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Department of the

Treasury

DLN: 93493045029497

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.IRS.gov/form990

Open to Public Inspection

Intern	ai Nevellae Selv	ice					
		alendar year, or tax year beg C Name of organization	ginning 04-01-2015 , and ending 03-31-2	2016			
_	eck if applicable	BOYS AND GIRLS CLUB OF LAN	ISING				ification number
	ddress change ame change				38-1	788281	
	itial return	Doing business as					
FI		Number and street (or D.O. he	ox if mail is not delivered to street address) Room	/a.uta	E Teleph	one numbe	er
_	/terminated nended return	4315 PLEASANT GROVE	ox ir mair is not delivered to street address) Room	suite	(517)	394-04	55
<u> </u>	plication pending	City or town, state or province	e, country, and ZIP or foreign postal code		(0 = 7)		
1 74	prication periams	LAŃSING, MÍ 48910			G Gross	receipts \$ 3	3,708,317
		F Name and address of p	rıncıpal officer	H(a)	s this a group	return f	nr
		CARMEN TURNER 4315 PLEASANT GROVE	-		subordinates?		Yes 🗸
		LANSING, MI 48910	<u>-</u>		No Vra all aubord	ınataa	
I Ta	x-exempt status	501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527		Are all subord ncluded?	mates	□Yes □ No
	ebsite: ► BG	GCLANSING ORG			•	•	see instructions)
					Group exemp		
K For	n of organization	Corporation Trust	Association ✓ Other ► CLUB	L Year	of formation 19	964 M S	tate of legal domicile MI
Pa	rt I Sun	nmary					
Governance	A DEDIC AROUND AND CHA YOUTH I COMMUI STAGE I	ATED YOUTH DEVELOPMED EDUCATION, SPECIFICA ARACTER DEVELOPMENT DEVELOPMENT PROGRAMS NITY AND DEVELOP A POS N THEIR DEVELOPMENT S	SSION OF MOST SIGNIFICANT ACTIVITIES ENT FACILITY THAT PROVIDES YOUT ALLY AFTER SCHOOL TUTORING, RECI THE BOYS & GIRLS CLUB OF LANSING S, EMPOWERS YOUTH TO SUPPORT AN BITIVE SELF IMAGE, IS A VEHICLE TH USTAIN MEANINGFUL RELATIONSHIP TIES, AND POWER HOURMAKES MINU	REATION, L OFFERS A ND INFLUE ROUGH WH	LIFE SKILLS, GE APPROPE NCE THEIR C IICH ADOLES THERS AND L	HEALTH IATE O LUB ANI SCENTS	, ARTS, MUSIC, UTCOME BASED D THEIR AT A CRITICAL
<u> </u>							
	2 Check t	hıs box ▶ ┌ ıf the organizatı	ion discontinued its operations or dispose	ed of more tl	nan 25% of it	s net ass	ets
Activities &							
5		-	verning body (Part VI, line 1a)			3	17
ď		of independent voting member of individuals employe		5	17 49		
		• •	e if necessary)			6	250
		•	om Part VIII, column (C), line 12			7a	0
			ne from Form 990-T, line 34			7b	
					Prior Year		Current Year
	8 Conti	ributions and grants (Part VI	III, line 1h)		861,	055	3,498,267
Š	9 Progr	am service revenue (Part V	III, line 2g)		42,	127	41,962
Ravenue		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					18,119
т.			n (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143,	989	109,135
	12 Total 12)	revenue—add lines 8 throug	gh 11 (must equal Part VIII, column (A),	line	1,053,	258	3,667,483
	1	s and similar amounts paid	(Part IX, column (A), lines 1-3)				0
	14 Bene	fits paid to or for members (F	Part IX, column (A), line 4)				0
so.			ployee benefits (Part IX, column (A), line	600,447		676,997	
Expenses	5-10 16a Profe	•	rt IX, column (A), line 11e)				0
e d		undraising expenses (Part IX, colu		•			
ū			(A), lines 11a-11d, 11f-24e)	-	285,	439	329,506
			' (must equal Part IX, column (A), line 25		885,		1,006,503
	19 Reve	nue less expenses Subtract	line 18 from line 12		167,	372	2,660,980
Net Assets or Fund Balances				Beginn	ing of Current	Year	End of Year
sets	20 Total	assets (Part X, line 16) .			2,540,	311	5,250,255
t As		liabilities (Part X, line 26)				550	127,533
ξĒ	22 Net a	ssets or fund balances Sub	tract line 21 from line 20		2,484,	761	5,122,722
		nature Block					
my k		belief, it is true, correct, and	e examined this return, including accomp d complete Declaration of preparer (othe				
	*** Sign	*** nature of officer			2016-11-02 Date		
Sign Here							
	CAL	e or print name and title					
		Print/Type preparer's name	Preparer's signature	Date 2017-02-14	Check I if	PTIN P001630	80
Paid	d	VICKIE L CROUCH	VICKIE L CROUCH	2017-02-14	self-employed		
	parer	Firm's name LAYTON & RICHA Firm's address > 1000 COOLIDGE			Firm's EIN ► 3 Phone no (51)		
11	Only	2 2221035 F 1000 COOLDGE	·· -		110116 110 (51.	, 332-190	

EAST LANSING, MI 488232469

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

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	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, VIII, 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	11 b		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 2	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
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	14 b		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? If "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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part

30

Νo

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Yes

Form 990 (2015)

	Chaaldiatas	Doguinad	Cahadulaa	(continued)
r TA	Checklist of	Kequirea	Schedules	(continuea)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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 1^7 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	

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Par		atements Regarding Other IRS Filings and Tax Compliance neck if Schedule O contains a response or note to any line in this		N.			_
	CI	leck if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter the	number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0		103	110
		number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
	Did the or	L rganization comply with backup withholding rules for reportable payments to	venc	fors and reportable			
٠		pambling) winnings to prize winners?	•	· · · · · ·	1 c		
2a	Enter the	number of employees reported on Form W-3, Transmittal of Wage and					
		ements, filed for the calendar year ending with or within the year covered turn	2a	49			
h	′	t one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
,		ie sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did the or	rganization have unrelated business gross income of \$1,000 or more during	the y	/ear [?]	3a		Νo
b	If "Yes," h	nas it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	At any tin	ne during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		nancial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
b	account)?						110
,	If "Yes,"	enter the name of the foreign country uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank	r and I	Einancial Accounts			
	(FBAR)	actions for ming requirements for time EN Torm 114, Report of Foreign Bank	. and i	maneial Accounts			
5a	Was the o	organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
		axable party notify the organization that it was or is a party to a prohibited t			5b		No
c	If "Yes." 1	to line 5a or 5b, did the organization file Form 8886-T?					
	,				5 c		
6a		organization have annual gross receipts that are normally greater than \$10 ion solicit any contributions that were not tax deductible as charitable cont			6a		Νo
b		did the organization include with every solicitation an express statement th	at suc	ch contributions or gifts	6 b		
7	Organizat	tions that may receive deductible contributions under section 170(c).					
а		rganization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a		No
b	If"Yes,"	did the organization notify the donor of the value of the goods or services pr	ovide	d?	7 b		
c		rganization sell, exchange, or otherwise dispose of tangible personal proper 8282?	ty for •	which it was required to	7 c		No
d		indicate the number of Forms 8282 filed during the year	7d				
e	Did the or	rganization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did the or	rganization, during the year, pay premiums, directly or indirectly, on a perso	nal h	enefit contract?	7f		No
		anization received a contribution of qualified intellectual property, did the oi					140
9	required?			action line Form 6099 as	7g		Νo
h	If the orga Form 109	anization received a contribution of cars, boats, airplanes, or other vehicles	, did 1	the organization file a	7h		No
8	Did a don	ng organizations maintaining donor advised funds. or advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
_	during the	'	•		8		
		ponsoring organization make any taxable distributions under section 49667			9a		
ь 10		ponsoring organization make a distribution to a donor, donor advisor, or rela 01(c)(7) organizations. Enter	itea p	e15011/	9b		
		fees and capital contributions included on Part VIII, line 12	10a				
		ceipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
_	facilities						
11		01(c)(12) organizations. Enter	,				
		ome from members or shareholders	11a				
b		nome from other sources (Do not net amounts due or paid to other sources mounts due or received from them)	11b				
12a	Section 4	947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	•	enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Section 5	01(c)(29) qualified nonprofit health insurance issuers.	120				
а	_	ganization licensed to issue qualified health plans in more than one state? N o	ote. S	ee the instructions for			
L		I information the organization must report on Schedule O	ı		13a		
D		amount of reserves the organization is required to maintain by the states he organization is licensed to issue qualified health plans	13b				
c	Enter the	amount of reserves on hand	13c				
14a	Did the or	rganization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Yes," l	has it filed a Form 720 to report these payments? If "No," provide an explanate	tion in	Schedule O	14b		

orm	990 (2015)			Page			
Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,			
	Check if Schedule O contains a response or note to any line in this Part VI			🔽			
Se	ection 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 17						
	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 17						
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		No			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
6	5 Did the organization have members or stockholders?						
7a	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			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
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?	8 b	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	eveni	ue Cod	e.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	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?	12 b	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	12 c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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	
c	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	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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?	16h		

(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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

List the States with which a copy of this Form 990 is required to be filed MI

Section C. Disclosure

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 ▶JOSEPH LYANG 4315 PLEASANT GROVE ROAD LANSING, MI 48910 (517) 394-0455

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
- ullet 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 for related	unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) CARMEN TURNER	40 00	×		X				78,829	0	11,106	
PRESIDENT &				_^				70,023	0	11,100	
(2) KAREN BEEKMAN BOARD MEMBER	1 75	x						0	0	0	
(3) ALANDO CHAPPELL BOARD MEMBER	1 00	x						0	0	0	
(4) JACK DAVIS CHAIRPERSON	2 00	x		x				0	0	0	
(5) MICHAEL DEMARTELAERE BOARD MEMBER	1 25	x						0	0	0	
(6) AMANDA DUMOND BOARD MEMBER	1 25	×						0	0	0	
(7) KURT HANUS TREASURER	1 75	x		x				0	0	0	
(8) JILL KACEL 2ND VICE CHA	1 50	x		×				0	0	0	
(9) RICHARD KERBAWY BOARD MEMBER	1 00	x						0	0	0	
(10) LEE KLIEBERT 2ND VICE CHA	1 75	х		×				0	0	0	
(11) WAYNE LONGCORE BOARD MEMBER	1 00	x						0	0	0	
(12) KAROL KVORKA BOARD MEMBER	1 25	x						0	0	0	
(13) TIMOTHY MCCARTHY BOARD MEMBER	1 00	x						0	0	0	
(14) JOSH RICHARDSON CHAIRPERSON	1 50	x		×				0	0	0	
										Form 990 (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/i	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) JOHN SAUCHAK	1 00	Х						C	(0
BOARD MEMBER (16) LAURIE SCHWARTZ SECRETARY	1 25	X		×				C	(0
(17) MADELINE SHANAHAN BOARD MEMBER	1 00	X						C	(0
(18) EMILY WAHLS BOARD MEMBER	1 00	X						C	(0
1b Sub-Total			· ·	> > >		I	-	78,829		11,106
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	≘) w	ho red	eiv	ed more than		

3	on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 99	0 (20	15)						Page 9
Part V	/++	Statement o	f Revenue					
		Check If Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a	57,525				
ons, Gifts, Grants Similar Amounts	ь	Membership du	es 1b					
Gra	c	Fundraising eve	ents 1c					
fs. _ A	d	_	ations 1d					
oj Jila		Government grants		70,550				
Contributions, and Other Sim	e	_						
tributio Other (f	similar amounts no	ons, gifts, grants, and 1f ot included above	3,370,192				
를 돌 음	g	Noncash contribution	ons included in lines	9,425		İ		İ
Cont	h	Total. Add lines	s 1a-1f		3,498,267			
<u> </u>				Business Code				
	2a	CANTEEN		452000	25,181	25,181		
Program Service Revenue	ь	MEMBERSHIP		624110	16,781	16,781		
ı O⊊	c			024110	10,701	10,701		
₹	d							
፠	e							
Jran	f	A II other progra	ım service revenue					
ď	_	Total Add lines	s 2a-2f		41,962			
	g 3		ome (including dividen		41,502			
		and other simila	aramounts)	•	18,452			18,452
	4		tment of tax-exempt bond	proceeds >				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Real	(II) Personal				
	١.							
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco						
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) Other				
	b	Less cost or other basis and sales expenses		333				
	c d	Gain or (loss) Net gain or (los	s)		-333	-333		
eune/		Gross income f events (not inc	rom fundraising luding					
Other Revenue		See Part IV, lin	a	144,417				
ŏ	b c		penses b (loss) from fundraising	40,501	103,916			
			rom gaming activities	events p	100,510			
	ь	Less directex	penses b					
	I		(loss) from gaming acti	vities				
	102	Gross sales of	unventery less	•				
	104	Gross sales of returns and allo						
	b c		a oods sold b (loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a	MISCELLANEC)US		5,219			5,219
	ь							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d	•	5,219			
	12	Total revenue.	See Instructions .	▶	3,667,483	41,629		23,671

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete col
--

	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	78,829	59,910	14,978	3,941
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	496,273	377,167	92,567	26,539
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	O ther employee benefits	58,449	44,421	10,930	3,098
10	Payroll taxes				
		43,446	33,019	8,124	2,303
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting	5,650	4,294	1,017	339
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17	4.070		4.070	
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,078	3,583	4,078	210
12	Advertising and promotion	,	•		
13	Office expenses	9,923	9,260	663	
14	Information technology				
15	Royalties				
16	Occupancy	56,652	53,819	2,833	
17	Travel	9,627	9,627		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,943	2,083	11,860	
20	Interest				
21	Payments to affiliates	4,959	4,959		
22	Depreciation, depletion, and amortization	77,686	66,033	11,653	
23	Insurance	30,254	21,178	9,076	
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)				
a	SUPPLIES	63,883	57,495	6,388	
b	CONCESSION	25,842	25,842		
c	FOOD	14,964	14,964		
d	GRANTS AND AWARDS	2,865	2,865		
e	A II other expenses	4,465	1,923	1,412	1,130
25	Total functional expenses. Add lines 1 through 24e	1,006,503	792,442	176,501	37,560
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)				

33

34

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Part X				
	Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	48,131	1	215,755
2	Savings and temporary cash investments	1,362,246	2	3,727,661
3	Pledges and grants receivable, net	188,907	3	379,501
4	Accounts receivable, net	1,150	4	
5				
	key employees, and highest compensated employees Complete Part II of Schedule L			
	Schedule L		5	
Assets	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ŠŠ ,	Notes and leans recovable not		7	
-	, , , , , , , , , , , , , , , , , , ,			
8		5,208	8	4.000
9		5,208	9	4,966
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,771,018			
	b Less accumulated depreciation 10b 1,401,230	447,807	10 c	369,788
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11	34,919	12	35,931
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	451,943	15	516,653
16	Total assets.Add lines 1 through 15 (must equal line 34)	2,540,311	16	5,250,255
17	Accounts payable and accrued expenses	43,400	17	114,483
18	Grants payable		18	
19	Deferred revenue	12,150	19	13,050
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>	persons Complete Part II of Schedule L		22	
· <u>·</u> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties $\cdot\cdot\cdot$		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
26		55,550	26	127,533
Fund Balances 27 28 29	Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>e</u> 27	Unrestricted net assets	1,841,191	27	4,042,946
E 28		343,570	28	779,776
29	·	300,000	29	300,000
F	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	*	-	<u> </u>
	complete lines 30 through 34.			
Assets or 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building or equipment fund		31	
₹ ₃₃	Petained earnings, endowment, accumulated income, or other funds		33	

2,484,761

2,540,311

33

34

5,122,722

3,667,483

1,006,503

2,660,980

2,484,761

-23,019

5,122,722

|--|

1	Total revenue (must equal Part VIII, colur
2	Total expenses (must equal Part IX, colum

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

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

mn (A), line 12) nn (A), line 25)

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) . Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

Yes No 2a Νo 2b

3a		No
2 c	Yes	
2 b	Yes	

Form 990 (2015)

3b

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

2015
Open to Public Inspection

DLN: 93493045029497

38-1788281

Name of	the organ
Internal Re	evenue Serv
Treasury	

BOYS AND GIRLS CLUB OF LANSING

Department of the

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

3

mization Employer identification number

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization A mount of Type of Is the organization A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Schedule A (Form 990 or 990-EZ) 2015

Page 2

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

Support Schedule for Organizations Described in Sections 170(D)(1)(A)(IV) and 170(D)(1)	וא)(אי
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify	under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Se	ection A. Public Support		anny and the t		, p.10000 001111	51000 1 (
	Calendar year	(5)2011	(h)2012	(2)3013	(4)2014	(0)2	315	(f)Total
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2	J15	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	1,374,550	1,085,640	561,474	861,055	:	1,162,267	5,044,986
	not include any unusual grants)							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	1,374,550	1,085,640	561,474	861,055	:	1,162,267	5,044,986
	The portion of total contributions	, ,		·				· · ·
	by each person (other than a							
	governmental unit or publicly							2.605.142
	supported organization) included on line 1 that exceeds 2% of the							2,605,142
	amount shown on line 11, column							
•	(f) Public support. Subtract line 5				+			
6	from line 4							2,439,844
Se	ection B. Total Support		•	•	•			
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20	115	(f)Total
	fiscal year beginning in) 🕨							
7	A mounts from line 4	1,374,550	1,085,640	561,474	861,055		1,162,267	5,044,986
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	21,538	16,702	19,889	5,857		18,452	82,438
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income Do not include							
	gain or loss from the sale of	12,788	51,992	47,349	47,795		47,181	207,105
	capital assets (Explain in Part	,	,	,.	,		,	,
11	VI) Total support. Add lines 7						+	
	through 10							5,334,529
12	Gross receipts from related activit	ies, etc (see insti	ructions)		-	12		977,776
13	First five years.If the Form 990 is	for the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a s	section!	01(c)(3)	organization,
	check this box and stop here	<u> </u>					.▶ □	
Se	ection C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 201	5 (line 6, column ((f) divided by line	11, column (f))		14		45 740 %
15	Public support percentage for 201	4 Schedule A, Par	t II, line 14			15		44 140 %
16a	33 1/3% support test - 2015. If the	organization did r	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	ıs box
	and stop here. The organization qu	alıfıes as a public	ly supported organ	nızatıon				▶ 🗸
b	33 1/3% support test—2014. If the	e organization did i	not check a box or	n line 13 or 16a,	and line 15 is 33	1/3% or	more, che	ck this
	box and stop here. The organization							▶ □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization	_				•		
	in Part VI how the organization me							ted
	organization			_				▶ □
b	10%-facts-and-circumstances test	-						
	15 is 10% or more, and if the organize			•				,
	Explain in Part VI how the organiza	ation meets the "Ta	acts-and-circums	iances lest INE	: organization qua	iiiies as	a publicly	
18	supported organization Private foundation. If the organization	tion did not check	a box on line 13.	16a, 16b. 17a. n	r 17b, check this	box and	see	▶
	instructions			,	,			▶┌

Part III Support Schedule for Organizations Described in Section 509(a)(2)

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· ,	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (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		
3а	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	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	4b		
С	by or in connection with its supported organizations 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	4 c		
5a	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?	5 b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
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		
9 a	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 .	9 a		
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 .	9 b		
С	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 .	9 c		
0a	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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
c	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		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	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		
S	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		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			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 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b 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

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

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		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	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		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	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		
	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 (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomp	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru							
7 Total annual distributions. Add lines 1 through 6							
7 Total allitual distributions. Add lines 1 tillough 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o 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				
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							
a							
b							
С							
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							
i 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		ı					
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) (201 F				

 and 6. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test

Facts And Circumstances Test				

Return Reference Explanation

SUPPORTING SCHEDULE CONTRIBUTION DUE TO REFINANCING OF DONOR-OWNED PROPERTY 2,336,000

MISCELLANEOUS REVENUES 21,340 MEMBER DUES & FEES 185,765 PART II, LINE 10

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Treasury

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.

OMB No 1545-0047

DLN: 93493045029497

Open to Public

terr	nal Revenue Service	Information about Schedule D	Troini 990) and its instructions is at www	v.113.gov/1	Inspection
	me of the organi			Empl	oyer identification number
DO1	13 AND GINES CLOB	or Brising		38-1	.788281
Pa			Advised Funds or Other Simila		or Accounts.
	Comple	ete if the organization answere	ed "Yes" on Form 990, Part IV, line		
ı	Total numbe	rat end of year	(a) Donor advised funds	(b)	Funds and other accounts
		·			
2	Aggregate v year)	alue of contributions to (during			
3	Aggregate v	alue of grants from (during year)			
1	Aggregate v	alue at end of year			
5			dvisors in writing that the assets held in he organization's exclusive legal control		sed Yes No
5	used only for c		and donor advisors in writing that grant fu benefit of the donor or donor advisor, or f		
Pa	rt III Conse	rvation Easements. Comple	te if the organization answered "Ye	s" on Forn	n 990, Part IV, line 7.
L	Purpose(s) of c	conservation easements held by th	e organization (check all that apply)		
	Preservati education)	on of land for public use (e g , recre		of an histor	rically important land area
	Protection	of natural habitat	Preservation	of a certifie	d historic structure
	Preservati	on of open space			
2		2a through 2d if the organization l ne last day of the tax year	neld a qualified conservation contribution	ın the form	of a conservation
		_			Held at the End of the Year
а		f conservation easements		2a	
b	_	restricted by conservation easeme		2b	
c		servation easements on a certified	• ,	2c	
d	historic structi	ire listed in the National Register) acquired after 8/17/06, and not on a	2d	
3		servation easements modified, trai	nsferred, released, extinguished, or termi	nated by th	e organization during the
	tax year ►				
1	Number of stat	es where property subject to cons	ervation easement is located >		
5		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, asements it holds?	handling of	☐ Yes ☐ No
5	Staff and volun year	teer hours devoted to monitoring, i	nspecting, handling of violations, and en	forcing cons	servation easements during the
	>				
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforci	ng conserva	ation easements during the year
3	Does each con	servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 17	0(h)(4)
•	balance sheet,	and include, if applicable, the text	s conservation easements in its revenue of the footnote to the organization's finar		•
		n's accounting for conservation ea			ou Cimilau Accata
ŒШ			tions of Art, Historical Treasure ed "Yes" on Form 990, Part IV, line 8		IEI SIIIIIIAF ASSETS.
La	If the organizat works of art, hi	tion elected, as permitted under SF storical treasures, or other similar	AS 116 (ASC 958), not to report in its rassets held for public exhibition, educationete to its financial statements that desc	evenue sta ion, or rese	arch in furtherance of public
b	works of art, hi		AS 116 (ASC 958), to report in its reversassets held for public exhibition, educations these items		
((i) Revenue ınclu	ided on Form 990, Part VIII, line 1		▶ \$	

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

SCIIE	dule D	(FOIII 990) 2013									Page 2
Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	torical	Trea	sures, or	Other Sim	ilar Ass	ets	
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, ch	eck any	ofthe	following that	are a signifi	cant use	ofits	
а		Public exhibition		d	┌ Lo	an or	exchange pro	grams			
b	_	Scholarly research		e	_ o	ther					
c	•	•									
4		Preservation for future generations de a description of the organization'	s collections and ex	volain hov	y thay fur	thar th	ne organizatio	n'e evemnt r	nurnosa ir	ı	
•	Part >	· -	s collections and ex	CPIAIII IIOV	v they ful	ther ti	ie organizacio	ii s exempt p	urpose in	l	
5		g the year, did the organization soli s to be sold to raise funds rather th	an to be maintained						Yes	☐ No	ı
Par	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form !	990, Par	t IV,	line 9, or re	ported an	amount	on Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	rmediary	for contr	ibutior	ns or other as	sets not	┌ Yes	┌ No	,
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing ta	ble			Amou	ınt	
c	Ве	ginning balance					10	:			
d	A d	ditions during the year					10	d			
e	Dis	tributions during the year					16	9			
f		ding balance					11				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for escro	worcı	ustodial acco	unt liability?	☐ Yes	∏ No	•
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if	the expla	anation h	as bee	en provided in	Part XIII .			
Pa	rt V	Endowment Funds. Comple	te ıf the organıza	tion ans	wered "	Yes"	to Form 990				
			(a)Current year	(b) Prio			Two years back			e) Four ye	
1a b	_	nning of year balance	437,065		418,670		374,559		344,574		342,029
С	Net II Iosse	nvestment earnings, gains, and s	-11,467		22,178		44,111		33,207		5,496
d	Grant	s or scholarships	31,443								
e		rexpenditures for facilities rograms									
f	A dmı	nistrative expenses	4,078		3,783				3,222		2,951
g	End c	f year balance	390,077		437,065		418,670		374,559		344,574
2	Provi	de the estimated percentage of the	current y ear end ba	lance (lın	e 1g, col	umn (a	a)) held as				
а	Board	l designated or quasi-endowment 🕨									
b	Perm	anent endowment ► 76 910 %									
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	23 090 % should equal 100%	ı							
3a		nere endowment funds not in the pos	ssession of the orga	ınızatıon 1	that are h	neld an	nd administere	ed for the			
	_	ızatıon by related organizations							32(i	Yes Yes	No
		related organizations					•		3a(i 3a(ii		No
b		es" on 3a(II), are the related organiz		uıred on S	 Schedule	R?.	·		. 3b		
4	Desc	ribe in Part XIII the intended uses o	of the organization's	endowm	ent funds	i				ļ	
Par	rt VI	Land, Buildings, and Equip			00 . D= :	T) ('			Do at M		
		Complete if the organization a Description of property	answered 'Yes' to		90, Part (a) ost or other (investme	basıs	ne 11a.See (b) Cost or other b (other)	Acci	Part X, umulated preciation		k value
1a	Land										
b	Buildin	gs					1,582	,720	1,253,667		329,053
c	Leasel	nold improvements									
- 4	E accessor	aant		1			1 100	2001	447 560	1	40 725

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

369,788

	(a) Description of security or cate (including name of security)	egory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Fınanc	ial derivatives			,
	y-held equity interests			
(3) 0 ther				
Γotal. (Colι	umn (b) must equal Form 990, Part X, col (B) line 1	2)		
	Investments—Program Relate	d.		
	Complete if the organization answ	ered 'Yes' on Form 99	90, Part IV, line 11c. _{Se}	
	(a) Description of investment	i	(b) Book value	(c) Method of valuation Cost or end-of-year market value
				,
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line 13	3)		
	Other Assets. Complete if the organ		n Form 990, Part IV, line	11d See Form 990, Part X, line 15
(1) CDCE	(a) l	Description		(b) Book value
(I) CRCF	ENDOWMENT FUND			300.07
(2) CONS	ENDOWMENT FUND STRUCTION IN PROGRESS			390,07 126,57
(2) CONS	ENDOWMENT FUND STRUCTION IN PROGRESS			
(2) CONS				
	STRUCTION IN PROGRESS			
Total. (Col	STRUCTION IN PROGRESS Jumn (b) must equal Form 990, Part X, col (B)			516,65
Total. (Col	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the			516,65
Total. (Col	STRUCTION IN PROGRESS Jumn (b) must equal Form 990, Part X, col (B)		ed 'Yes' on Form 990,	516,65
Total. (Col	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25.	organization answer	ed 'Yes' on Form 990,	516,65
Fotal. (Co) Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25.	organization answer	ed 'Yes' on Form 990,	
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Fotal. (Co) Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Fotal. (Co) Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Fotal. (Co) Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	516,65
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	516,65
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	516,65
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	516,65
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	▶ 516,65
Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	organization answer	ed 'Yes' on Form 990,	▶ 516,65
Total. (Col Part X 1. Federal in	Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability accome taxes	(b) Book valu	ed 'Yes' on Form 990,	▶ 516,65
Total. (Col	Jumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	(b) Book valu	ed 'Yes' on Form 990,	► 516,65 Part IV, line 11e or 11f.

1	Total revenue, gains, and oth	er support per audited financial statements			1	3,640,386
2	A mounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-23,019		
b	Donated services and use of	facilities	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)	. 2d			
e	Add lines 2a through 2d				2e	-23,019
3	Subtract line 2e from line 1 .				3	3,663,405
4	Amounts included on Form 99	00, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a	4,078		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				4c	4,078
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)		5	3,667,483
Part		xpenses per Audited Financial St			s per F	leturn.
		nization answered 'Yes' on Form 990,		<u>'</u>		
1	·	r audited financial statements			1	1,002,425
2		ut not on Form 990, Part IX, line 25	1	1		
а		acılıtıes	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	1,002,425
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	. 4a	4,078		
b	Other (Describe in Part XIII))	4b			
c	Add lines 4a and 4b				4c	4,078
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	1,006,503
Dow	XIII Supplemental In	ioumation.				
	• • • • • • • • • • • • • • • • • • • •					
		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				any additional
	mation	, mes 2a ana 15, ana 1 are XII, mes 2a an		ino complete tino pare el	, provide	any additional
	Return Reference	Explanation				
SCHE	DULE D, PAGE 3, PART X	THE ORGANIZATION EVALUATES ALL	SIGN	IFICANT TAX POSITIO	NS UND	ER A MORE LIKLEY
50112	5012 5,1 NG2 5,1 NR1 X	THAN NOT THRESHOLD AS REQUIRED	BY U	S GENERALLY ACCEPT	TED ACC	COUNTING
		PRINCIPLES AS OF MARCH 31, 2016,	THEO	RGANIZATION DOES	NOT BEL	IEVE THAT IT HAS
		TAKEN ANY TAX POSITIONS THAT WO				
		THAT WOULD EITHER INCREASE OR D				
		ORGANIZATION'S TAX RETURNS ARE				
		TAXING JURISDICTIONS AT MARCH 3			N'S FED	ERAL TAX
		RETURNS GERNALLY REMAIN OPEN FO	<u>r t</u> he	LAST THREE YEARS		

Schedule D (Form 990) 2015		Page 5					
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

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DLN: 93493045029497

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

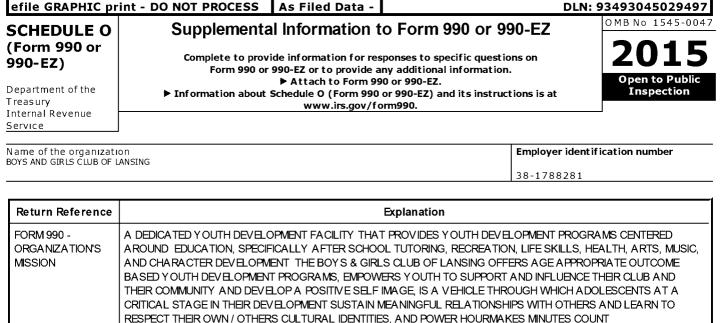
ame of the organization OYS AND GIRLS CLUB OF LA	ANSING						ntification number	
						38-1788281		
Part I Fundraising Ac Form 990-EZ file				ation answered "Yes" his part.	on Form	1 990, Part IV	, line 17.	
Indicate whether the orga	nızatıon raısed fund	ds throug	h an y of th	ne following activities C	heck all t	hat apply		
a Mail solicitations	e Solicitation of non-government grants							
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants		
c Phone solicitations				g Special fundrais	ing event	S		
d In-person solicitation	ıs							
Did the organization have or key employees listed in services?						· · ·	es No	
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agree	ements un	der which the f	undraiser is	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundraı	ount paid to stained by) ser listed in	(vi) A mount paid to (or retained by) organization	
		Yes	No					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
otal	1	1						
List all states in which the or registration or licensing	organization is regis	stered or	licensed t	to solicit contributions c	or has bee	n notified it is e	exempt from	

Part II	Fundraising	Events

Fundraising Events.

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

	rundraising event contributio receipts greater than \$5,000				1
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GOLF OUTING/OTH (event type)	STEAK AND BURGE (event type)	(total number)	(add col (a) through col (c))
		(event type)	(event type)	(cocar namber)	(6)
KIE					
Reverkie	1 Gross receipts	102,337	42,080		144,417
ž	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)	102,337	42,080		144,417
	4 Cash prizes				
	5 Noncash prizes				
Ş	6 Rent/facility costs				
Expenses	7 Food and beverages				
ă	8 Entertainment				
Direct	9 Other direct expenses	31,603	8,898		40,501
ă	10 Direct expense summary Add lines 4	l through 9 ın column (d)		40,501
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)		103,916
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Reversie		(a)Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Se	2 Cash prizes				
Expenses					
Ä	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
		☐ Yes %_	┌ Yes%_	☐ Yes %	
	6 Volunteer labor	☐ No	├ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (c)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts daming a			
а				Yes No	
b	f "No," explain				
10a	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	the tax year?	
b	If "Yes," explain				



Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	BOARD OF DIRECTORS - THESE VOLUNTEERS HELP OVERSEE THE OVERALL DIRECTION OF THE ORGANIZATION THEY HELP MAINTAIN A VISION AND FOCUS ON OUR ULTIMATE MISSION, THE KIDS THAT WE SERVE THEY REVIEW AND APPROVE FINANCIAL REPORTS, WHICH INCLUDE MONTHLY, BUDGETS, AND ANNUAL AUDIT THEY ASSIST IN THE FUNDRAISING AND BUILDING OF DONOR RELATIONSHIPS WITH THE CLUB EDUCATIONAL VOLUNTEERS - THESE VOLUNTEERS ASSIST IN THE DAY TO DAY HOMEWORK HELP IN OUR EDUCATION PROGRAMS THEY ALSO PARTICIPATE IN THE ONE ON ONE TUTORING THAT WE PROVIDE FOR OUR CLUB MEMBERS RECREATIONAL VOLUNTEERS - THESE VOLUNTEERS ASSIST IN THE DAY TO DAY SOCIAL AND PHYSICAL RECREATION ACTIVITIES AT THE CLUB THEY HELP THE STAFF AS WELL AS THE CLUB MEMBERS, AND SERVE AS ROLE MODELS/MENTORS FOR THE CLUB MEMBERS GENERAL VOLUNTEERS - THESE VOLUNTEERS DO EVERYTHING FROM ASSIST IN THE MAINTENANCE OF THE INTERIOR AND EXTERIOR OF THE BUILDING, TO JUST BEING AN EXTRA PAIR OF ADULT EYES FOR THE CLUB JUST THEIR ADULT PRESENCE, AND INTERACTION WITH THE CHILDREN IN CLUB IS A SERVICE IN ITSELF

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ACTIVITIES INCLUDE POWER HOUR (A SUCCESSFUL AFTER-SCHOOL HOMEWORK PROGRAM THAT HELPS KIDS WITH THEIR HOMEWORK), PROJECT LEARN (A PROGRAM THAT HUNDREDS OF KIDS PARTICIPATE IN EACH YEAR THE PROGRAM PROVIDES THEM WITH INCENTIVES TO PARTICIPATE IN LESURE READING, CREATIVE WRITING ACTIVITIES, AND PLAYING GAMES LIKE SCRABBLE THAT DEVELOP CHILDREN'S COGNITIVE SKILLS), KEY STONE CLUB (LEADERSHIP SERVICE CLUBS FOR CHILDREN AND TEENS), SMART MOVES (SKILLS MASTERY RESISTANCE TRAINING), JR. STAFF (EMPLOY MENT PROGRAM FOR TEENS), AND PRESIDENTIAL FITNESS & NIKE CHALLENGE PROJECTS THAT COMBINE DAILY PHY SICAL ACTIVITY WITH TEAMWORK, PROBLEM-SOLVING AND CREATIVE THINKING THESE PROGRAMS PROMOTE YOUTH DEVELOPMENT THROUGH EDUCATIONAL & ENRICHMENT PROGRAMS THE BOYS & GIRLS CLUB'S COMPUTER LAB WAS UPGRADED TO A TECHNOLOGY CENTER, THROUGH A NATIONAL BOYS & GIRLS CLUB GRANT, ENABLING CHILDREN AGES 7-17 TO BECOME PROFICIENT IN BASIC EDUCATIONAL CONCEPTS, APPLY LEARNING TO EVERY DAY SITUATIONS, AND EMBRACE TECHNOLOGY THE BOYS & GIRLS CLUB DOESN'T SIMPLY PROVIDE A VALUABLE SERVICE TO WORKING PARENTS, IT PROVIDES A VALUABLE SERVICE TO THE ENTIRE COMMUNITY BECAUSE THOUSANDS OF KIDS HAVE A SAFE PLACE TO GO THESE PROGRAM EXPENSES WERE USED IN THE PLANNING AND IMPLEMENTATION OF BEHAVIOR GUIDANCE, PROMOTION OF HEALTH, SOCIAL CHARACTER, VOCATIONAL, AND EDUCATIONAL DEVELOPMENT OF YOUTH

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT AND DIRECTOR OF FINANCE FINANCE COMMITTEE REVIEWS THE 990 AND GIVES AN OVERVIEW AND A COPY OF THE 990 TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6,	ALL BOARD OF DIRECTORS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS IF ANY
PART VI, LINE 12C	CONFLICT OF INTEREST WERE TO ARISE, IT WOULD BE REVIEWED BY THE EXECUTIVE COMMITTEE, AND BROUGHT TO THE FULL BOARD SHOULD THE NEED ARISE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	OUR PROCESS FOR DETERMINING COMPENSATION INCLUDES USE OF COMPARABLE COMPENSATION DATA FOR THE AREA TO DETERMINE THE RANGE OF COMPENSATION FOR KEY EMPLOYEES, COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, AND THEN THE BOARD AS A WHOLE, THE WHOLE PROCESS WILL BE DOCUMENTED IN THE EXECUTIVE COMMITTEE AND BOARD MEETING MINUTES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	OUR PROCESS FOR DETERMINING COMPENSATION INCLUDES USE OF COMPARABLE COMPENSATION DATA FOR THE AREA TO DETERMINE THE RANGE OF COMPENSATION FOR KEY EMPLOYEES, COMPENSATION IS REVIEWED AND IMPROVED BY THE EXECUTIVE COMMITTEE, AND THEN THE BOARD AS A WHOLE, THE WHOLE PROCESS WILL BE DOCUMENTED IN THE EXECUTIVE COMMITTEE AND BOARD MEETING MINUTES

Return Reference	Explanation
FORM 990, PAGE 6,	GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE FORM 990 ARE MADE AVAILABLE TO THE PUBLIC
PART VI, LINE 19	AT WWW GUIDESTAR ORG IN ADDITION, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST