2023 06/23/2015 9:20 AM

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.

2014 Open to Public Inspection

OMB No. 1545-0047

<u> </u>	For the	2014 c	alendar year, or tax year beginning , and ending		-	
В	Check if ap	oplicable:	C Name of organization		D Employe	r identification number
	Address ch	hange	Boys & Girls Clubs of Gloucester Co			
\equiv	Name char	nao	Doing business as		**_*	**5655
_	ivallie Chai	rige	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial returi		2 Center Street		856-	881-6084
	Final return terminated		City or town, state or province, country, and ZIP or foreign postal code			
			Glassboro NJ 08028		G Gross rec	eipts \$ 1,140,414
<u></u>	Amended r	return	F Name and address of principal officer:		_	. .
	Application	n pending	Robert Taylor	H(a) Is this a gro	oup return for s	ubordinates? Yes X No
			2 Center Street	H(b) Are all sub	ordinates inclu	ıded? Yes No
			Glassboro NJ 08028	If "No,"	" attach a list.	(see instructions)
	Tax-exem	ont etatue:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
	Website:	•	cbgc.org	H(c) Group exe	matica aumbo	
				ear of formation: 2		
		rganization:		ear of formation: 4	1005	M State of legal domicile:
F	art I		ummary			
	1 B	•	scribe the organization's mission or most significant activities:			
ë			NSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE			
an			I DISADVANTAGED CIRCUMSTANCES, TO REALIZE THEIR FULL			
ern		POTE	NTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS			
Š	2 0	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets	S	
ω ω	3 N	Number (of voting members of the governing body (Part VI, line 1a)		3	30
Se			of independent voting members of the governing body (Part VI, line 1b)			30
į	5 T	Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	54
Activities & Governance			where of valuations (actimate if passages v)			72
⋖			elated business revenue from Part VIII, column (C), line 12			0
			ated business taxable income from Form 990-T, line 34			0
	D IV	vet unite	ated business taxable income from Form 990-1, line 34	Prior Yea		Current Year
	8 0	Contribut	ions and grants (Part VIII, line 1h)		4,033	602,732
ne	9 P	Program	service revenue (Part VIII, line 2g)		2,590	334,771
Revenue	10 1	nvoctmo	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,330	497
Re	10 "	Othor ro	Vanua (Part VIII), column (A), lines 5, 4, and 7d)	12	2,331	170,257
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,956	1,108,257
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54	0,930	1,100,257
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0
			paid to or for members (Part IX, column (A), line 4)	2.4	- 0-0	0
es			other compensation, employee benefits (Part IX, column (A), lines 5–10)	34	5,858	473,352
Expenses			onal fundraising fees (Part IX, column (A), line 11e)			0
χb	bΤ	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 2,792			
Ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,989	290,223
	18 T	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	57	0,847	763 , 575
	19 R	Revenue	less expenses. Subtract line 18 from line 12	-2	1,891	344,682
Net Assets or Fund Balances	8	· · · · · ·		Beginning of Cur		End of Year
sets	20 T	Total ass	ets (Part X, line 16)		1,410	1,433,401
t As	21 T	Total liab	ilities (Part X, line 26)		1,681	83,366
ᅙ	22 N	let asse	ts or fund balances. Subtract line 21 from line 20	99	9,729	1,350,035
P	art II	Si	gnature Block			
Uı	nder pen	alties of p	perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of	f my knowle	dge and belief, it is
trı	ue, correc	ct, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge.		
				<u> </u>		
Sig	an l		Signature of officer		Date	
He			Robert Taylor Direct	or		
	. •	7	Type or print name and title	- 		
			e preparer's name Preparer's signature	Date	Check	X if PTIN
Paid	d					
	parer		Petroni, CPA Nick L. Petroni, CPA Nick	·	/15 self-em	**-***2410
	Only	Firm's na			irm's EIN ▶	241U
	y		102 WEST HIGH ST, SUITE 100, PO BOX 2 dress • GLASSBORO, NJ 08028			Q56_QQ1_1 <i>6</i> 00
N / -	, the IDC	Firm's ad	dress GLASSBORO, NJ 08028	F	Phone no.	856-881-1600

*************	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any	
T F	Briefly describe the organization's mission: TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, FROM DISADVANTAGED CIRCUMSTANCES, TO REA POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND	SPECIALLY THOSE LIZE THEIR FULL
2	Did the organization undertake any significant program services during the year w prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	V V
3	Did the organization cease conducting, or make significant changes in how it concessivities? If "Yes," describe these changes on Schedule O.	Vec V No
4		
F	ta (Code:)(Expenses \$ 720,058 including grants of TO INSPIRE AND ENABLE ALL YOUNG PEOPLE EFROM DISADVANTAGED CIRCUMSTANCES, TO REAPOTENTIAL AS PRODUCTIVE, RESPONSIBLE AND	SPECIALLY THOSE LIZE THEIR FULL
40	4b (Code:) (Expenses \$ including grants of	\$) (Revenue \$)
	······································	
4c	Ic (Code:) (Expenses \$ including grants of	\$
	······································	
	······	
	••••••	
4d	4d Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ 4e Total program service expenses ▶ 720,058) (Revenue \$

Part 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	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			- 21
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		х
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.15		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a				l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Death	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	postions 204 7704 2 and 204 7704 22 If "Ves " complete Cabadula D. Dort I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J -1	an IV and Dark V line 4	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b		35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
~~	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			v
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X

Form **990** (2014)

Form 990 (2014) Boys & Girls Clubs of Gloucester Co **-***5655

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Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part \	/				
	Oncome de la contraction de la				Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X
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	2a	54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
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		
l a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial				
	account)?			4a		X
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 Act	counts				
	(FBAR).					
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?				Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
Sa .	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					3.5
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
	gifts were not tax deductible?			6b		
, -	Organizations that may receive deductible contributions under section 170(c).	_				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oas		7-		
_	and services provided to the payor?			7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Voc " indicate the number of Forms 9393 filed during the year	7d				
e e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1 01111 1030-01			
	sponsoring organization have excess business holdings at any time during the year?	•		8		
)	Sponsoring organizations maintaining donor advised funds.					
а	Bid the appropriate appropriation makes any tanable distributions and appropriate 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
)	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
ı	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
2a	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	12b		•		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	, .				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
1a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule (`		14h	l	

BOY & GIRLS CLUB

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ... X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 30 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. 30 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х b 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 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.

NJ 08028 856-881-6084 GLASSBORO Form **990** (2014) DAA

2 Center Street

State the name, address, and telephone number of the person who possesses the organization's books and records: >

Form 990 (2014)	Boys	&	Girls	Clubs	of	Gloucester	Co	**-***5655
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	nd Title Average Position hours per (do not check more tha week box, unless person is bo (list any officer and a director/tru			s both a	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIGC)	organization and related organizations
(1) See Attached Board	0.00	x						0	0	0
(2)		21							0	3
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Form	06/23/2015 9:20 AM 1 990 (2014) Boys & Gi											F	Page 8
Pa	rt VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(d	o not o	Pos check ess pe	c) ition more rson i	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth comper	nated int of ner nsation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi and re organiz	zation elated	
(12)													
(40)													
(13)													
(14)													
(15)													
(16)													
(17)													
(18)													
(40)													
(19)													
С	Sub-total		ectio	on A				> > >					
2	Total number of individuals (increportable compensation from	cluding but not lim	nited			liste	dabo	ove)	who received more than \$1	00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization.	complete Schedu 1a, is the sum of zations greater th	ile J f repo nan S	for sortab \$150	uch i le cc ,000'	ndiv mpe ? If "	idual ensat Yes,'	ion a	and other compensation from		3	Yes	X
5	individual Did any person listed on line 1a for services rendered to the org	a receive or accru	ie co	mpe	nsati	ion f	rom a	any	unrelated organization or inc		5		X
	ion B. Independent Contractor	rs											
1	Complete this table for your five compensation from the organization	ation. Report cor							r year ending with or within	the organization's tax year.		(C)	
	Name and	(A) business address							Descrip	(B) otion of services	C	(C) ompensa	ition
2	Total number of independent or received more than \$100,000 c								listed above) who	0			

Form 990 (2014) Boys & Girls Clubs of Gloucester Co **-**5655

Part VIII Statement of Revenue

	Check if Schedule O contains a response or	(A)	(B)	(C)	(D)
		Total revenue	Related or	Unrelated	Revenue
			exempt function	business revenue	excluded from tax under sections
· · · · · · · · · · · · · · · · · · ·	Fadantad samusima		revenue		512-514
Ta Ta	Federated campaigns 1a				
	Membership dues 1b				
Ž	Fundraising events 1c				
ila	Related organizations 1d				
Sin					
je '	f All other contributions, gifts, grants, and similar amounts not included above 1f 187,765				
and Other Similar Amounts	11 107,705				
	· · · · · · · · · · · · · · · · · · ·	602,732			
		002,732			
) 33	Busn. Code	153,390	153,390		
9 2a	·	93,310	93,310		
Y b	* · · · · · · · · · · · · · · · · · · ·	85,785	85,785		
		2,286	2,286		
anipalani selvice keveline		2,200	2,200		
<u>g</u> 4	All other program service revenue				
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total. Add lines 2a–2f	334,771			
3		334 <i>111</i> 4			
"	and attendication and the	97			97
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
٦	(i) Real (ii) Personal				
62	Gross rents				
	Less: rental exps.				
C					
d					
	Gross amount from (i) Securities (ii) Other				
	sales of assets				
h	other than inventory Less: cost or other				
"	basis & sales exps.				
	Gain or (loss)				
	Net gain or (loss)	400	400		
Ra.	Gross income from fundraising events	100	100		
ور ور	/				
Otner Kevenue	of contributions reported on line 1c).				
8	See Part IV, line 18 a 145,390				
r r	Less: direct expenses b 32,157				
รี รู	Net income or (loss) from fundraising events	113,233			
	Gross income from gaming activities.				
"	See Part IV, line 19				
	Less: direct expenses b				
	Net income or (loss) from gaming activities				
	Gross sales of inventory, less				
100	returns and alloweness				
h	Less: cost of goods sold b				
	Net income or (loss) from sales of inventory				
<u> </u>	Miscellaneous Revenue Busn. Code				
11a		30,000	30,000		
b		27,024	27,024		
C		,			
	All other revenue				
	Total. Add lines 11a–11d	57,024			
	Total revenue. See instructions	1,108,257	392,195	0	97

	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	X
Do r	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
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	414,090	383,840	30,250	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,024	7,024		
9	Other employee benefits				
10	Payroll taxes	52,238	49,924	2,314	
11	Fees for services (non-employees):				
а	Management				
b					
С					
d					
е	9				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	56,452	56,452		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,652	3,652		
20	Interest	215		215	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,103	23,103		
23	Insurance				
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.)	14			
а	- · · · · · · · · · · · · · · · · · · ·	40,610	40,610		
b	Program Supplies	31,344	31,344		
С	Food Program	28,090	28,090	4 2 2 2	
d	Transportation	27,243	23,151	4,092	
е	All other expenses	79,514	72,868	3,854	2,792 2,792
25	Total functional expenses. Add lines 1 through 24e	763,575	720,058	40,725	2,792
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				

P	art >	Balance Sheet				
		Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		67,710		32,659
	2	Savings and temporary cash investments		32,601	2	140,800
	3	Pledges and grants receivable, net		63,732	3	98,689
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, of				
		trustees, key employees, and highest compensated employees				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and co	ntributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employ	ees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L	-		6	
Assets	7	Notes and loans receivable, net			7	
ĕ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	1,288,959			
	b	Less: accumulated depreciation 10	127,706	927,367	10c	1,161,253
	11	Investments—publicly traded securities		11		
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,091,410		1,433,401
	17	Accounts payable and accrued expenses		24,010	17	16,546
	18	Grants payable		18		
	19	Deferred revenue		28,125	19	32,099
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched	dule D		21	
es	22	Loans and other payables to current and former officers, direct	ors,			
Liabilities		trustees, key employees, highest compensated employees, and	d			
jab		disqualified persons. Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to relate				
		parties, and other liabilities not included on lines 17-24). Compl	ete Part X	22 - 44		24 = 24
		of Schedule D		39,546		34,721
	26	Total liabilities. Add lines 17 through 25		91,681	26	83,366
"		Organizations that follow SFAS 117 (ASC 958), check here	x ► X and			
če		complete lines 27 through 29, and lines 33 and 34.		00 600		452 250
Balances	27	Unrestricted net assets		80,680		453,379
å	28	Temporarily restricted net assets	87,049		64,656	
nu	29	Permanently restricted net assets		832,000	29	832,000
Ē		Organizations that do not follow SFAS 117 (ASC 958), che	ck here ▶			
ts o		complete lines 30 through 34.				
se	30				30	
Net Assets or Fund	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Se	32	Retained earnings, endowment, accumulated income, or other		000 700	32	1 250 025
	33			999,729		1,350,035
	34	Total liabilities and net assets/fund balances		1,091,410	34	1,433,401

Form **990** (2014)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XIII, column (A), line 12) 2 Total eyenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 344,687. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 999,723. 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 7,7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis both: Separate basis Consolidated basis both: Separate basis Consolidated basis or both: Separate basis Co	Pa	Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 344,682 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Cons						
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Unter changes in net assets or fund balances (explain in Schedule O) 9 Unter changes in net assets or fund balances (explain in Schedule O) 9 Unter changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis C If "Yes," the de dox box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis,	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
3 Revenue less expensess. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis. Consolidated basis both: Separate basis. Consolidated basis both: Separate basis consolidated basis or both: Sep	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1,350,035 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis both consolidated and separate basis Cif "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2c X If the organization is financial statements and the prior the year were audited on a separate basis. Consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis both consolidated and separate basis C If "Yes," the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act an	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Interpretor (adjustments) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Interpretor (adjustments) 11 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis	4		4	9	99,	729
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Interpretor (adjustments) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Interpretor (adjustments) 11 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 5,624 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3,3 column (B)) 10 1,350,035 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1,350,035 Part XII Financial Statements and Reporting Yes No Yes Ye	6	Donated services and use of facilities	6			
8	7	Investment expenses	7			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,350,035 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	8	Prior period adjustments	8		5,	624
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		33, column (B))	10	1,3	50,	035
Accounting method used to prepare the Form 990:	Pa	art XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		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 Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		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 a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.				
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		reviewed on a separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Separate basis Consolidated basis Both consolidated and separate basis				
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		separate basis, consolidated basis, or both:				
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, explain in				
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		***************************************		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Audit Act and OMB Circular A-133?		3a		X
	b					
			<u></u>	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Boys & Girls Clubs of Gloucester Co

Employer identification number **-***5655

Pa	art I	Reas	on for Public Charity	Status (All organizations i	must co	mplete t	this part.) See instruction	S.		
Γhe	orgai	nization is not	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)				
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).			
2	П	A school desc	cribed in section 170(b)(1)(A	(Attach Schedule E.)						
3		A hospital or	spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	П	A medical res	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state	9:							
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in			
		-	·	•	•	, ,				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	П		•	ubstantial part of its support from	•	, , , , , , ,	•			
	ш	-	section 170(b)(1)(A)(vi). (Co		J - 1		3			
8				70(b)(1)(A)(vi). (Complete Part II	.)					
9	X	•		more than 33 1/3% of its suppor	,	ntributions	membership fees, and gross			
J		<u> </u>	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain ex						
		•	•	d unrelated business taxable inco						
			<u>-</u>	, 1975. See section 509(a)(2). (•		Triaxy from basinesses			
10			-	clusively to test for public safety			a)(4)			
11	H	-	•	clusively for the benefit of, to pe				of		
•	Ш	-	•	ons described in section 509(a)(• • • •			
				ribes the type of supporting organ				HOOK		
_			ŭ	,, ,,		•				
а	Ш			d, supervised, or controlled by its		•	.,			
			• ,, ,	regularly appoint or elect a majo	nity of the	unectors	or trustees or the supporting			
L		•	You must complete Part IV				ranization(a) by baying			
b	Ш			sed or controlled in connection w	•					
				organization vested in the same p	ersons in	at control	or manage the supported			
			s). You must complete Part			المساملان				
С	Ш			rting organization operated in co			• •			
				ons). You must complete Part						
d	Ш			upporting organization operated						
				inization generally must satisfy a			ment and an attentiveness			
			•	complete Part IV, Sections A a						
е	Ш			a written determination from the		• • •	e I, Type II, Type III			
	F4	•		ctionally integrated supporting org	ganization					
t			of supported organizations							
<u>g</u>			ring information about the sup	<u> </u>	(in A lastical		() 4	())		
(e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above or IRC section		ment?	instructions)	instructions)		
				(see instructions))	Yes	No				
Α\					res	NO				
(A)										
'D\										
B)										
~										
C)										
D,										
D)										
(E)										
Fa+-										
Γota	ı							I		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do 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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	• •	, ,	, ,		, ,	.,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2014 (line 6,						%
15	Public support percentage from 2013 Sche	dule A, Part II, line	14			15	%
16a	33 1/3% support test—2014. If the organize	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, chec	ck this	
	box and stop here. The organization qualif						▶ ∐
b	33 1/3% support test—2013. If the organization	zation did not chec	k a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	,	. —
	check this box and stop here. The organization	ation qualifies as a	publicly supported	organization			▶ ∐
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a	box on line 13, 16a	, or 16b, and line 14	1 is	
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac	ts-and-circumstan	ces" test. The orga	nization qualifies as	a publicly supporte	ed	. —
	organization						▶ ∐
b	10%-facts-and-circumstances test—201	· ·		•		ne	
	15 is 10% or more, and if the organization r				•		
	Explain in Part VI how the organization mee	ets the "facts-and-c	circumstances" test	. The organization of	qualifies as a public	ly	
							▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		. □
	instructions						▶

Schedule A (Form 990 or 990-EZ) 2014 Boys & Girls Clubs of Gloucester Co **-**5655

Page 3

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

(Complete only if you checked the box on line 9 of Part I 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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	321,874	295,370	1,101,569	284,033	602,732	2,605,578
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	81,815	167,247	219,044	287,804	537,185	1,293,095
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	403,689	462,617	1,320,613	571,837	1,139,917	3,898,673
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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						
Sac	line 6.) tion B. Total Support						3,898,673
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	403,689	462,617	1,320,613	571,837	1,139,917	3,898,673
		403,009	402,017	1,320,013	371,037	1,139,917	3,030,073
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	5	26	2	97	141
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	11	5	26	2	97	141
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	403,700	462,622	1,320,639	571,839	1,140,014	3,898,814
14	First five years. If the Form 990 is for the o	-	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	
	organization, check this box and stop here						>
	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, o						100.00%
16 Soc	Public support percentage from 2013 Scheotion D. Computation of Investment					16	97.72%
3ec 17	Investment income percentage for 2014 (lin			ump (f))		17	%
1 <i>7</i> 18	Investment income percentage for 2014 (iii)					40	
10 19a	33 1/3% support tests—2014. If the organ			and line 15 is mor			/0
·Ja	17 is not more than 33 1/3%, check this box						▶ X
b	33 1/3% support tests—2013. If the organ		-				
-	line 18 is not more than 33 1/3%, check this			•		•	▶ □
20	Private foundation. If the organization did						> 🗍

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.)

A 1 A	. All Supporting	A
SACTION A	All Silnhorting	()raanizatione

Yes No 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 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. Зс 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 4b despite being controlled or supervised 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) 4c 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 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 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 7 controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 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 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 Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit 9с from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 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

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.)

reasons for the organization's position that its supported organization(s) would have engaged in these

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

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.

activities but for the organization's involvement.

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

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Functio	<u>anizatio</u>	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	20, 1970.	See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Sections	A through	ı E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- Cotton A Aujusteu Net moone		(A) I IIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Dries Vees	(B) Current Year
Section B - William ASSEt Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a 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		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 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		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type		orting organization (see	•

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedu Part	lle A (Form 990 or 990-EZ) 2014 BOYS & GITIS CIUD			655 Page 7
	<u> </u>	Supporting Organizati	ions (continued)	Current Veer
	on D - Distributions			Current Year
1 	Amounts paid to supported organizations to accomplish exempt purpose Amounts paid to perform activity that directly furthers exempt purposes			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets	orted organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
C	F			
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014 . . .

Schedule A (Fo	rm 990 or 990-EZ) 2014	Boys	& Girls	Clubs	of Glou	cester C	o **-***5655	Page 8
Part VI	Supplemental Information Part III, line 12. Also	rmation.	Provide the	explanation	s required b	y Part II, line	10; Part II, line 17a or	· 17b; and
• • • • • • • • • • • • • • • • • • • •								
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

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

Boys & Girls Clubs of Gloucester Co

Employer identification number

-*56<u>55</u>

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.					
Special Rules						
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions aduring the year					
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Boys & Girls Clubs of Gloucester Co

Employer identification number **-**5655

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John Paz 635 Niblick Lane Wallingford PA 19086	\$ 78,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Zidek Family Foundation PO Box 22 Haddonfield NJ 08033	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	James Daloisio 705 Mantua Avenue Pitman NJ 08071	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Savage Services Corporation 901 W Legacy Center Way Midvale UT 84047	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	James George PO Box 298 Woodbury NJ 08096	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Paulsboro Refining Company LLC 800 Billingsport Road Paulsboro NJ 08066	\$ 17,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 2014

Open to Public

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

Name of the organization				Employer identification number		
BO	J SV	Girls Clubs of Gloucester Co		**-***5655		
Par		Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Acc			
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total num	nber at end of year				
2	Aggregat	e value of contributions to (during year)				
		e value of grants from (during year)				
4	Aggregat	e value at end of year				
5	Did the o	rganization inform all donors and donor advisors in writing that tl	ne assets held in donor advised			
1	funds are	the organization's property, subject to the organization's exclus	ive legal control?	Yes No		
		rganization inform all grantees, donors, and donor advisors in w				
	only for c	haritable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose			
	conferring	g impermissible private benefit?		Yes No		
Par	t II	Conservation Easements.				
		Complete if the organization answered "Yes" to F				
1		s) of conservation easements held by the organization (check a				
	_	ervation of land for public use (e.g., recreation or education)	Preservation of a historically importa			
	Prote	ction of natural habitat	Preservation of a certified historic st	ructure		
		ervation of open space				
		e lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation			
		t on the last day of the tax year.		Held at the End of the Tax Year		
а	Total num	nber of conservation easements		2a		
b	Total acre	eage restricted by conservation easements		2b		
		of conservation easements on a certified historic structure include		2c		
		of conservation easements included in (c) acquired after 8/17/06	s, and not on a			
				2d		
		of conservation easements modified, transferred, released, extin	iguisned, or terminated by the organization di	uring the		
	tax year I					
		of states where property subject to conservation easement is loc				
		organization have a written policy regarding the periodic monito		☐ Yes ☐ No		
		, and enforcement of the conservation easements it holds?		Yes No		
6	Sian and	volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year			
7						
		of expenses incurred in monitoring, inspecting, and enforcing con	iservation easements during the year			
		 ch conservation easement reported on line 2(d) above satisfy the	requirements of section 170/b\(4\(\B\(i\)			
				Yes No		
		on 170(h)(4)(B)(ii)?				
		sheet, and include, if applicable, the text of the footnote to the or	•			
		ion's accounting for conservation easements.	gamzation o imanolal statemente that decome			
Par		Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	Historical Treasures, or Other Sin	nilar Assets.		
1a	If the ora	anization elected, as permitted under SFAS 116 (ASC 958), not		e sheet		
	_	art, historical treasures, or other similar assets held for public ex				
		rvice, provide, in Part XIII, the text of the footnote to its financial				
		anization elected, as permitted under SFAS 116 (ASC 958), to re		neet		
	_	art, historical treasures, or other similar assets held for public ex				
		rvice, provide the following amounts relating to these items:				
		nues included in Form 990, Part VIII, line 1		 \$		
				L 4		
		anization received or held works of art, historical treasures, or of				
	_	amounts required to be reported under SFAS 116 (ASC 958) re				
	-	included in Form 990, Part VIII, line 1	<u> </u>	> \$		
		cluded in Form 990, Part X				

ra	rt III - Organizations Maintainin	g conections of	AIL, HISTORICAL	reasures, or	Other Sillin	ai ASSEIS	Continued	i)
3	Using the organization's acquisition, accessicollection items (check all that apply):	on, and other records	, check any of the follo	owing that are a si	ignificant use of	its		
а	Public exhibition	d 🗌	Loan or exchange p	ograms				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further the o	rganization's exer	mpt purpose in I	Part		
	XIII.							
5	During the year, did the organization solicit of	r receive donations o	f art, historical treasur	es, or other simila	ır			
	assets to be sold to raise funds rather than to		art of the organization'	s collection?			. Yes	No
Pa	rt IV Escrow and Custodial Ar		". -				_	
	Complete if the organizatio 990, Part X, line 21.					n amount o	n Form	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions o	other assets not				
							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f 2-	Ending balance	000 Deat V line	04			1f		
	Did the organization include an amount on F							☐ No
	rt V Endowment Funds.	Check here if the ex	planation has been pr	ovided in Part XIII				
га	Complete if the organization	n answered "Ves	" to Form 990 P:	art IV line 10				
	Complete ii the organizatio	(a) Current year	(b) Prior year	(c) Two years	back (d) T	hree years back	(e) Four year	ars hack
1a	Beginning of year balance	(a) canon year	(5) you	(6) 1 110 years	(4)	moo youro baon	(6) . 64. 76.	are baon
	Contributions							
	Net investment earnings, gains, and							
_	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curi		(line 1g, column (a))	held as:				
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c show	•						
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held and	administered for th	he			
	organization by:						Ye	es No
								-
b	If "Yes" to 3a(ii), are the related organization:						3b	
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.					
ra	rt VI Land, Buildings, and Equ		" to Form 000 D	ort I\/ line 44-	Soc Form	000 Dart V	line 10	
	Complete if the organization Description of property	(a) Cost or other		or other basis	(c) Accumulate		, IINE TU. (d) Book valu	10
	Description of property	(investment	` ` `	other)	depreciation		(u) book valu	ie
	Land	` `	, (429,000	_ Sp. colation		420	,000
12				-27/000			143	, , , , , ,
1a	Land					ı		
b	Buildings							
c b	Buildings Leasehold improvements							
b d	Buildings			859,959	127	7,706	732	2,253

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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 (2) Closely-held equity interests	Part VII	Investments—Other Securities.	I GIOGCEDECI CO	3033	raye C
(c) Experience of searching containing or callargor (colds flag reced searching) (c) Financial destinatives (1) Financial destinatives (2) Closely-held equily interests (3) Clote (4) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	I art VII		Form 990. Part IV line	11b. See Form 990 Pa	art X. line 12.
(1) Financial derivatives (2) Closely-half equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (D) (D) (E) (D) (E) (E) (F) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
		(including name of security)	, ,	Cost or end-of-ye	ar market value
	(1) Financial d	derivatives			
(3) Other (4) (8) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		Id a suite : tatabasta			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(C) .					
(F)	(B)				
(E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)				
(F) (G) (G) (H) Total. (Column (b) must equal Form 990, Part X. col. (B) line 12.) ▶ Part Vill Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (g) becoption of eventment (e) Book value (e) Memoral of evaluation Coal or end-of-year market value (f) (g) (g) (g) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (g) Book value (g)					
(6) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (9) Decorption of revestment (b) Book value (c) Method of windstation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
Cotal. Cotumn (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Block volue Cord or ond of-year market value (c) (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g					
(a) Description of investment (b) Brock value (c) Membrot of valuation: Cost or ent-of-opear market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Description (b) must equal Form 990, Part X, col. (B) line 15.) (a) Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Brock value (1) Federal income taxes (2) Due to State (3) Accrued Wages & Taxes (6, 421) (4) Note Payable (5) Rounding Adjustment (6) (7) (8) (9)	i dit viii		Form 990 Part IV line	11c See Form 990 Pa	art X line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (9) Book value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (3) Accrued Wages & Taxes (6, 421.) (4) Note Payable (5) Rounding Adjustment (6) (7) (6) (6) (7) (6) (6) (7) (6) (6) (7) (6) (6) (7) (6) (6) (7) (6) (6) (7) (6) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7					
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(3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23, 300 (3) Accrued Wages & Taxes 6, 421 (4) Note Payable 5, 000 (5) Rounding Adjustment (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State (23,300) (3) Accrued Wages & Taxes (5,421) (4) Note Payable (5) Rounding Adjustment (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77 (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 23,300 (3) Accrued Wages & Taxes (6), 421 (4) Note Payable (5) Rounding Adjustment (6) (7) (8) (9)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (6) Rounding Adjustment (6) (7) (8) (9)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (6) Rounding Adjustment (6) (7) (8) (9)	(5)				
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		a /b) must equal Form 000 Part V cal /P) line 12)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State (3) Accrued Wages & Taxes (6) 421 (4) Note Payable (5) Rounding Adjustment (6) (7) (8) (9)					
(a) Description (b) Book value (1) (2) (3) (44) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)			Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.
(2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)			, ,	,	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)					
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)		o (h) must equal Form 990, Part X, col. (R) line 15.)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)				·············	
Line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)			Form 990, Part IV, line	11e or 11f. See Form 9	990, Part X,
(1) Federal income taxes (2) Due to State (3) Accrued Wages & Taxes (4) Note Payable (5) Rounding Adjustment (6) (7) (8) (9)		•	, ,		,
(2) Due to State 23,300 (3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9) 24,504	1.	(a) Description of liability	(b) Book value		
(3) Accrued Wages & Taxes 6,421 (4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)	(1) Federal	income taxes			
(4) Note Payable 5,000 (5) Rounding Adjustment (6) (7) (8) (9)					
(5) Rounding Adjustment (6) (7) (8) (9)					
(6) (7) (8) (9)			5,000		
(7) (8) (9)		ing Adjustment			
(8)					
(9)					
0.4 = 0.4					
		n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,721		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII......

Schedule D (Fo	orm 990) 2014	Boys & C	Girls Clubs	of Glou	cester Co	**-***5655	Page 5
Fait Aiii	Supplemen	itai iiiiOiiiiatic	on (continued)				
•							

Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number Name of the organization **-***5655 Boys & Girls Clubs of Gloucester Co Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) control of from activity fundraiser listed in organization contributions' col. (i) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2014

Boys & Girls Clubs of Gloucester Co **-*

***5655	Page 2
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	, , , , , , , , , , , , , , , , , , , ,		<u> </u>					
Part II	Fundraising Events.	Complete if the	ne organizati	on answered	"Yes" to Form 9	90, Part IV,	line 18, o	r reported
	more than \$15,000 of	fundraising ev	vent contribu	itions and gro	ss income on Fo	rm 990-EZ	, lines 1 a	nd 6b. List
	events with gross reco	eipts greater th	nan \$5,000.					

Revenue	2	Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes	Bur		Toa ,690		(b) Ev	urname	L00	1	(c) Other e		
ses	5	Noncash prizes Rent/facility costs											
Direct Expenses		Food and beverages											
Dir		Other direct expenses		20,	,406			8,9	985			1,087	30,478
В		Direct expense summary. Net income summary. Sub III Gaming. Comp	tract line	e 10 from line 3, colo	umn (d)								30,478 109,146
	art	than \$15,000 o				vereu	res ic	701111 990), Fa	ILIV	, iiile 19	, or reporte	d more
Revenue				(a) Bingo				abs/instant ressive bingo			(c) Other	gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue											
Direct Expenses		Cash prizes											
Direct		Rent/facility costs											
		Other direct expenses Volunteer labor		Yes No	. %		Yes	,	%		Yes	%	
	7	Direct expense summary.	Add line	s 2 through 5 in colu	umn (d)							>	
	8	Net gaming income summ	ary. Sub	tract line 7 from line	1, colu	mn (d)						>	
	ls t	ter the state(s) in which the he organization licensed to No," explain:	organiza conduct	ition conducts gami gaming activities in	ng activ	ities:	states?						Yes No
		ere any of the organization's Yes," explain:	gaming	licenses revoked, s	suspend	ed or te	rminated	during the tax	x year	 ?			Yes No

Sche	edule G (Form 990 or 990-EZ) 2014 Boys & Girls Clubs of Gloucester Co **-***	<u> 5655</u>	<u> </u>	Page	3
11	Does the organization conduct gaming activities with nonmembers?		Yes	1 🗌 a	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?		Yes	s 🗌 t	٥V
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a		%)
b	An outside facility	13b		%)
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		Yes	s 1	Νo
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the				
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes	s 🗌 1	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	spent in the organization's own exempt activities during the tax year ▶ \$				_
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informationstructions).	. ,			_
					٠.
					٠.
					• •
					• •
					• •

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. **Open to Public** Inspection

Name of the organization

Boys & Girls Clubs of Gloucester Co

Employer identification number **-***5655

	u clib clubb	<u></u>							
Form 990, Part V	/I, Line 11b -	Organization	's Process to	o Review Fo	orm 990				
Members of the governing body are given a copy of the 990 for their review									
and approval pri	and approval prior to filing.								
Form 990, Part N	/I, Line 12c -	Enforcement o	of Conflicts	Policy					
Conflict stateme	Conflict statements are prepared annually by Board Members. If conflicts								
are noted they a	are noted they are investigated further.								
Form 990, Part N	/I, Line 15a -	Compensation	Process for	Top Offici	al				
The governing body approves the Executive Director's salary. The Executive									
Director approve	es all other sa	laries and w	ill notify th	ne governin	g body.				
Form 990, Part N	/I, Line 15b -	Compensation	Process for	Officers					
The governing bo	ody approves th	e Executive I	Director's s	alary. The	Executive				
Director approve	es all other sa	laries and w	lll notify th	ne governin	g body.				
Form 990, Part N	7I, Line 19 - G	overning Docu	ments Discl	osure Expla	nation				
No documents ava	ailable to the	public							
Form 990, Part	IX, Line 24e -	Other Expense	es						
Description		Amo	ount						
Repair									
\$	22,447	\$	0	\$	0				
Miscellaneous Ex	rpense								
ė	12.053	\$	0	\$	0				

me of the organization				Employer identif	
Boys & Girls Cl	ubs of Glouceste	r Co		**_**	5655
Equipment					
\$	8,582	\$	0	\$	0
Marketing					
\$	8,530	\$	0	\$	0
Professional Fe	es				
\$	7,011	\$	0	\$	0
Dues & Subscrip	tions				
\$	6,942	\$	0	\$	0
Other Fundraisi	ng Expense				
\$	0	\$	0	\$	2,792
Printing & Copy	ing				
\$	2,635	\$	0	\$	0
Payroll Service	S				
\$	2,237	\$	0	\$	0
Permits & Licen	ses				
\$	0	\$	2,194	\$	0
Bank Charges					
\$	0	\$	1,660	\$	0
Office Supplies					
\$	901	\$	0	\$	0
Administrative	Fee				
\$	865	\$	0	\$	0
Postage					
\$	665	\$	0	\$	0
Form 990, Part	XI, Line 9 - Rec	onciliatio	on of Changes	- Other	
Fundraising Rev	enues Netted Aga	inst Exper	nses	\$	32,157
				Page 1	L of 2

Schedule O (Form 990 or 990-EZ) (2014)

Boys & Girls Clubs of Gloucester Co	**-***5655 \$ -32,157 s Explanation \$ 0				
Fundraising Expenses Netted Against Revenues	\$	-32,157			
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Explan	ation			
Rounding	\$	0			
•					
•					
	Dago	2 of 2			

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No. 179

Name(s) shown on return

Boys & Girls Clubs of Gloucester Co

Identifying number * * - * * * 5655

	ess or activity to which this form relates ndirect Depreciat:	ion							
Pa	art I Election To Exper	-	_						
4	Note: If you have a					•		1	500,000
1 2	Maximum amount (see instructions Total cost of section 179 property)	·	:t					2	300,000
3	Threshold cost of section 179 property	•						3	2,000,000
4	Reduction in limitation. Subtract lin							4	2,000,000
5	Dollar limitation for tax year. Subtract lir							5	
6	(a) Description			Cost (busi			(c) Elected cost		
				-					
7	Listed property. Enter the amount	from line 29				7			
8	Total elected cost of section 179 p	roperty. Add amounts	in column (c), lines 6 an	nd 7				8	
9	Tentative deduction. Enter the small							9	
10	Carryover of disallowed deduction	from line 13 of your 20						10	
11	Business income limitation. Enter t						ons)	11	
12	Section 179 expense deduction. A	dd lines 9 and 10, but	do not enter more than I	line 11 .		 		12	
13	Carryover of disallowed deduction			<u> </u>	<u> </u>	13			
	: Do not use Part II or Part III below		•						
Pa	art II Special Depreciat						<u>isted prope</u>	rty.) (See instructions.)
14	Special depreciation allowance for		er than listed property) p	placed ir	service	9			6 050
	during the tax year (see instruction							14	6,853
15	Property subject to section 168(f)(1) election						15	00.003
16	Other depreciation (including ACR							16	20,803
Pä	art III MACRS Depreciat	ion (Do not inclu	<u>ae listea property.)</u> Section A		nstruc	tions.)			
	MACDO deductions for secretarile							17	0
17 18	MACRS deductions for assets place							17	<u> </u>
10	If you are electing to group any assets placed Section B—		rvice During 2014 Tax					vstem	
		(b) Month and year	(c) Basis for depreciation		Recovery			,	
	(a) Classification of property	placed in service	(business/investment use only–see instructions)		eriod	(e) Conventi	ion (f) Meth	od	(g) Depreciation deduction
19a	3-year property	Gerrio	only coo mondonono						
b	5-year property		6,33	39 5	5.0	HY	200)DB	1,267
С	7-year property		51		7.0	HY	200)DB	74
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25	5 yrs.		S/L	_	
h	Residential rental			27.	5 yrs.	MM	S/L	-	
	property			27.	5 yrs.	MM	S/L	_	
i	Nonresidential real	09/30/14	237,28		yrs.	MM	S/L	-	1,775
	property	04/01/14	6,00	39	0.0	MM	S/L		109
	Section C—A	ssets Placed in Serv	ice During 2014 Tax Y	ear Usii	ng the A	Alternative I	Depreciation :	Syster	n
20a	Class life						S/L	_	
	12-year			12	2 yrs.		S/L	_	
	40-year			4() yrs.	MM	S/L	-	
Pa	art IV Summary (See ins								T
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, I								20.001
	here and on the appropriate lines of				nstructio	ns		22	30,881
23	For assets shown above and place	_	e current year, enter the			_			
	portion of the basis attributable to s	section 263A costs				23			

06/23/2015 9:19 AM

FYE: 12/31/2014

2023 Boys & Girls Clubs of Gloucester Co **-**5655 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	GDS Property: HP Printer	0/17/14	210	37	100	5 HW 200DD	0	121
	Computer Equipment	9/17/14 9/17/14	219 11,980	X X	109 5,990	5 HY 200DB 5 HY 200DB	$0 \\ 0$	131 7,188
	HP Printer	5/28/14	480	X	240	5 HY 200DB	0	288
			12,679	_	6,339		0	7,607
		_		_		•		
7-vear	GDS Property:							
	Mayline Prestige Series Sofa	12/23/14	1,027	X	514	7 HY 200DB	0	587
		_	1,027	=	514	:	0	587
	Residential Real Property:							
	Paulsboro Basement Renovations Fire Door	9/30/14 4/01/14	237,282 6,003		237,282 6,003	39 MM S/L 39 MM S/L	$0 \\ 0$	1,775 109
04	riie Dooi	4/01/14		-	243,285	39 WIWI S/L	0	
		=	243,285	=	243,283	:		1,884
04	Downsoistion							
	Depreciation: Computer	6/09/03	1,964		1,964	5 MO S/L	1,964	0
2	Copier	7/08/03	1,995		1,995	5 MO S/L	1,995	0
3	Software	11/06/03 4/22/04	438 363		438 363	3 MO S/L 5 MO S/L	438 363	0
	Printer 15 Computers	9/11/03	4,500		4,500	5 MO S/L 5 MO S/L	4,500	$0 \\ 0$
6	5 Computers	9/11/03	250		250	5 MO S/L	250	0
	Dell Dimension 2400 Computer	9/23/04 9/23/04	497 497		497 497	5 MO S/L 5 MO S/L	497 497	$0 \\ 0$
	Dell Dimension 2400 Computer Dell Optiplex	3/23/04	497 494		497	5 MO S/L 5 MO S/L	497 494	0
10	Table	4/07/05	340		340	7 MO S/L	340	0
	Dell Optiplex Pool Table	3/10/05 5/26/05	483 507		483 507	5 MO S/L 7 MO S/L	483 507	$0 \\ 0$
	Pool Table Pool Table	11/02/05	1,499		1,499	7 MO S/L 7 MO S/L	1,499	0
15	Dell Computer	10/27/05	880		880	5 MO S/L	880	0
16 17	Carpeting Furniture	12/23/02 11/12/02	1,405 2,500		1,405 2,500	5 MO S/L 5 MO S/L	1,405 2,500	$0 \\ 0$
	Video Game	12/12/02	1,200		1,200	3 MO S/L	1,200	0
	Monitor	12/31/02	429		429	3 MO S/L	429	0
20 21	Video Game Computers	1/14/03 11/12/02	4,500 1,500		4,500 1,500	5 MO S/L 5 MO S/L	4,500 1,500	$0 \\ 0$
	Software	5/01/02	1,450		1,450	3 MO S/L	1,450	ő
	4 Drawer Filing Cabinet	2/22/06	625		625	7 MO S/L	625	0
	Computer Wall Partition	8/10/06 11/19/07	579 2,728		579 2,728	5 MO S/L 7 MO S/L	579 2,370	0 358
26	Desktop Computer	11/26/07	775		775	5 MO S/L	775	0
	Desktop Computer	11/26/07	775 775		775 775	5 MO S/L	775 775	0
	Desktop Computer Computer	11/26/07 10/18/07	580		580	5 MO S/L 5 MO S/L	775 580	$0 \\ 0$
30	Computer	10/18/07	580		580	5 MO S/L	580	0
	Computer Computer	10/18/07 10/18/07	580 580		580 580	5 MO S/L 5 MO S/L	580 580	$0 \\ 0$
	Computer	10/18/07	580		580	5 MO S/L 5 MO S/L	580	0
34	Computer	10/18/07	580		580	5 MO S/L	580	0
	Computer Computer	10/18/07 10/18/07	580 580		580 580	5 MO S/L 5 MO S/L	580 580	$0 \\ 0$
	Software	10/18/07	516		516	3 MO S/L	516	ő
	Laptop Cart	11/09/07	715		715	7 MO S/L	630	85
	TV/DVD Set TV/DVD Set	11/26/07 11/26/07	700 700		700 700	5 MO S/L 5 MO S/L	700 700	$0 \\ 0$
41	Projector	11/26/07	728		728	5 MO S/L	728	0
	2006 Ford Econovan	2/28/07	21,173		21,173	5 MO S/L	21,173	0
43	1992 Ford 150 Econoline Van Sold/Scrapped: 8/03/14	1/01/07	2,500		2,500	5 MO S/L	2,500	0
	Dell Computer	10/28/08	799			10 MO S/L	413	80
	Ulrima 35 EZLoad Laminator Paulsboro Land 916 Penn Line Road	10/28/08 2/01/08	600 41,500		600 41,500	10 MO S/L 0 Land	310 0	60 0
	Paulsboro Building 916 Penn Line Road Paulsboro Building 916 Penn Line Road	2/01/08	53,000			39 MO S/L	8,041	1,359
	Paulsboro Land - Block 54 Lot 1	7/01/08	26,200		26,200	0 Land	0	0

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FYE: 12/31/2014

2023 Boys & Girls Clubs of Gloucester Co **-***5655 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per(Conv Meth	Prior	Current
					<u></u> <u></u>					-
49	Paulsboro Building - Block 54 Lot 1	7/01/08	29,500			29,500		MO S/L	4,160	757
50	Woodwind	7/21/09	2,699			2,699		MO S/L	2,384	315
51	Basement Renovations	8/22/11	13,659			13,659		MO S/L	3,187	1,366
52	Air Conditioning Unit	8/22/11	4,852			4,852		MO S/L	1,617	693
53	Basement Renovations	4/17/12	46,639			46,639		MO S/L	7,773	4,664
54	Basement Renovations	9/21/12	6,900			6,900		MO S/L	863	690
55	Glassboro Bldg Blk 143 Lot 6	9/06/12	361,300			361,300	0	Land	0	0
56	Glassboro Building Blk 143 Lot 6	9/06/12	376,200			376,200	39	MO S/L	12,862	9,646
57	2 Basketball Hoops	6/02/13	2,241			2,241	7	MO S/L	187	320
58	HP Computer	10/09/13	453			453	5	MO S/L	23	90
59	HP Computer	10/09/13	453			453	5	MO S/L	23	90
60	HP Computer	10/09/13	453			453	5	MO S/L	23	90
61	Water Cooler	8/07/13	1,400		_	1,400	10	MO S/L	58	140
	Total Other Depreciation	_	1,034,468		-	1,034,468			107,101	20,803
	Total ACRS and Other Depre	eciation =	1,034,468		=	1,034,468			107,101	20,803
	Grand Totals					1,284,606			107,101	30,881
	Less: Dispositions and Transf	iers	2,500			2,500			2,500	0
	Less: Start-up/Org Expense		0		_	0			0	0
	Net Grand Totals	_	1,288,959		_	1,282,106			104,601	30,881

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
_	~~~							
<u>5-year</u> 65	: GDS Property: HP Printer	9/17/14	219	219	0	44	131	87
66	Computer Equipment	9/17/14	11,980	11,980	0	2,396	7,188	4,792
67	HP Printer	5/28/14	480	480	0	96	288	192
		=	12,679	12,679	0	2,536	7,607	5,071
_	CDC P							
	<u>CGDS Property:</u> Mayline Prestige Series Sofa	12/23/14	1,027	1,027	0	147	587	440
	.,	_	1,027	1,027	0	147	587	440
		=						
Non-I	Residential Real Property:							
63	Paulsboro Basement Renovations	9/30/14	237,282	237,282	0	1,775 109	1,775 109	0
64	Fire Door	4/01/14	6,003 243,285	6,003 243,285	0	1,884	1,884	0
		=	243,263	243,263		1,004	1,004	
Othor	Depreciation:							
1	Computer	6/09/03	1,964	1,964	1,964	0	0	0
2 3	Copier Software	7/08/03 11/06/03	1,995 438	1,995 438	1,995 438	$0 \\ 0$	0	$0 \\ 0$
4	Printer	4/22/04	363	363	363	0	0	0
5	15 Computers	9/11/03	4,500	4,500	4,500	0	0	0
6 7	5 Computers	9/11/03 9/23/04	250 497	250 497	250 497	$0 \\ 0$	0	$\begin{array}{c} 0 \\ 0 \end{array}$
8	Dell Dimension 2400 Computer Dell Dimension 2400 Computer	9/23/04	497	497	497	0	0	0
9	Dell Optiplex	3/23/05	494	494	494	0	0	0
10 11	Table Dell Optiplex	4/07/05 3/10/05	340 483	340 483	340 483	0	0	$0 \\ 0$
12	Pool Table	5/26/05	507	507	507	0	0	0
14	Pool Table	11/02/05	1,499	1,499	1,499	0	0	0
15 16	Dell Computer Carpeting	10/27/05 12/23/02	880 1,405	880 1,405	880 1,405	$0 \\ 0$	0	$0 \\ 0$
17	Furniture	11/12/02	2,500	2,500	2,500	0	0	0
18	Video Game	12/12/02	1,200	1,200	1,200	0	0	0
19 20	Monitor Video Game	12/31/02 1/14/03	429 4,500	429 4,500	429 4,500	$0 \\ 0$	0	$0 \\ 0$
21	Computers	11/12/02	1,500	1,500	1,500	0	0	0
22 23	Software A Drawer Filing Cobinet	5/01/02 2/22/06	1,450 625	1,450 625	1,450 625	$0 \\ 0$	0	$0 \\ 0$
23	4 Drawer Filing Cabinet Computer	8/10/06	579	579	579	0	0	0
	Wall Partition	11/19/07	2,728	2,728	2,370	358	358	0
26 27	Desktop Computer Desktop Computer	11/26/07 11/26/07	775 775	775 775	775 775	$0 \\ 0$	0	$0 \\ 0$
28	Desktop Computer	11/26/07	775	775	775	0	0	0
29	Computer	10/18/07	580	580	580	0	0	0
30 31	Computer Computer	10/18/07 10/18/07	580 580	580 580	580 580	0	0	$0 \\ 0$
32	Computer	10/18/07	580	580	580	ő	0	ő
33	Computer	10/18/07	580	580	580	0	0	0
34 35	Computer Computer	10/18/07 10/18/07	580 580	580 580	580 580	0	0	$0 \\ 0$
36	Computer	10/18/07	580	580	580	0	0	0
37	Software	10/18/07	516	516	516	0	0	0
38 39	Laptop Cart TV/DVD Set	11/09/07 11/26/07	715 700	715 700	630 700	85 0	85 0	$0 \\ 0$
40	TV/DVD Set	11/26/07	700	700	700	0	0	0
41 42	Projector	11/26/07	728	728 21,173	728	0	0	0
42	2006 Ford Econovan 1992 Ford 150 Econoline Van Sold/Scrapped: 8/03/14	2/28/07 1/01/07	21,173 2,500	2,500	21,173 2,500	0	0	0
44	Dell Computer	10/28/08	799	799	413	80	80	0
45 46	Ulrima 35 EZLoad Laminator Paulsboro Land 916 Penn Line Road	10/28/08 2/01/08	600	600	310	60 0	60	$0 \\ 0$
46 47	Paulsboro Building 916 Penn Line Road	2/01/08 2/01/08	0	$0 \\ 0$	0	0	1,359	1,359
48	Paulsboro Land - Block 54 Lot 1	7/01/08	26,200	26,200	0	0	0	0

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FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
49	Paulsboro Building - Block 54 Lot 1	7/01/08	29,500	29,500	4,160	757	757	0
50	Woodwind	7/21/09	2,699	2,699	2,384	315	315	ŏ
51	Basement Renovations	8/22/11	13,659	13,659	3,187	1,366	1,366	0
52	Air Conditioning Unit	8/22/11	4,852	4,852	1,617	693	693	0
53	Basement Renovations	4/17/12	46,639	46,639	7,773	4,664	4,664	0
54	Basement Renovations	9/21/12	6,900	6,900	863	690	690	0
55	Glassboro Bldg Blk 143 Lot 6	9/06/12	361,300	361,300	0	0	0	0
56	Glassboro Building Blk 143 Lot 6	9/06/12	376,200	376,200	12,862	9,646	9,646	0
57	2 Basketball Hoops	6/02/13	2,241	2,241	187	320	320	0
58	HP Computer	10/09/13	453	453	23	90	90	0
59	HP Computer	10/09/13	453	453	23	90	90	0
60	HP Computer	10/09/13	453	453	23	90	90	0
61	Water Cooler	8/07/13	1,400	1,400	58	140	140	0
	Total Other Depreciation	-	939,968	939,968	99,060	19,444	20,803	1,359
	Total ACRS and Other Depre	eciation =	939,968	939,968	99,060	19,444	20,803	1,359
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	-	1,196,959 2,500 0	1,196,959 2,500 0	99,060 2,500 0	24,011 0 0	30,881 0 0	6,870 0 0
	Net Grand Totals	=	1,194,459	1,194,459	96,560	24,011	30,881	6,870

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FYE: 12/31/2014

2023 Boys & Girls Clubs of Gloucester Co *****5655 AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
_	GDG D							
65 66	r GDS Property: HP Printer Computer Equipment HP Printer	9/17/14 9/17/14 5/28/14	219 11,980 480	X X X	109 5,990 240	5 HY 200DB 5 HY 200DB 5 HY 200DB	0 0 0	131 7,188 288
		_	12,679	•	6,339		0	7,607
		=		:				
7-year	r GDS Property:							
	Mayline Prestige Series Sofa	12/23/14	1,027	X	514	7 HY 200DB	0	587
		=	1,027	:	514		0	587
	Residential Real Property:	0/20/14	227 222		227 222	20 MM 6/I	0	1 775
63 64	Paulsboro Basement Renovations Fire Door	9/30/14 4/01/14	237,282 6,003			39 MM S/L 39 MM S/L	0	1,775 109
0.	1.10 2 001	., 01, 1 .	243,285	•	243,285	0, 1,11,12,12	0	1,884
		=	2 13,203	:	213,203			1,001
Prine	MACRS:							
43	1992 Ford 150 Econoline Van	1/01/07	2,500		2,500	5 HY 150DB	2,500	0
17	Sold/Scrapped: 8/03/14		52,000		52,000	20 MM C/I	7.004	1 250
47	Paulsboro Building 916 Penn Line Road	2/01/08	53,000		55,500	39 MM S/L	7,984 10,484	1,359
		=	55,500	:	33,300		10,464	1,359
041	D 1.4							
Other 1	Depreciation: Computer	6/09/03	1,964		1,964	5 MO S/L	1,964	0
2	Copier	7/08/03	0		0	0 HY	0	0
3	Software	11/06/03 4/22/04	0		0	0 HY 0 HY	0	0
4 5	Printer 15 Computers	9/11/03	0		0	0 HY	$0 \\ 0$	$0 \\ 0$
6	5 Computers	9/11/03	0		0	0 HY	0	0
7 8	Dell Dimension 2400 Computer	9/23/04 9/23/04	0		0	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
9	Dell Dimension 2400 Computer Dell Optiplex	3/23/04	0		0	0 HY	0	0
10	Table	4/07/05	0		0	0 HY	0	0
11 12	Dell Optiplex Pool Table	3/10/05 5/26/05	0		0	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
14	Pool Table	11/02/05	1,499		1,499	7 MO S/L	1,499	0
15	Dell Computer	10/27/05	880		880	5 MO S/L	880	0
16 17	Carpeting Furniture	12/23/02 11/12/02	1,405 0		1,405	5 MO S/L 0 HY	1,405 0	$0 \\ 0$
18	Video Game	12/12/02	0		0	0 HY	0	ő
19	Monitor	12/31/02	0		0	0 HY	0	0
20 21	Video Game Computers	1/14/03 11/12/02	0		$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
22	Software	5/01/02	0		ő	0 HY	0	ő
23	4 Drawer Filing Cabinet	2/22/06	625		625	7 MO S/L	625	0
24 25	Computer Wall Partition	8/10/06 11/19/07	579 0		579 0	5 MO S/L 0 HY	579 0	$0 \\ 0$
26	Desktop Computer	11/26/07	0		0	0 HY	0	0
27 28	Desktop Computer	11/26/07 11/26/07	0		$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
29 29	Desktop Computer Computer	10/18/07	0		0	0 HY	0	0
30	Computer	10/18/07	0		0	0 HY	0	0
31 32	Computer Computer	10/18/07 10/18/07	0		$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
33	Computer	10/18/07	0		0	0 HY	0	0
34	Computer	10/18/07	0		0	0 HY	0	0
35 36	Computer Computer	10/18/07 10/18/07	0		$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
37	Software	10/18/07	0		0	0 HY	0	0
38	Laptop Cart	11/09/07	0		0	0 HY	0	0
39 40	TV/DVD Set TV/DVD Set	11/26/07 11/26/07	0		$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	Projector	11/26/07	ő		ő	0 HY	0	ő

2023 Boys & Girls Clubs of Gloucester Co

-*5655

Net Grand Totals

FYE: 12/31/2014

AMT Asset Report Form 990, Page 1

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19,819

12,334

Date Bus Sec **Basis** Description In Service Cost % 179Bonus for Depr PerConv Meth Prior Current Asset 2006 Ford Econovan 2/28/07 0 0 0 42 0 HY Dell Computer 799 44 10/28/08 799 10 MO S/L 413 80 45 Ulrima 35 EZLoad Laminator 10/28/08 600 600 MO S/L 310 60 10 Paulsboro Land 916 Penn Line Road 2/01/08 0 46 0 0 HY 0 0 Paulsboro Land - Block 54 Lot 1 7/01/08 0 0 0 HY 0 29,500 49 Paulsboro Building - Block 54 Lot 1 7/01/08 29,500 39 MO S/L 4,160 757 50 Woodwind 7/21/09 0 0 HY 0 0 **Basement Renovations** 8/22/11 51 0 0 0 HY 0 0 8/22/11 Air Conditioning Unit 0 52 0 0 0 HY 0 53 **Basement Renovations** 4/17/12 0 0 0 HY 0 0 0 0 54 **Basement Renovations** 9/21/12 0 0 0 HY Glassboro Bldg Blk 143 Lot 6 9/06/12 0 0 0 HY 0 0 HY 0 0 56 Glassboro Building Blk 143 Lot 6 9/06/12 0 0 57 2 Basketball Hoops 6/02/13 0 0 0 0 HY **HP** Computer 10/09/13 0 0 0 HY 0 0 0 0 HY 59 HP Computer 10/09/13 0 0 0 60 HP Computer 10/09/13 0 0 0 HY 0 0 Water Cooler 8/07/13 00 0 HY 0 0 37,851 37,851 11,835 897 **Total Other Depreciation Total ACRS and Other Depreciation** 37,851 37,851 11,835 897 **Grand Totals** 350,342 343,489 22,319 12,334 **Less: Dispositions and Transfers** 2,500 2,500 2,500

347,842

340,989

2023 Boys & Girls Clubs of Gloucester Co **-**5655 Bonus Depreciation Report

06/23/2015 9:19 AM

FYE: 12/31/2014

Asset Propert	y Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page	<u>1</u>							
62 Mayline Prestige Se65 HP Printer66 Computer Equipme67 HP Printer		12/23/14 9/17/14 9/17/14 5/28/14	1,027 219 11,980 480		0 0 0 0	513 110 5,990 240	0 0 0 0	514 109 5,990 240
	Form 99	00, Page 1	13,706		0	6,853	0	6,853
	Gr	and Total	13,706		0	6,853	0	6,853

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Form MACI	<u>Unit</u> RS Adj	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
Page 1	1	62	Mayline Prestige Series Sofa	587	587	0
Page 1	1	63	Paulsboro Basement Renovations	1,775	1,775	Ö
Page 1	1	64	Fire Door	109	109	0
Page 1	1	65	HP Printer	131	131	0
Page 1	1	66	Computer Equipment	7,188	7,188	0
Page 1	1	67	HP Printer	288	288	0
				10,078	10,078	0

2023 Boys & Girls Clubs of Gloucester Co

-*5655

Future Depreciation Report

FYE: 12/31/15

FYE: 12/31/2014

Prior MACRS:	
62 Mayline Prestige Series Sofa 12/23/14 1,02 63 Paulsboro Basement Renovations 9/30/14 237,28 64 Fire Door 4/01/14 6,00 65 HP Printer 9/17/14 21 66 Computer Equipment 9/17/14 11,98 67 HP Printer 5/28/14 48 256,99	2 6,084 6,084 3 154 154 9 35 35 0 1,917 1,917 0 77 77
Other Depreciation:	
1	55 0 0 88 0 0 33 0 0 00 0 0 00 0 0 77 0 0 00 0

2023 Boys & Girls Clubs of Gloucester Co

-*5655

Future Depreciation Report

FYE: 12/31/15

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Tax	AMT
58	HP Computer	10/09/13	453	91	0
59	HP Computer	10/09/13	453	91	0
60	HP Computer	10/09/13	453	91	0
61	Water Cooler	8/07/13	1,400	140	0
	Total Other Depreciation		1,031,968	20,047	2,255
	Total ACRS and Other Depreciation		1,031,968	20,047	2,255
	Grand Totals		1,288,959	28,440	10,648

2023 Boys & Girls Clubs of Gloucester Co

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NJ Future Depreciation Report

06/23/2015 9:19 AM

FYE: 12/31/15

Form 990, Page 1 FYE: 12/31/2014

Date In Description Service Cost NJ Asset **Prior MACRS:** Mayline Prestige Series Sofa 12/23/14 1,027 251 9/30/14 63 Paulsboro Basement Renovations 237,282 6,084 4/01/14 6,003 154 64 Fire Door 65 **HP Printer** 9/17/14 219 70 Computer Equipment 9/17/14 11,980 3,833 66 5/28/14 480 154 **HP Printer** 256,991 10,546 Other Depreciation: Computer 6/09/03 1,964 7/08/03 1,995 0 2 Copier Software 11/06/03 438 0 Printer 4/22/04 363 0 9/11/03 15 Computers 4,500 0 250 0 5 Computers 9/11/03 497 Dell Dimension 2400 Computer 9/23/04 0 Dell Dimension 2400 Computer 9/23/04 497 9 Dell Optiplex 3/23/05 494 0 10 4/07/05 340 Table 0 Dell Optiplex 3/10/05 483 11 0 Pool Table 5/26/05 507 0 12 Pool Table 11/02/05 1,499 14 0 15 Dell Computer 10/27/05 880 0 Carpeting 12/23/02 1,405 16 2,500 17 Furniture 11/12/02 0 12/12/02 1,200 18 Video Game 0 19 12/31/02 429 Monitor 0 20 Video Game 1/14/03 4,500 0 Computers 11/12/02 1,500 Software 5/01/02 1,450 0 23 4 Drawer Filing Cabinet 2/22/06 625 0 24 25 Computer 8/10/06 579 0 Wall Partition 11/19/07 2,728 0 26 27 28 Desktop Computer 11/26/07 775 Desktop Computer 11/26/07 775 0 775 Desktop Computer 11/26/07 0 10/18/07 Computer 580 0 30 Computer 10/18/07 580 0 31 32 Computer 10/18/07 580 0 10/18/07 Computer 580 0 33 Computer 10/18/07 580 Computer 34 10/18/07 580 0 35 10/18/07 Computer 580 0 36 10/18/07 580 Computer 0 37 Software 10/18/07 516 0 38 Laptop Cart 11/09/07 715 0 TV/DVD Set 39 11/26/07 700 0 40 11/26/07 TV/DVD Set 700 0 11/26/07 41 Projector 728 0 42 2006 Ford Econovan 2/28/07 21,173 0 Dell Computer 10/28/08 799 44 80 10/28/08 45 Ulrima 35 EZLoad Laminator 600 60 46 Paulsboro Land 916 Penn Line Road 2/01/08 0 47 Paulsboro Building 916 Penn Line Road 2/01/08 0 0 Paulsboro Land - Block 54 Lot 1 7/01/08 48 26,200 0 Paulsboro Building - Block 54 Lot 1 29,500 7/01/08 756 50 Woodwind 7/21/09 2,699 51 52 53 54 **Basement Renovations** 8/22/11 13,659 1,366 4,852 Air Conditioning Unit 8/22/11 693 **Basement Renovations** 4/17/12 46,639 4,664 9/21/12 **Basement Renovations** 6,900 690 55 361,300 Glassboro Bldg Blk 143 Lot 6 9/06/12 376,200 56 Glassboro Building Blk 143 Lot 6 9/06/12 9,646

6/02/13

2,241

320

2 Basketball Hoops

2023 Boys & Girls Clubs of Gloucester Co
-5655 NJ Future Depreciation Report

06/23/2015 9:19 AM **FYE: 12/31/15**

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	NJ
58	HP Computer	10/09/13	453	91
59	HP Computer	10/09/13	453	91
60	HP Computer	10/09/13	453	91
61	Water Cooler	8/07/13	1,400	140
	Total Other Depreciation		937,468	18,688
	Total ACRS and Other Depreciation		937,468	18,688
	Grand Totals		1,194,459	29,234

9 Other expenses

202	3 00/23/2013 9.20 AIVI					
	CHEDULE G Form 990 or	F	undraising Other Ev	ents		2014
(990-EZ)	For calendar year 2014, or tax year	beginning	, and ending		
Nar	ne				Employer Identific	cation Number
E	Boys & Girls	Clubs of Gloucest	er Co		**-**56	55
		(a) Other event	(b) Other event	(c) Other event	(d) To	tal other events
		Dancing with th			(add	col. (a) through
a)		(event type)	(event type)	(event type)		col. (c))
Revenue	 Gross receipts Less: Charitable 	7,834				7,834
	contributions 3 Gross income (line 1 minus line 2)	7,834				7,834
	4 Cash prizes					
	5 Noncash prizes					
sesu	6 Rent/facility costs	3				
Direct Expenses	7 Food/beverages					
Direc	8 Entertainment					

1,087

1,087

Form **990**

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning

ending

		For calendar year 2014, or tax year beginning	}	, end	aing		
Nar	ne					Taxpaye	r Identification Number
E	303	ys & Girls Clubs of Gloucester Co	5			**-*	**5655
				2013	2014		Differences
	1.	Contributions, gifts, grants	1.	213,790	187	7,765	-26,025
	2.	Membership dues and assessments	2.				
	3. Government contributions and grants		3.	70,243		4,967	344,724
enue	4. Program service revenue		4.	142,590	334	4,771	192,181
		5. Investment income		2		97	95
>	6.	Proceeds from tax exempt bonds	6.				
Re	7.	Net gain or (loss) from sale of assets other than inventory	7.			400	400
	8.	Net income or (loss) from fundraising events	8.	92,296	113	3,233	20,937
	9.	Net income or (loss) from gaming	9.				
	10.	Net gain or (loss) on sales of inventory	10.				
	11.	Other revenue	11.	30,035		7,024	26,989
		Total revenue. Add lines 1 through 11	12.	548,956	1,108	3,257	559,301
	13.	Grants and similar amounts paid	13.				
		Benefits paid to or for members	14.				
S		Compensation of officers, directors, trustees, etc.	15.				
S	16.	Salaries, other compensation, and employee benefits	16.	345,858	473	3,352	127,494
e n	17.	Professional fundraising fees	17.				
α	18.	Other professional fees	18.				
Ш	19.	Occupancy, rent, utilities, and maintenance	19.	52,426	56	6,452	4,026
		Depreciation and Depletion	20.	20,675	23	3,103	2,428
	21.	Other expenses	21.	151,888	210	0,668	58,780
	22.	Total expenses. Add lines 13 through 21	22.	570,847	763	3,575	192,728
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	-21,891	344	4,682	366,573
	24.	Total exempt revenue	24.	548,956	1,108	3,257	559,301
	25.	Total unrelated revenue	25.				
io	26.	Total excludable revenue	26.	172,627	392	2,292	219,665
nati	27.	Total assets	27.	1,091,410	1,433	3,401	341,991
Information	28.	Total liabilities	28.	91,681		3,366	-8,315
<u>=</u>	29.	Retained earnings	29.	999,729	1,350	0,035	350,306
her	30.	Number of voting members of governing body	30.	26	30		
		Number of independent voting members of governing body	31.	26	30		
		Number of employees	32.	42	54		
		Number of volunteers	33.	137	72		

Form **990T**

Name

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning

, ending

Taxpayer Identification Number

Ε	303	ys & Girls Clubs of Gloucester Co)			**-***5655
				2013	2014	Differences
	1.	Gross profit/loss on business activities	1.			
		Capital gains/losses	2.			
n e	3.	Income/loss from partnerships and S corporations	3.			
⊑		Rental income (net of expense)	4.			
>		Unrelated debt-financed income (net of expense)	5.			
R e	6.	Interest, and other income from controlled organizations (net of expense)	6.			
	7.	Investment income of specific organizations (net of expense)	7.			
	8.	Exploited exempt activity income (net of expense)	8.			
	9.	Advertising income (net of expense)	9.			
		Other income	10.			
	11.	Total trade or business income. Combine lines 1 through 10	11.			
	12.	Compensation of officers, directors, and trustees	12.			
		Other salaries and wages	13.			
	14.	Repairs and maintenance	14.			
	15.	Bad debts	15.			
s		Interest	16.			
Ð	17.	Taxes and licenses	17.			
_	18.	Charitable contributions	18.			
ре	19.	Depreciation and Depletion	19.			
Ж	20.	Contributions to deferred compensation plans	20.			
		Employee benefit programs	21.			
		Other deductions	22.			
	23.	Total deductions. Add lines 12 through 22	23.			
	24.	Taxable income before NOL. Subtract line 23 from 11	24.			
	25.	Net operating loss deduction	25.			
	26.	Specific deduction	26.	1,000		-1,000
	27.	Unrelated business taxable income.	27.	-1,000		1,000
	28.	Income tax (corporate or trust)	28.			
i t s		Proxy tax	29.			
e d	30.	Alternative minimum tax	30.			
		Total taxes	31.			
∞	32.	Other credits	32.			
×	33.	General business credit	33.			
⊢ a	34.	Credit for prior year minimum tax	34.			
	35.	Total credits	35.			
		Net tax after credits	36.			
	37.	Recapture taxes	37.			
	38.	Total Taxes	38.			
		Prior year overpayment and estimated tax payments	39.			
ъ	40.	Payment made with extension	40.			
		Backup withholding and foreign withholding	41.			
e f	42.	Other payments	42.			
2	43.	Total payments	43.			
n e	44.	Balance due/(Overpayment)	44.			
۵		Overpayment applied to next year	45.			
		Penalties	46.			
	47.	Total due/(Refund)	47.			

Name

Form 990 Tax Return History 2014

Boys & Girls Clubs of Gloucester Co

Employer Identification Number **-**5655

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			1,101,569	284,033	602,732	
Membership dues						
Program service revenue			96,603	142,590	334,771	
Capital gain or loss					400	
Investment income			26	2	97	
Fundraising revenue (income/loss)			72,448	92,296	113,233	
Gaming revenue (income/loss)						
Other revenue			31,739	30,035	57,024	
Total revenue			1,302,385	548,956	1,108,257	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			313,569	345,858	473,352	
Professional fees						
Occupancy costs			47,562	52,426	56,452	
Depreciation and depletion			14,450	20,675	23,103	
Other expenses			107,595	151,888	210,668	
Total expenses			483,176	570,847	763,575	
Excess or (Deficit)			819,209	-21,891	344,682	
	1		1 200 205	540.056	1 100 055	
Total exempt revenue			1,302,385	548,956	1,108,257	
Total unrelated revenue			1 200 25-	170 467	222 225	
Total excludable revenue			1,302,385	172,627	392,292	
Total Assets			1,113,192	1,091,410	1,433,401	
Total Liabilities			91,577	91,681	83,366	
Net Fund Balances			1,021,615	999,729	1,350,035	

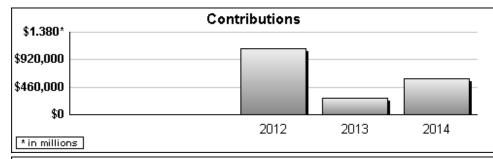
Name

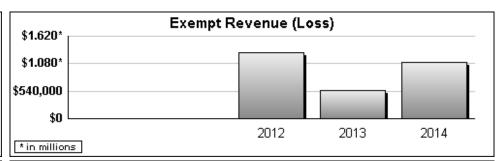
Form 990T Tax Return History 2014

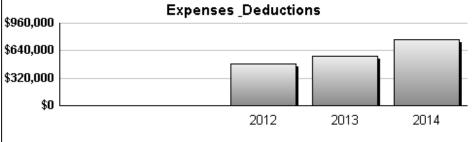
Boys & Girls Clubs of Gloucester Co

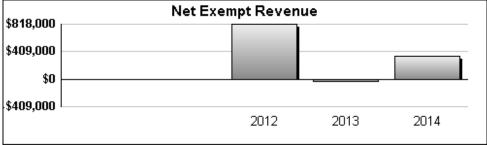
Employer Identification Number **-***5655

	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
nvestment income, specific organizations*						·
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
nterest						
Taxes and licenses						
Charitable contributions						·
Depreciation and Depletion						
Deferred compensation plans						·
Employee benefit programs						





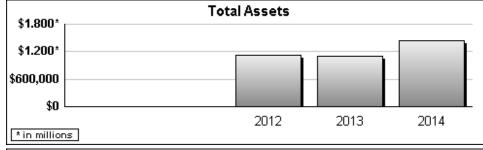


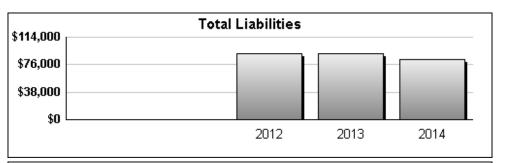


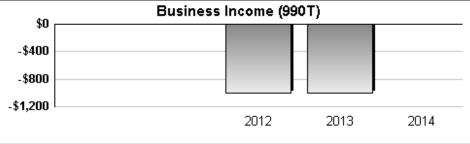
Form 990T	Tax Return History	2014
Name	Boys & Girls Clubs of Gloucester Co	Employer Identification Number

	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments					`	_
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









2023 Boys & Girls Clubs of Gloucester Co

-*5655 Federal Statements

6/23/2015 9:20 AM

FYE: 12/31/2014

Taxable Interest on Investments

Description Unrelated Exclusion Postal Acquired after US
Business Code Code Code 6/30/75 Obs (\$ or %) Amount

14

Interest

97 97 Total

2023 Boys & Girls Clubs of Gloucester Co
-*5655

Federal Statements

6/23/2015 9:20 AM

FYE: 12/31/2014

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Repair	\$	22,447	\$	22,447	\$		\$	
Miscellaneous Expense		12,053		12,053				
Equipment		8,582		8,582				
Marketing		8,530		8,530				
Professional Fees		7,011		7,011				
Dues & Subscriptions		6,942		6,942				
Other Fundraising Expense		2,792						2,792
Printing & Copying		2,635		2,635				
Payroll Services		2,237		2,237				
Permits & Licenses		2,194				2,194		
Bank Charges		1,660				1,660		
Office Supplies		901		901				
Administrative Fee		865		865				
Postage		665		665				
Total	\$	79,514	\$	72,868	\$	3,854	\$	2,792

2023 Boys & Girls Clubs of Gloucester Co
-*5655

Federal Statements

6/23/2015 9:20 AM

FYE: 12/31/2014

Schedule A, Part III, Line 1(e)

Description		Amount
Government Grants or Contributions	\$	414,967
Donations		29,324
Corporate Giving		1,971
Donations in Kind		970
John Paz		
Cash Contribution		78,000
Zidek Family Foundation		
Cash Contribution		20,000
James Daloisio		
Cash Contribution		5,000
Borough of Glassboro		
Real Estate		
Savage Services Corporation		
Cash Contribution		15,000
James George		
Cash Contribution		20,000
Paulsboro Refining Company LLC		
Cash Contribution		17,500
Total	<u></u>	602,732
10041	٧	002,732

2023 Boys & Girls Clubs of Gloucester Co
-*5655

Federal Statements

6/23/2015 9:20 AM

FYE: 12/31/2014

Schedule A, Part III, Line 2(e)

Description	Amount
Camp Revenue	\$ 93,310
After School Program	153,390
Food Program	85,785
Membership Dues	2,286
Rental Income	30,000
Miscellaneous Income	27,024
GOLF Tournament	35,100
Burzichelli Toast & Roast	96,690
Dancing with the Stars	7,834
Kentucky Derby	4,850
Other Fundraisers	916
Total	\$ <u>537,185</u>

Schedule A, Part III, Line 10a(e)

Description		Ar	mount
Interest		\$	97
Total		\$	97