	eck till	s box Fi II the organiza	acion discontini	ied its operations of di	isposeu	or more the	all 23 70 Of its	ilet a	55615
Activities &	3 Nu	mber o	f voting members of the	governing bod	(Part VI, line 1a) .				3	49
Ĕ	4 Nu	mber o	fındependent votıng me	embers of the g	overning body (Part VI	, line 1b)		4	49
্ব	5 Tot	tal num	nber of individuals emplo	oyed ın calenda	r year 2015 (Part V , lı	ne 2a)			5	99
	6 Tot	tal num	nber of volunteers (estin	nate if necessa	ry)				6	500
			elated business revenue		• • • •				7a	0
	b Net	unrela	ted business taxable ind	come from Forn	1990-T, line 34	• •	<u> </u>		7b	0
								Prior Year		Current Year
a)			butions and grants (Part				•	1,599	-	1,393,896
Revenue			m service revenue (Part				•		,016	7,370
Š			ment income (Part VIII				•	212		127,044
			revenue (Part VIII, colu evenue—add lines 8 thro			•	<u></u>		,285	50,545
		12)	evenue—add inies o tini	ough 11 (must	equal Part VIII, Colum	III (A), II	ne	1,856	,680	1,578,855
	13	Grants	and similar amounts pa	aıd (Part IX, col	umn (A), lines 1-3)				0	0
	14	Benefit	ts paid to or for members	s (Part IX, colu	mn (A), line 4)				0	0
ø			es, other compensation,	employee bene	fits (Part IX, column (A	۹), lınes		1,295	,615	1,288,004
3.e		5-10)	sional fundraising fees ((Part IX colum	n (Δ.) line 11e)					0
Expenses			ndraising expenses (Part IX, c			•	•			
Ð	1		expenses (Part IX, colu				_	664	469	675,642
			expenses Add lines 13-					1,960		1,963,646
			ue less expenses Subtr					-103		-384,791
<u>১ জু</u>								ing of Current		End of Year
Not Assets or Fund Balances		-							_	
Ass Ba			issets (Part X, line 16)					15,388		14,480,921
3 ×			iabilities (Part X, line 26 sets or fund balances S					15,305	,771	111,510
			ature Block	Jubilact line 21	nom me zo	· · · ·		15,505	,,,,,	11,303,111
			perjury, I declare that I h	have examined	this return, including a	ccompa	inying sche	dules and st	ateme	nts, and to the best of
			pelief, it is true, correct,	and complete	Declaration of preparer	r (other	than office	r) is based or	ı all ın	formation of which
hreba —	ier nas	aiiy KN 	owledge							
		****						2016-08-04		
Sigr		y Signa	ture of officer					Date		
Her	e		OR WEHRMEISTER EXECUTIV	VE DIRECTOR						
			or print name and title	Brons	rer's signature	1	Date		PTIN	_
D-:	4		OHN S HILLS CPA		s HILLS CPA		2016-08-02	Check if self-employed		25057
	. =	- 1		I				<u> </u>	1	
		Fi	ım's name 🕨 REHMANN RO	OBSON LLC		•		Firm's EIN 🟲 3	38-3635	5706
	parer Only	Fi	rm's name ► REHMANN RO					Firm's EIN 🕨 3 Phone no (41)		

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form	990	(2015)
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	<u> </u>					
Par		of Program Servi	_			
1		organization's mission	onse or note t	o any line in this Part	<u>III</u>	
_			TED TO ENA	DITNG ALL VOLING D	SEODIE ECDECIALLY THO	SE WILLO NEED HE MOST
ГОВ	REACH THEIR FULL PO	OTENTIAL AS PRODU	CTIVE, CAR	ING, RESPONSIBLE	EOPLE, ESPECIALLY THOS CITIZENS THE ORGANIZA TIONS, GRANTS AND FUNI	TION'S SUPPORT COMES
					,	
2	3	undertake any significa r 990-EZ?		ervices during the yea	r which were not listed on	⊤Yes ▼No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization of services?	cease conducting, or m	ake significar	nt changes in how it co	onducts, any program	▽Yes ▽No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	expenses Section 50		organization	s are required to repoi	nree largest program service: t the amount of grants and a	
4a	(Code) (Expenses \$	594,922	including grants of \$) (Revenue \$	2,842)
		R DEVELOPMENTPROGRAMS R EMPLOYMENT AND EMBRA			IENT IN BASIC EDUCATIONAL DISCI A CAREER	PLINES, SET GOALS, EXPLORE
4b	(Code) (Expenses \$	141,992	including grants of \$) (Revenue \$	678)
טד	•	, , , ,	•	,	GLOBAL CITIZENS WHO SUPPORT A	,
		MEANINGFUL RELATIONSHIPS			F-IMAGE AND GOOD CHARACTER AF	
4c	(Code) (Expenses \$	304,104	including grants of \$) (Revenue \$	1,452)
	THE ARTSPROGRAMS TH	, , ,	LOP THEIR CREA		ARENESS THROUGH KNOWLEDGE A	• •
	See Additional Data					
4d	Other program serv	ices (Describe in Sche	dule O)			
	(Expenses \$		udıng grants o	of \$) (Revenue \$	2,398)
4e	Total program servi	ce expenses 🕨	1,543,253			

Part IV Checklist of Required Schedules

	Checking of Regulied Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19 202	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Day	Charlist of Descriped Cabadulas (continued)			
	t IV Checklist of Required Schedules (continued)			ı
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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 "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32		No
33	If "Yes," complete Schedule N, Part II			No
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		10
	and Part V, line 1	34	Yes	
35a		35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chester is constant a constant a respective and in any line in an exact a constant a constant and in a constant a constan		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
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?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	1	

Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 49							
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	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No No				
6	Did the organization have members or stockholders?	6		No				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		No				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)				
		\square	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
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?	10b						
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
L3	Did the organization have a written whistleblower policy?	13	Yes					
L4	Did the organization have a written document retention and destruction policy?	14	Yes					
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed ► O H							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)							
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year							

State the name, address, and telephone number of the person who possesses the organization's books and records ▶DAVID E FISHER 2250 NORTH DETROIT AVE TOLEDO, OH 43606 (419) 241-4258

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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	(B) A verage hours per week (list any hours	Position (do not check Report of the person is both an officer and a director/trustee) Report of the person is both an officer organized organized at the person is both an officer organized organized organized the person is also between the person is a person organized the person					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one l both	oox, an o	heck unless officer stee)		Repor comper from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W-	c	(F) Estima nount o ompens from t	ted f other ation
		for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee or director				Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
See	e Additional Data Table													
1b	Sub-Total				•		•							
c d	Total (add lines 1b and 1c) .				<u>.</u>	٠.	•		10	5,791	0			0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	d more th	nan			
													Yes	No
3	Did the organization list any f o on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Section B. Independent Contractors														
1	Complete this table for your five compensation from the organization	e highest comp											ax vear	
		(A) ame and business a			101		Jarona	, <u>-</u> -	a. chang		(B) scription of services		(C Compen	
Securition of Services									#					

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

Part V	1 1 1	Statement o			th D+ \/III			_
		Check if Schedu	ule O contains a respor		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a	357,128				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es 1b					
Gr	С	Fundraising eve	ents 1c					
ffs, r A	d	_	rations 1d	361,084				
Gii								
ns, Sim	е	Government grants	s (contributions) 1e	96,000				
ıtio er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	579,684				
ig ∯	g	Noncash contribution	ons included in lines					
Contributions, Giffs, and Other Similar A		1a-1f \$			1 202 006			
Col	h	Total. Add lines	s 1a-1f	· · · · •	1,393,896			
ē				Business Code				
Program Service Revenue	2a							
Re√	b							
- Ce	С							
er w	d							
า ร	e							
gra	f	All other progra	ım service revenue		7,370	7,370		
Pč	g	Total Add lines	s 2a – 2f	L	7,370			
	3		ome (including dividen		7,370			
		and other simila	aramounts)		105,783			105,783
	4		tment of tax-exempt bond	-				
	5	Royalties						
	6-	Cross rants	(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incor	L me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,798,954					
	ь	Less cost or						
		other basis and sales expenses	1,777,693					
	С	Gaın or (loss)	21,261					
	d	Net gain or (los	s)		21,261			21,261
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding reported on line 1c)					
<u>.</u>			a					
#	b	Less direct ex	penses b					
-	С	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		See Fait IV, iiii	a					
	b	Less direct ex	penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of		-				
		returns and allo						
	L	loca sast f	a a					
	b c	_	oods sold b (loss) from sales of inve	entory .				
		Miscellaneous		Business Code				
	11a	MANAGEMENT		900099	26,458			26,458
	ь	MISCELLANEC		900099	24,087			24,087
	С	MIJCELLANEC	,		,			<u> </u>
	d	All other revenu	ue					
	e	Total. Add lines		▶				
				_	50,545			
	12	rocar revenue.	See Instructions	· · · · •	1,578,855	7,370	0	177,589

Part IX Statement of Functional Expenses

ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	itions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,791	22,200	83,591	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	929,520	743,405	103,567	82,548
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,562	45,596	16,796	3,170
9	Other employee benefits	103,995	67,284	20,275	16,436
10	Payroll taxes	83,136	61,342	15,211	6,583
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	16,965	12,958	2,729	1,278
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,478	4,721	1,869	888
12	Advertising and promotion	11,868	4,515	4,566	2,787
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	180,500	177,295	3,205	
17	Travel	11,255	5,770	4,855	630
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4,467			4,467
22	Depreciation, depletion, and amortization	224,949	217,297	4,591	3,061
23	Insurance	33,962	21,456	9,963	2,543
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)				
а	PRO GRAM SUPPLIES AND FO	127,421	119,129	6,384	1,908
b	REPAIRS AND MAINTENANCE	28,723	27,596	1,037	90
c	NATIONAL & OTHER ORGANI	13,967	10,220	3,134	613
d	TRAINING	7,219	1,948	2,925	2,346
e	All other expenses	6,868	521	6,252	95
25	Total functional expenses. Add lines 1 through 24e	1,963,646	1,543,253	290,950	129,443
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . Γ (B) (A) Beginning of year End of year 785,156 1 Cash-non-interest-bearing 861,387 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net

	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[457,934	4	326,193
	5	Loans and other receivables from current and former office key employees, and highest compensated employees C Schedule L	ompĺet	,			
	6	Loans and other receivables from other disqualified pers	•			5	
<u>s</u>		section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see instal of Schedule L	section	501(c)(9)			
Assets						6	
A.S.	7	Notes and loans receivable, net		[7	
_	8	Inventories for sale or use		[8	
	9	Prepaid expenses and deferred charges		[3,396	9	9,553
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,285,509				
	b	Less accumulated depreciation	10b	2,982,955	2,512,791	10c	2,302,554
	11	Investments—publicly traded securities		6,071,441	11	5,711,463	
	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		[5,558,012	15	5,269,771
	16	Total assets.Add lines 1 through 15 (must equal line 34)		15,388,730	16	14,480,921
	17	Accounts payable and accrued expenses			82,771	17	111,510
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
- 0	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
įĢ		persons Complete Part II of Schedule L				22	
Ä	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
			•			25	
	26	Total liabilities. Add lines 17 through 25			82,771	26	111,510
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► Γ	and complete			
lan	27	Unrestricted net assets			4,601,843	27	4,337,866
Ba	28	Temporarily restricted net assets			2,447,092	28	2,061,512
Fund Balance	29	Permanently restricted net assets			8,257,024	29	7,970,033
Fu		Organizations that do not follow SFAS 117 (ASC 958), c	heck he	ere ► 🗆 and			
0.	30	complete lines 30 through 34.				20	
ets	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment	F		31 32		
₩.	32	Retained earnings, endowment, accumulated income, or			15,305,959	32	14,369,411
Net	33	Total net assets or fund balances					
	J-4	rotar napinties and net assets/fund balances			15,388,730	34	14,480,921

Day	t XI Reconcilliation of Net Assets				age ==
Рап	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)	1		1,!	578,855
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	963,646
3	Revenue less expenses Subtract line 2 from line 1	3		-3	384,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,:	305,959
5	Net unrealized gains (losses) on investments	5		- <u>!</u>	551,757
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		14,:	369,411
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	☐ Separate 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	.e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 34-4427933

Name: BOYS & GIRLS CLUBS OF TOLEDO

AND THE TOLEDO NEWSBOYS ASSOCIATION

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

(Code) (Expenses \$	377,525	including grants of \$) (Revenue \$	1,803)
SPORTS, FITNES	S AND RECREATIONPROGRAI	MS THAT DE	VELOP FITNESS, POSIT	IVE USE OF LEISURE TIME, SKILLS	FOR
STRESS MANAGE	EMENT, APPRECIATION FOR T	HE ENVIRO	NMENT AND SOCIAL SK	ILLS	
(Code) (Expenses \$	124,710	ıncludıng grants of \$) (Revenue \$	 595)
HEALTH AND LIF	E SKILLSPROGRAMS THAT DE	VELOP YOU	NG PEOPLE'S CAPACIT	Y TO ENGAGE IN POSITIVE BEHAV	IORS THAT
NURTURE THEIR	OWN WELL-BEING SET PERS	ONAL GOALS	S AND LIVE SUCCESSED	ILLY AS SELF-SUFFICIENT ADULTS	

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

Compensated Employees, and Ind (A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion (e nan o n is b	ne both a	ox, ι an o trus	ınless fficer	; 	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
RICHARD T MANN PRESIDENT	1 00	х		х				0	0	0
KEVIN D O'NEAL	1 00	l x		x				0	0	0
VICE PRESIDENT										
SARA J MOYNIHANVICE PRESIDENT	1 00	х		х				0	0	0
BRIAN EPSTEIN VICE PRESIDENT	1 00	х		х				0	0	0
THOMAS J WINSTON	1 00	,		,						
TREASURER		Х		Х				0	0	0
ROBERT E SHICK	1 00			v						
SECRETARY		X	L	Х			L	0	0	0
FREDERICK L RUFFIN ASST TREASURER	1 00	х		х				0	0	0
TIFFANY CAVANAUGH	1 00									
ASST SECRETARY		x		х				0	0	0
ANDY ANDERZACK	1 00									
TRUSTEE		х						0	0	0
THOMAS A BAITHER	1 00	×						0	0	0
TRUSTEE		^						0	0	0
BEAU G BARROW	1 00	x						0	0	0
TRUSTEE		_ ^						0	U	0
STACEY A DUNBAR TRUSTEE	1 00	х						0	0	0
REBECCA S FUHRMAN	1 00									
TRUSTEE		Х						0	0	0
SHARON M FULOP	1 00	x						0	0	0
TRUSTEE	1 00									
ANDREA M GIBBONS		x						0	0	О
TRUSTEE WENDY D. CDAMZA	1 00									
WENDY R GRAMZA		х						0	0	0
TRUSTEE RICHARD E JACKSON	1 00									
TRUSTEE		Х						0	0	0
CHRISTOPHER R KOZAK TRUSTEE	1 00	x						0	0	0
JOHN G MANCY	1 00									
TRUSTEE		х						0	0	0
JOSEPH D MATHIAS	1 00	x						0	0	0
TRUSTEE		^						Ů	0	
JOSHUA RUPLI	1 00	x						0	0	0
TRUSTEE	1 00							0	0	0
TRUSTEE		х						0	0	0
DOUGLAS SCHOENROCK	1 00	х						0	0	0
TRUSTEE		^								
SPENCER D STONE JR TRUSTEE	1 00	х						0	0	0
MICHAEL P BELL	1 00									
TRUSTEE		х						0	0	0
		<u> </u>						<u> </u>		<u> </u>

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

Compensated Employees, and Inde		ntracto	ors				_	I	1	1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion (d han o n is b	ne b oth	ox, ι an o	ınless fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
BENJAMIN T BROWN	1 00	X						0	0	0
PATRICIA P DODD	1 00									
TRUSTEE		X						0	0	0
CHARLES J DONEGHY	1 00							0	0	0
TRUSTEE		Х						U	0	0
JOHN D DRUMHELLER TRUSTEE	1 00	x						0	0	0
JOEL P EPSTEIN	1 00	x						0	0	0
TRUSTEE								0	0	0
JOHN A FEDDERKE	1 00	x						0	0	0
TRUSTEE DANIEL L FRICK	1 00									
TRUSTEE		×						0	0	0
TERRANCE G GERKEN	1 00	х						0	0	0
TRUSTEE	1 00									
URBAN F GRADEL TRUSTEE		х						0	0	0
DONALD L HARBAUGH TRUSTEE	1 00	х						0	0	0
CARL B HEDLUND	1 00	.,								
TRUSTEE		X						0	0	0
HENRY N HEUERMAN TRUSTEE	1 00	х						0	0	0
JAMES R JEFFREY TRUSTEE	1 00	х						0	0	0
JUSTICE G JOHNSON JR	1 00	х						0	0	0
TRUSTEE	1 00									
GEORGE M JONES III TRUSTEE		×						0	0	0
JUDGE REEVE W KELSEY TRUSTEE	1 00	х						0	0	0
GEORGE W LATHROP TRUSTEE	1 00	х						0	0	0
GEORGE F MCKISSON JR TRUSTEE	1 00	х						0	0	0
MICHAEL G MILLER TRUSTEE	1 00	x						0	0	0
JOHN C MOORE	1 00	х						0	0	0
TRUSTEE SUSAN E MORGAN	1 00									
TRUSTEE		Х						0	0	0
MARC E STOCKWELL TRUSTEE	1 00	х						0	0	0
GEORGE S WADE JR TRUSTEE	1 00	х						0	0	0
CONNIE S SCHMIDT TRUSTEE	1 00	х						0	0	0
DAVID R WEHRMEISTER EXECUTIVE DIRECTOR	40 00			х				105,791	0	0
ENECOTIVE DIRECTOR			1		<u> </u>	1	<u> </u>			

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As Filed Data -

DLN: 93493221015416

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

		S CLUBS OF TOLEDO .EDO NEWSBOYS ASSOCIATIO	ON				34-4427933		
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.	
The	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox)		
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(o)(1)(A)(i).		
2		A school described in	•			=			
3	Ė	A hospital or a cooper	-		•		**		
4	Ė	A medical research or) Enter the	
•	,	hospital's name, city,	-	racea iii conjunction v	vicii a nospicar c	iesembed in sec	21011 170(D)(1)(A)(III	J. Eliter the	
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit c	described in section	
6	Г	A federal, state, or loc	•	•	described in s e	ection 170(b)(1	.)(A)(v).		
7	<u> </u>	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	-	ntal unit or from the g	jeneral public	
8		A community trust de	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)			
9	r r	receipts from activition from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tail eesection 509(a)(2).	subject to certa xable income (l (Complete Part	in exceptions, a ess section 51 III)	and (2) no more than 1 tax) from businesse	3 3 1/3% of its support	
11	Ë	<u> </u>	•	•	•	•		ut the nurnoses of	
a b	Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or							
c	Г	management of the su must complete Part IV Type III functionally	V, Sections A	and C.					
-	•	supported organization						g. a.c. a,	
d	Γ	Type III non-function not functionally integr (see instructions) Yo	ated The orga	inization generally mu	st satisfy a dist	rıbutıon require			
e	\Box	Check this box if the o	-	-	•		s a Type I. Type II. T	vpe III functionally	
_	•	integrated, or Type II					, , , , , , , , , .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	r the number of support	ed organizatio	ns			<u> </u>		
g		Provide the following i	nformation abo	out the supported orga	inization(s)				
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of	(iv) Is the orga		(v) A mount of	(vi) A mount of other	
				organization (described on lines 1-9 above (see instructions))	listed in your docume		monetary support (see instructions)	support (see instructions)	
					Yes	No			
Tota	ı								

ınstructions

Pa	Support Schedule f							
	(Complete only if you Part III. If the organiz							ally under
S	ection A. Public Support	edion fails to qu	dilly dilder the	tests listed bele	W, picase com	piete rare i	/	
_	Calendar year						\neg	
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) ⊤otal
1	Gifts, grants, contributions, and							
	membership fees received (Do	1,532,965	1,617,095	1,584,999	1,599,523	1,393,	896	7,728,478
	not include any unusual grants)						+	
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
_	The value of services or facilities						-+	
3	furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	1,532,965	1,617,095	1,584,999	1,599,523	1,393,	896	7,728,478
5	The portion of total contributions	, ,	, ,	,	, ,	, ,		
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							187,173
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							7,541,305
	from line 4							
5	ection B. Total Support				T			
,	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f)Total
	fiscal year beginning in)						000	
7	A mounts from line 4	1,532,965	1,617,095	1,584,999	1,599,523	1,393,	396	7,728,478
8	Gross income from interest,							
	dividends, payments received on	125,257	143,993	146,471	166,962	105,	783	688,466
	securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated						+	
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	40,287	40,566	44,557	36,285	50	545	212,240
	capıtal assets (Explaın ın Part	40,207	40,300	44,557	30,203	50,	الات	212,240
	VI)							
11	Total support. Add lines 7							8,629,184
	through 10							
12	Gross receipts from related activi	, ,	ŕ			12		52,668
13	First five years. If the Form 990 is							organızatıon,
	check this box and stop here			<u> </u>			<u> </u>	
	ection C. Computation of Pu	• • • • • • • • • • • • • • • • • • • •		4.4 1 (5)				
14	Public support percentage for 201			11, column (f))		14		87 390 %
15	Public support percentage for 201	.4 Schedule A, Pa	rt II, line 14			15		85 220 %
16a	33 1/3% support test—2015.If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more, che	ck th	
	and stop here. The organization qu	•	· · · · · · · · · · · · · · · · · · ·					► ✓
b	33 1/3% support test—2014.If the	_		•	and line 15 is 33	1/3% or more	, che	_
	box and stop here. The organization	· · · · · · · · · · · · · · · · · · ·		-				►
1/a	10%-facts-and-circumstances tes							
	is 10% or more, and if the organiz							
	in Part VI how the organization me	eets the facts-an	u-circumstances	test The organiz	cation qualifies as	a publicly St	ibbor	tea ► □
h	organization 10%-facts-and-circumstances tes	t_2014 If the oran	anization did not o	hack a hov on line	a 13 16a 16h a	r 17a and lin	_	F1
U	15 is 10% or more, and if the orga						_	
	Explain in Part VI how the organiz						blich	,
	supported organization	meets the	and chedill		z zagamzacion que	ез аз а ра	c.y	▶ □
18	Private foundation. If the organiza	ition did not check	a box on line 13	16a 16b 17a o	r 17b check this	box and see		-,

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a 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 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity			
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493221015416

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO NEWSBOYS ASSOCIATION 34-4427933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Revenue included on Form 990, Part VIII, line 1

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part	HII	Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures,	or Ot	her Similar As	sets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other red					of its	
а	┌ P	ublic exhibition		d Γ Lo	an or exchange	progra	ms		
b	Γs	cholarly research		e	her				
С	ГР	reservation for future generations							
4		de a description of the organization	's collections and ex	plaın how they fui	rther the organi	zatıon's	exempt purpose II	n	
5		g the year, did the organization sol s to be sold to raise funds rather th						┌ No	
Par	t IV	Escrow and Custodial Arra			,		,		
		Complete if the organization Part X, line 21.		n Form 990, Pa	rt IV, line 9, o	or repo	orted an amount	on Forr	n 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intei	rmediary for conti	ributions or oth	erasse	ts not Yes	┌ No	
Ь	If"	Yes," explain the arrangement in P	art XIII and complet	te the following ta	ble		Amo	unt	
c	Beg	ginning balance				1c			
d	Ado	ditions during the year				1d			
e		tributions during the year				1e			
f		ding balance				1f			
2a		ne organization include an amount o	on Form 990, Part X,	line 21, for escro	w or custodial		l liability? TYes	√ No	
									_
Ь	If"Ye	s," explain the arrangement in Par							J
Pa	rt V	Endowment Funds. Comple							
			(a)Current year	(b)Prior year	b (c)Two years		 	(e) Four ye	
1a	Begin	ining of year balance	5,889,156	5,641,404	+	1,913	4,773,143		5,139,049
b	Contr •	nbutions · · · · · · ·	1,250	133,179	1.	2,572	30,465		24,540
c d	losse	nvestment earnings, gains, and s s or scholarships	-132,658	355,218	80'	9,112	682,429		-38,274
u	·	· · · ·							
е	and p	r expenditures for facilities rograms 	255,299	240,645	5 23.	2,193	434,124		352,172
f		nistrative expenses							
g		f year balance	5,502,449	5,889,156	5,64	1,404	5,051,913	,	4,773,143
2	Provid	de the estimated percentage of the	current year end bal	ance (line 1g, col	lumn (a)) held a	s	•		
а		 designated or quasi-endowment		, 5,	,				
b		anent endowment • 49 070 %							
		anent endowment F	28 890 %						
С	The p	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%						
3a		nere endowment funds not in the po ization by	ssession of the orga	nızatıon that are l	held and admin	stered	for the	Yes	No
	_	related organizations					3a(i		140
		lated organizations					3a(i	-	No
b	• •	s" on 3a(II), are the related organiz			R?		Зь		
4	Descr	ribe in Part XIII the intended uses	of the organization's	endowment funds	5			•	
Par	t VI	Land, Buildings, and Equip							
		Complete if the organization	answered 'Yes' to						
		Description of property		(a) Cost or other (Investme		her basıs	Accumulated (c)depreciation	(d)Boo	k value
1a	Land					85,450			85,450
b	Buildin	gs			3	,336,241	2,253,594		1,082,647
С	Leaseh	nold improvements			1	,090,764	148,538		942,226
d	Equipm	nent				685,377	549,599		135,778
e	Other					87.677	31.224		56.453

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

2,302,554

Part VIII Investments—Other Securities. Co See Form 990, Part X, line 12.			
(a) Description of security or category	,	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3) 0 ther			
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related.	d 'Vas' on Form 990	Dart IV line 11c -	
Complete if the organization answered (a) Description of investment	Tes on form 990	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*		
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	_l 11d See Form 990, Part X, line 15
Other mosets: Complete it the organization			
(a) Desc		,	(b) Book value
(a) Desc		, ,	(b) Book value 5,269,771
(a) Desc			
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	ription		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org	ription		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ription		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered		5,269,771
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	15.) anization answered (b) Book value		5,269,771
(a) Desc (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	15.) anization answered (b) Book value	I 'Yes' on Form 990,	5,269,771 5,269,771 Part IV, line 11e or 11f.

Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	Return
1	Total revenue, gains, and other support per audited financial statements	1	1,027,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -551,757		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-551,757
3	Subtract line 2e from line 1	3	1,578,855
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,578,855
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	1,963,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	o
3	Subtract line 2e from line 1	3	1,963,645
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)) 	
c	Add lines 4a and 4b	4c	o
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,963,645

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation					
PART V, LINE 4	THE ENDOWMENT ASSETS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT FUNDS WHILE ALSO MAINTAINING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OVER THE LONG-TERM					
PART X, LINE 2	BOYS & GIRLS CLUBS OF TOLEDO AND ITS AFFILIATE ORGANIZATIONS ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM SIMILAR STATE AND LOCAL INCOME TAXES ALTHOUGH EACH ORGANIZATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME" BOYS & GIRLS CLUBS OF TOLEDO AND ITS AFFILIATE ORGANIZATIONS ANALYZE THEIR FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE THE ENTITIES ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS (2012 THROUGH 2015) IN THESE JURISDICTIONS THE ORGANIZATION ALSO TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANAGEMENT AND GENERAL EXPENSES					
	l					

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE 0**

DLN: 93493221015416

OMB No 1545-0047 2015

> Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO NEWSBOYS ASSOCIATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

34-4427933

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRIANS EPSTEIN AND JOEL P EPSTEIN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF TRUSTEES DO NOT REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS HOWEVER, THEY DO REVIEW AND APPROVE THE FINANCIAL STATEMENT AUDIT WHICH IS THE BASIS FOR THE FINANCIAL INFORMATION WITHIN THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS ESTABLISHED WRITTEN POLICIES AND PROCEDURES, INCLUDING A CODE OF ETHI CS AND CONFLICT OF INTEREST POLICY, WHICH HAVE BEEN APPROVED BY ITS BOARD OF TRUSTEES ALL TRUSTEES MUST ADHERE TO THESE POLICIES AND PROCEDURES THESE POLICIES AND PROCEDURES ARE REVIEWED ANNUALLY ALL ALLEGED VIOLATIONS OF THESE POLICIES AND PROCEDURES ARE PROMPTLY IN VESTIGATED AND APPROPRIATE ACTION IS TAKEN AS DEEMED NECESSARY BY THE PRESIDENT OF THE BOA RD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR HIGHLY COMPENSATED EMPLOYEES IS REVIEWED ANNUALLY AND MUST BE APPROVED BY THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC THROUGH ATTENDANCE TO BOARD MEETINGS AND THE ORGANIZATION'S WEBSITE (WWW BGCTOLEDO ORG)
PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS DID NOT CHANGE DURING THE YEAR

Section 512(b) (13) controlled DLN: 93493221015416 Yes No No ŝ OMB No 1545-0047 Open to Public Inspection Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one 2015 (f) Direct controlling Employer identification number (f) Direct controlling A/N N/A ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Public charity status (if section 501(c)(3)) 170(B)(1)(A)(VI) 170(B)(1)(A)(VI) (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships (**d)** Exempt Code section (**d)** Total income 501(C)(3) 501(C)(3) (c)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) Ξ Н FUNDRAISING ARM OF BOYS & GIRLS CLUBS OF TOLEDO A SUMMER RESIDENT CAMP FOR YOUTHS AGES 7-12 Primary activity Primary activity or more related tax-exempt organizations during the tax year efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | ► Attach to Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1)BOYS CLUB OF TOLEDO CAMP ASSOCIATION 2250 N DETROIT AVE BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO NEWSBOYS ASSOCIATION (2)FRIENDS OF BOYS & GIRLS CLUBS 2250 N DETROIT AVE Name of the organization SCHEDULE R (Form 990) Department of the Treasury TOLEDO, OH 43606 TOLEDO, OH 43606 34-1633047 Internal Revenue Service Part I Part II 38-2207608

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(K) Percentage ownership					
iral or aging ner?	Ŷ.				
Gene Gene mans part	× ×				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
(h) oprtionate cations?	ON O				
Dispri	Yes				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) (f) (g) (h) (i) (j) (j) Predominant income (related, unrelated, actions 2 actions 512- 514) Share of sections 2 assets Share of share of share of allocations allocations 2 allocations 2 allocations 2 allocations 2 allocations 2 assets Code V-UBI (Seneral or annaging amount in box managing annaging annaging annaging annaging allocations 2					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) (c) Primary activity Legal domicile (state or foreign country)					
(a) Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	No				
(i) Section 512 (b)(13) controlled entity?	Yes				
(h) Percentage ownership					
(g) Share of end- of-year assets					
(f) Share of tot: income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling T entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	answered res on Forms	990, Part IV, IIIIe	3 34, 330, 01 30.	Yes	SS No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more i	with one or more related organizations listed in Parts II-IV	ted in Parts II-IV	۲		
a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1b Yes	S
c Gift, grant, or capital contribution from related organization(s)				1c Yes	Si
d Loans or loan guarantees to or for related organization(s)				1 q	N _O
e Loans or loan guarantees by related organization(s)				1e	≥
f Dividends from related organization(s)	•			14	8
g Sale of assets to related organization(s)				1g	2
h Purchase of assets from related organization(s).				11 1	2
i Exchange of assets with related organization(s)			-	ī,	2
j Lease of facilities, equipment, or other assets to related organization(s)				1j	N _O
$oldsymbol{k}$ Lease of facilities, equipment, or other assets from related organization(s) . \cdot . \cdot .				1k	8
I $$ Performance of services or membership or fundraising solicitations for related organization(s) $$.				11 Yes	Si
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m Yes	S
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . \cdot				1n Yes	Si
o Sharing of paid employees with related organization(s)				10 Yes	Si
n Reimblirsement hald to related organization(s) for expenses				1b Yes	Ş
		· ·		+	
q Reimbursement paid by related organization(s) for expenses				ıq res	S
r Other transfer of cash or property to related organization(s)				1.	8
s Other transfer of cash or property from related organization(s)				1s	2
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	who must complete this line, including cov	covered relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount invol	ved
1)FRIENDS OF BOYS AND GIRLS CLUBS	2	361,084	САЅН		
2)BOYS CLUB OF TOLEDO CAMP ASSOCIATION	В	4,467	САЅН		

Schedule B (Form 990) 2015

Schedule R (Form 990) 2015

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?	(K) Percentage ownership
				Yes No			Yes	ON O	*	Yes No	
									-		
									Schodule	Schodule P (Form 990) 2015	201 2015

Schedule R (Form 990) 2015

Part VII Supplemental Information

Return Reference

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation