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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number]Address]change BOYS & GIRLS CLUB OF GREATER LOWELL, INC Name Ichange 04-2104396]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 657 MIDDLESEX STREET return/ termin-ated 978-458-4526 City or town, state or province, country, and ZIP or foreign postal code 1601500. G Gross receipts \$ Amended return LOWELL, MA 01851-1410 H(a) is this a group return Applica-F Name and address of principal officer: JOSEPH C. HUNGLER for subordinates? __Yes LX No pendina same as C above H(b) Are all subordinates included? ____Yes ____No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LBGC.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Trust Association L Year of formation: 1906 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities; See Schedule O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 36 Number of independent voting members of the governing body (Part VI, line 1b) 35 4 57 Total number of individuals employed in calendar year 2015 (Part V, line 2a) Total number of volunteers (estimate if necessary) 507 7 a Total unrelated business revenue from Part VIII, column (C), line 12 50014. b Net unrelated business taxable income from Form 990-T, line 34 10360. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1145414. 1157540. Program service revenue (Part VIII, line 2g) 60962. 51867. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 72666. 16418. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 283827 11 290996. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1562869. 1516821. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 899864 853052. 16a Professional fundraising fees (Part IX, column (A), line 11e) 3500. **b** Total fundraising expenses (Part IX, column (D), line 25) **83800.** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 617679 635774. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1517543 1492326. Revenue less expenses. Subtract line 18 from line 12 45326. 24495. 5 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 1675722. 1642326. 21 Total liabilities (Part X, line 26) 290728. 264338. <u>E</u> Net assets or fund balances. Subtract line 21 from line 20 1384994 1377988. Part II Signature Block Under penalties of perjury, I declare that I have examined ting out n, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of precedent the result of the penalties of all information of which preparer has any knowledge. Sign BRIAN CHAPMAN, CHAIRPERSON Here Type or print name and title Date Check X Print/Type preparer's name Preparer's signature JAMES C. SHANNON III 05/13/16 self-employed P01274292 Paid JAMES_C. SHANNON III Preparer Firm's name SHANNON & ASSOCIATES CPA's Firm's EIN 🛌 04-3336227 Use Only Firm's address ► 7 FLETCHER STREET

CHELMSFORD, MA 01824

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

X Yes

Phone no. 978 - 250 - 3777

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Da | Check if Schedule O contains a response | (A) | (B) | (C) | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|-------------------------------------|---------------------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | Total expenses | Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | - | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | İ | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | _ | · |
| • | trustees, and key employees | 101050. | 70492. | 30558. | |
| 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 | 624527. | 519877. | 52189. | 52461 |
| 8 | Pension plan accruals and contributions (include | | | | 27.4 |
| - | section 401(k) and 403(b) employer contributions) | 16494. | 11506. | 4988. | |
| 9 | Other employee benefits | 47288. | 32988. | 7131. | 7169 |
| 10 | Payroll taxes | 63693. | 53923. | 4872. | 4898 |
| 11 | Fees for services (non-employees): | | 33223 | | |
| а | Management | | | | |
| b | Legal | | | - | |
| c | Accounting | 8822. | | 8822. | |
| d | | | | | |
| e | D () . () . () . () . () . () . () . () | 3500. | | 1- | 3500 |
| f | Investment management fees | | | | |
| g | 0.1 (1615 44 1 400) 411 05 | | | | |
| Ū | column (A) amount, list line 11g expenses on Sch 0.) | 105638. | | 105638. | |
| 12 | Advertising and promotion | 15772. | | | 15772 |
| 13 | Office expenses | 28629. | 15111. | 13518. | |
| 14 | Information technology | _ | | | ·- <u>-</u> |
| 15 | Royalties | | | | |
| 16 | Occupancy | - | | | <u> </u> |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | - | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 8218. | 6760. | 1458. | |
| 20 | Interest | 6515. | | 6515. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 51805. | 38491. | 13314. | |
| 23 | Insurance | 53373. | 34484. | 18889. | |
| 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 0.) | | | | - |
| а | DDAGDAM GIIDDI TEG | 167583. | 167583. | | |
| ь | REPAIRS & MAINTENANCE | 69961. | 52261. | 17700. | |
| c | UTILITIES | 59179. | 44443. | 14736. | - · · · |
| d | TRANSPORTATION | 26021. | 21722. | 4299. | <u> </u> |
| | All other expenses | 34258. | 14637. | 19621. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1492326. | 1084278. | 324248. | 83800 |
| 26 | Joint costs. Complete this line only if the organization | | <u> </u> | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here 1f following SOP 98-2 (ASC 958-720) | | | | |