Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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 rax year beginning JUL 1, 2013 and ending JUN 30, 2014

Open to Public

Control of Control o	<u>A</u>	For the	2013 calendar year, or tax year beginning $$ JUL 1 , $$ 2013 $$ and ending	<u>J</u> ŬN 30, 2014			
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Doing Business As Number and sterest (or P.O. box it mails not delivered to sheet address) Room/sulle E Telephone number 10.0 MARTON STREET 10.	Ļ	change	TENNESSEE VALLEY				
Number and street (of P.U. 30s if flad is not deleted and street address) 10.0 865-544-3825 6 Cover receipts 10.0 865-544-3825 City or town, state or province, country, and 21P or foreign postal code NCNVILLE, TN 37921-6869 Finance and address of principal officer-LTSA HURST 10.0 MARION STREET, SUITE 10.0, KNOXVILLE, TN 100 MARION STREET, SUITE 10.0, MARION STREET, SUITE 10.	Ļ	change		62-0	475743		
City of rown, state or province, country, and are or foreign postal code Final City of the City of the Code Final Cit		return Termin-					
		Amend- return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,866,588.		
Figure and address of principal officer: JLS A HONST To MARION STREET, SUTTER 100, KNOXVILLE, TN Holp was absorbinates? Yes No No No No No No No N		tion	RNOXVILLE, IN STAZI-0009	H(a) Is this a group re	eturn		
Table		pendin	F Name and address of principal officer:LISA HURST	for subordinates	? Yes X No		
Webste:				TN H(b) Are all subordinates in	ncluded? Yes No		
Form of organization:	T	Tax-exe	mpt status: X 501(c)(3)	527 If "No," attach a	list. (see instructions)		
Part Summary				H(c) Group exemptio	n number 🕨		
Briefly describe the organization's mission or most significant activities: TO ENABLE YOUNG PEOPLE, ESPECIALLY THOSE WHO MEED US MOST, TO REACH THEIR POTENTIAL AS	ĸ	Form of	organization: X Corporation Trust Association Other Ly	ear of formation: 1943 N	🖊 State of legal domicile: ${f TN}$		
SESPECTALLY THOSE WHO NEED US MOST, TO REACH THEIR POTENTIAL AS							
SESPECTALLY THOSE WHO NEED US MOST, TO REACH THEIR POTENTIAL AS	_	1 6	Briefly describe the organization's mission or most significant activities: TO ENABL	E YOUNG PEOPL	E,		
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g) 11 (100 Frevenue (Part VIII, column (A), lines 3, 4, and 7d) 11 (100 Frevenue (Part VIII, column (A), lines 3, 4, and 7d) 11 (11 Column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16 Professional fundraising less (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print Tayloge or print name and title Print saddress 6504 DEANE HILL DRIVE Firm's address 6504 DEANE HI	Š]]	ESPECIALLY THOSE WHO NEED US MOST, TO REACH	THEIR POTENTI	AL AS		
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B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g) 11 (100 Frevenue (Part VIII, column (A), lines 3, 4, and 7d) 11 (100 Frevenue (Part VIII, column (A), lines 3, 4, and 7d) 11 (11 Column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 1+e) 17 Other expenses (Part IX, column (A), line 1+e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 18 from line 12 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 31 Revenue less expenses. Subtract line 18 from line 20 32 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primiv Type priprint name and title Priniv Type preparer's name Preparer Use Only Proparer is signature Priniv Type preparer's name Preparer Use Only Proparer's signature Priniv Saddress 6504 DEANE HILL DRIVE Firm's address 6504	ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)	3			
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8 Contributions and grants (Part VIII, line 1h) 6,065,733 8,582,525 9 9 Program service revenue (Part VIII, line 2g) 1,084,576 1,128,447 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 158,715 113,433 1 10 Chter revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 426,556 4446,428 1 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,735,580 10,270,833 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⋖				0.		
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1	Ď			1,084,576.	1,128,447.		
1	eve	10			113,433.		
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	S			4,662,534.	4,785,098.		
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Beginning of Current Year End of Year 10,958,553 13,214,000 2,187,104 2,615,887 2,187,104 2,615,887 2,187,104 2,615,887 3,771,449 10,598,113 2,187,104 2,615,887 3,771,449 10,598,113 2,187,104 2,615,887 3,771,449 10,598,113 2,187,104 2,615,887 3,771,449 10,598,113 2,187,104 2,615,887 3,771,449 10,598,113 3,214,000 2,187,104 2,615,887 3,771,449 10,598,113 3,214,000 2,187,104 2,615,887 3,771,449 10,598,113 3,214,000 2,187,104 2,615,887 3,771,449 10,598,113 3,214,000 2,187,104 2,615,887 3,771,449 10,598,113 3,214,000 2,615,887 3,771,449 10,598,113 3,214,000 2,615,887 3,771,449 10,598,113 3,214,000 2,615,887 3,771,449 10,598,113 3,214,000 3,2071,449 3,2071				-211,532.	1,687,268.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JOHN T. ROYSTER JOHN T. ROYSTER Firm's name Firm's name Firm's name Firm's name Firm's address Firm's addres	D S						
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JOHN T. ROYSTER JOHN T. ROYSTER Firm's name Firm's name HG&A ASSOCIATES, P.C. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865) 691–8000	Field	22 1	Net assets or fund balances. Subtract line 21 from line 20	8,771,449.	10,598,113.		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JOHN T. ROYSTER JOHN T. ROYSTER JOHN T. ROYSTER Firm's name HG&A ASSOCIATES, P.C. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865)691-8000	P	art II	Signature Block				
Sign Here LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JOHN T. ROYSTER JOHN T. ROYSTER JOHN T. ROYSTER Firm's name HG&A ASSOCIATES, P.C. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Pate Date Date O3/30/15 Firm's EIN Firm's EIN Firm's EIN Phone no. (865) 691-8000	Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	y knowledge and belief, it is		
Here LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JOHN T. ROYSTER JOHN T. ROYSTER JOHN T. ROYSTER Preparer Firm's name HG&A ASSOCIATES, P.C. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865)691-8000	true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
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Print/Type preparer's name Print/Type preparer's name JOHN T. ROYSTER Preparer Firm's name HG&A ASSOCIATES, P.C. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Preparer's signature 03/30/15 Check PTIN			LISA FORTUNE, CPA, CHIEF FINANCIAL OFFICE	R			
Paid JOHN T. ROYSTER JOHN T. ROYSTER 03/30/15 Firm's name			Type or print name and title				
Preparer Firm's name HG&A ASSOCIATES, P.C. Firm's EIN 62-1206753 Use Only Firm's address 504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865)691-8000			Print/Type preparer's name Preparer's signature	O TOOK			
Preparer Firm's name HG&A ASSOCIATES, P.C. Firm's EIN 62-1206753 Use Only Firm's address 504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865)691-8000	Pai			03/30/15 self-emplov	P00179042		
Use Only Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865)691-8000	Pre				62-1206753		
KNOXVILLE, TN 37919 Phone no. (865)691-8000							
				Phone no. (8	65)691-8000		
	<u>M</u> a	y the IR			X Yes No		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ENABLE YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH
	THEIR POTENTIAL AS PRODUCTIVE, CARING AND RESPONSIBLE CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,500,085 • including grants of \$) (Revenue \$ 1,136,463 •)
	BOYS & GIRLS CLUBS PROVIDE A WIDE VARIETY OF PROGRAMS DESIGNED TO MEET
	THE NEEDS OF TODAY'S YOUTH. EDUCATION PROGRAMS ARE A MAJOR FOCUS OF
	THE BOYS & GIRLS CLUBS. PROJECT LEARN, AN EDUCATIONAL ENHANCEMENT
	PROGRAM IS USED THROUGHOUT THE CLUBS IN CONJUNCTION WITH TECHNOLOGY
	LABS AND LIBRARIES. THE BOYS & GIRLS CLUBS ARE ALSO MASTERS OF MAKING
	EDUCATION FUN BY UTILIZING OUR PHYSICAL RECREATION, SOCIAL RECREATION,
	AND OTHER PROGRAMS TO ASSIST MEMBERS IN MAKING STRIDES TOWARD A
	BRIGHTER FUTURE. OUTCOMES: CONTINUED ON SCHEDULE O.
	DRIGHTER TOTORIE OUTCOMEDICATION ON BOHEDOLE OF
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,500,085.

Form 990 (2013) TENNESSEE VA 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)?		v	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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 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		X
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?			l
	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		37	
	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	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	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?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		v	
00	complete Schedule G, Part III	19	Х	Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	∠UD		Щ_

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			37
	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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Х
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
	Note. All Form 990 filers are required to complete Schedule O	38	990	

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BOYS AND GIRLS CLUBS OF THE TENNESSEE VALLEY

Form 990 (2013) TENNESSEE VALLEY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	3						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	403						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0 .		3b					
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				Х				
	any contributions that were not tax deductible as charitable contributions?			6a	Λ				
D	If "Yes," did the organization include with every solicitation an express statement that such contribu			6h	х				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b	71				
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	Х				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b	Х				
Ī	to file Form 8282?		•	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf	ract?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tir	ne during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.			_					
	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 n	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			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							
	Enter the amount of reserves on hand	13c				77			
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıeО.		14b		l			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 36 1a Enter the number of voting members of the governing body at the end of the tax year 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. 35 **b** 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 any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 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? X 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 one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 16b 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 ightharpoons TNSection 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. X 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LISA FORTUNE FOR THE BOYS AND GIRLS CLUBS - 865-232-1200

37921

1100 MARION STREET, SUITE 100, KNOXVILLE,

ane **7**

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.

(A)	(B)	(C) Position					(D)	(E)	(F)		
Name and Title	Average	(do	not c	Posi heck	ition more	l than	one	Reportable	Reportable	Estimated	
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other compensation	
	(list any	tor						the	organizations		
	hours for	or director				ted		organization	(W-2/1099-MISC)	from the	
	related	鲁	truste		gg.	beusa		(W-2/1099-MISC)		organization	
	organizations below	dual tr	Institutional trustee		Key employee	Highest compensated employee				and related organizations	
	line)	Individual 1	Institu	Officer	Key er	Highe emplo	Former				
(1) LISA HURST	45.00										
CEO		Х		Х				136,459.	0.	8,902.	
(2) JIM ALEXANDER	3.00	1								_	
CHAIRMAN		Х		Х				0.	0.	0.	
(3) BUNNY OAKES	3.00	١							•	•	
VICE CHAIRMAN	2.00	Х		Х				0.	0.	0.	
(4) MICHELLE HARDIN	3.00	Į.,		37				0.	0.	0	
SECRETARY (5) RUSS WATKINS	3.00	Х		Х				0.	0.	0.	
TREASURER	3.00	x		х				0.	0.	0.	
(6) ANGELIQUE ADAMS	1.00	^		Λ				0.	0.	•	
DIRECTOR	1.00	X						0.	0.	0.	
(7) STEVE ARNETT	1.00										
DIRECTOR		x						0.	0.	0.	
(8) JOSH BIRDWELL	1.00							-			
DIRECTOR		x						0.	0.	0.	
(9) RUSSELL BYRD	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) JACKIE CHAPMAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) JOHN CHESWORTH	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0.	
(12) MIKE CRAIG	1.00	ļ.,							0	0	
DIRECTOR CALL DEPLOY	1 00	Х						0.	0.	0.	
(13) BRIAN DEBUSK	1.00	x						0.	0.	0.	
DIRECTOR (14) JOHN DEMPSTER	1.00	^						0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(15) JOE FIELDEN, JR	1.00	1	\vdash					1	0.	0.	
DIRECTOR	1,00	x						0.	0.	0.	
(16) MACK GENTRY	1.00										
DIRECTOR		x						0.	0.	0.	
(17) BUD GILBERT	1.00										
DIRECTOR		x						0.	0.	0.	

Part VII Section A. Officers, Directors, Trus	tees. Kev Fm	nlov	/ees	. an	d Hi	iahe	st C	Compensated Employe	es (continued)		, 4	<u>, </u>
(A) (B)					<u>2.11.</u> C)	9	<u> </u>	(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	E:	stimated	i
	hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ar	nount o	f
	(list any	-					Ú	from the	from related organizations	Con	other pensati	on
	hours for	or director				D.			(W-2/1099-MISC)		rom the	OH
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	org	ganizatio	n
	organizations		nal tr		loyee	comp					d relate	
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			org	anizatio	าร
(18) BETTY GILL	1.00	드	드	9	ᢌ	포 등	윤			1		
DIRECTOR		x						0.	0.	.		0.
(19) JEFF HAGOOD	1.00											
DIRECTOR		x						0.	0.	.		0.
(20) JACQUELINE HOLDBROOKS	1.00											
DIRECTOR		X						0.	0 .	•		0.
(21) TONY HOLLIN	1.00											
DIRECTOR		X						0.	0.	·		0.
(22) TIM IRWIN	1.00	ļ										_
DIRECTOR	1 00	Х				<u> </u>		0.	0.	<u> </u>		0.
(23) TOM JENSEN	1.00	١,,										^
DIRECTOR	1 00	X	_			_		0.	0.	'		0.
(24) DONNA JOHNSTON DIRECTOR	1.00	X						0.	0.			0.
(25) BARB JONES	1.00	┢	┢					0.	0.	'		<u> </u>
DIRECTOR	1.00	X						0.	0.			0.
(26) ANITA LANE	1.00	123	\vdash					-		+		<u> </u>
DIRECTOR		\mathbf{x}						0.	0.	.		0.
1b Sub-total								136,459.	0.			
c Total from continuation sheets to Part VI							•	0.	0.		-	0.
d Total (add lines 1b and 1c)								136,459.	0 .	. 8,902.		
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,												37
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	-								the organization			Х
and related organizations greater than \$150Did any person listed on line 1a receive or a									idual for convices	4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-		5		Х
Section B. Independent Contractors	piete Geriedar	001	0/ 0	u OII	perc					1 5		
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	•								•			
(A)								(B)		((C)	
Name and business address NONE								Description of s	services	Compe	nsation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	١			ition			Reportable	Reportable	Estimated
	hours	(cl	heck	call t	that	app	ly)	compensation	compensation	amount of
	per					a.		from the	from related	other
	week (list any	Į.				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	ordirector				d em		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	related	ee or	stee			nsate		(** = /* *******************************		and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Ser	em pl	nesto	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) LAURIE MACNAIR	1.00									
DIRECTOR		Х						0.	0.	0.
(28) DUGAN MCLAUGHLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(29) CHRISTY PHILLIPS	1.00									
DIRECTOR		Х						0.	0.	0.
(30) DAVID RAUSCH	1.00									
DIRECTOR		Х						0.	0.	0.
(31) BOB RIDER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(32) MAC STALCUP	1.00									_
DIRECTOR		Х						0.	0.	0.
(33) TRACY THOMPSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(34) HENNY WEISSINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(35) ANDY WHITE	1.00									
DIRECTOR		Х						0.	0.	0.
(36) DEAN WINEGARDNER	1.00									
DIRECTOR		Х						0.	0.	0.
		l								
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		ł								
Tatal to Dout VIII. Continue A. Bur. d										
Total to Part VII, Section A, line 1c								1		

Form 990 (2013) TENNESS Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Tts	1 a	Federated campaigns	1a	863,635.				
e al	b							
S, W	С	Fundraising events		355,133.				
불교		Related organizations						
is,		Government grants (contributi		3,123,126.				
ri Si	f	All other contributions, gifts, grant	ts, and					
la fil		similar amounts not included above	/e 1f	4,240,631.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ခ လ</u>	h	Total. Add lines 1a-1f		>	8,582,525.			
				Business Code				
9	2 a	DAYCARE AND OTHER FEES		624110	1,128,447.	1,128,447.		
او ڲٙ	b	·						
Program Service Revenue	С	:						
e a	d	I						
δ <u>.</u>	е							
ا 5	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,128,447.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		i	40,434.			40,434.
	4	Income from investment of tax		- 1				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	117,223.					
	b		0.					
	С	Rental income or (loss)	117,223.					
					117,223.			117,223.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	392,278.	15,719.				
	b	Less: cost or other basis	220 400	0.555				
		and sales expenses	332,422.					
		Gain or (loss)			TO 000			TO 000
		Net gain or (loss)		D	72,999.			72,999.
ne	8 a	Gross income from fundraising						
l e		including \$ 355						
Be		contributions reported on line		361,385.				
Other Reven		Part IV, line 18		184,020.				
ŏ		Less: direct expenses Net income or (loss) from fund		104,020.	177,365.			177,365.
		Gross income from gaming ac			177,303.			177,303.
	<i>9</i> a	Part IV, line 19		220,561.				
	h	Less: direct expenses		76,737.				
		: Net income or (loss) from gam			143,824.			143,824.
		Gross sales of inventory, less			,			,
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	OTHER		624110	7,158.	7,158.		
	b	CANTEEN		624110	858.	858.		
	c	;						
	d							
	е				8,016.			
	12	Total revenue. See instructions.			10,270,833.	1,136,463.	0.	551,845.

Form 990 (2013)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		·
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,361.		145,361.	
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	3,920,685.	3,190,689.	553,678.	176,318
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	149,392.	116,318.	27,199.	5,875 10,431
9	Other employee benefits	253,296.	207,088.	35,777.	10,431
10	Payroll taxes	316,364.	248,556.	54,343.	13,465
11	Fees for services (non-employees):				
а	Management				
b	Legal	911.		911.	
С	Accounting	43,800.		43,800.	
d	Lobbying				
е	· •				
f	Investment management fees	8,432.		8,432.	
g	, -	101 060	10 510	04 600	00 600
	column (A) amount, list line 11g expenses on Sch O.)	121,960.	10,719.	81,633.	29,608
12	Advertising and promotion	68,789.	F.C. 733	04 020	68,789
13	Office expenses	221,517.	56,733.	94,838.	69,946
14	Information technology	73,293.	18,289.	53,388.	1,616
15	Royalties	740 204	657 171	00 100	2 022
16	Occupancy	748,384. 113,597.	657,171. 65,897.	88,190. 47,654.	3,023
17	Travel	113,39/•	05,097.	4/,034.	46
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	56,589.	9,500.	44,871.	2,218
19	Conferences, conventions, and meetings	63,390.	1,385.	62,005.	2,210
20	Interest Payments to officiate	50,502.	42,927.	7,575.	
21	Payments to affiliates	503,785.	475,206.	27,686.	893
22	Depreciation, depletion, and amortization	119,611.	99,538.	19,054.	1,019
23 24	Insurance Other expenses. Itemize expenses not covered	117,0110	,,,,,,,,,,,	17,034.	1,019
24	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	DIDEGE DROCKAN EXPENSES	1,424,428.	1,289,371.	135,057.	
a b	UNCOLLECTIBLE PLEDGES	126,901.	1,200,0110	126,901.	
C	OTHER	52,578.	10,698.	28,844.	13,036
d		,-,-,			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,583,565.	6,500,085.	1,687,197.	396,283
<u> 26</u>	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	- , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

BOYS AND GIRLS CLUBS OF THE TENNESSEE VALLEY

Form 990 (2013)
Part X Balance Sheet

Pai	τX	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	569,938.	1	496,740.
	2	Savings and temporary cash investments	533,105.	2	852,863.
	3	Pledges and grants receivable, net		3	2,615,384.
	4	Accounts receivable, net		4	210,516.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	7,985.
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 10/1 272	9	87,953.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 13,238,083	•		
	b	Less: accumulated depreciation 10b 5,940,237	. 7,492,308.	10c	7,297,846.
	11	Investments - publicly traded securities	1,293,130.	11	7,297,846. 1,644,713.
	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)	10,958,553.	16	13,214,000.
	17	Accounts payable and accrued expenses	526,583.	17	980,385.
	18	Grants payable		18	
	19	Deferred revenue	328,483.	19	236,558.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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 related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 220 020		1 200 044
		Schedule D	1,332,038.	_	1,398,944.
	26	Total liabilities. Add lines 17 through 25	2,187,104.	26	2,615,887.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	0.066.050		7 766 002
and	27	Unrestricted net assets		27	7,766,883.
Bal	28	Temporarily restricted net assets	562,147.	28	2,688,180.
пd	29	Permanently restricted net assets	143,050.	29	143,050.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
S Of		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	10 500 112
_	33	Total net assets or fund balances	1 10 050 550	33	10,598,113.
	34	Total liabilities and net assets/fund balances	10,958,553.	34	13,214,000.

TENNESSEE VALLEY

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1),27			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,58			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,68	7,2	68.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	3,77	1,4	49.	
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	10	,59	8,1	13.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	· · · · · · · · · · · · · · · · · · ·				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ().				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?			За	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization BOYS AND GIRLS CLUBS OF THE

TENNESSEE VALLEY

Employer identification number 62-0475743

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Total

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	6,203,728.	5,745,340.	6,012,112.	6,065,733.	8,582,525.	32,609,438.		
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	• • • • • • • • • • • • • • • • • • • •	6,203,728.	5,745,340.	6,012,112.	6,065,733.	8,582,525.	32,609,438.		
5	Total. Add lines 1 through 3 The portion of total contributions	0,200,720.	3,713,310.	0,012,112.	0,000,700;	0,302,323.	32,003,130.		
3	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.						32,609,438.		
	ction B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Amounts from line 4	6,203,728.	5,745,340.	6,012,112.	6,065,733.	8,582,525.	32,609,438.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	4,105.	44,687.	148,683.	154,276.	157,657.	509,408.		
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 IV.)								
11	Total support. Add lines 7 through 10						33,118,846.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stor						<u></u>		
	ction C. Computation of Publ	• • • • • • • • • • • • • • • • • • • •					00.46		
	Public support percentage for 2013 (14	98.46 %		
	Public support percentage from 2012					15	98.75 %		
16a	33 1/3% support test - 2013. If the o	-							
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2012. If the c	-							
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	_							
	and if the organization meets the "fac				=	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	_							
	more, and if the organization meets the		•		•				
40	organization meets the "facts-and-circ		•	•	,				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

Se	qualify under the tests listed be ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						_
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	~			•		
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2013 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
							%
	33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

BOYS AND GIRLS CLUBS OF THE

Schedule A	(Form 990 or 990-EZ) 2013 TENNESSEE VALLEY	62-0475743 Page 4
Part IV	.(Form 990 or 990-EZ) 2013 TENNESSEE VALLEY Supplemental Information. Provide the explanations required by Part II, line 10; Part II,	line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

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.

Attach to Form 990.

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

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Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOYS AND GIRLS CLUBS OF THE TENNESSEE VALLEY

Employer identification number 62-0475743

Pa			or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
٠	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	Terry, mile 7.
•	Preservation of land for public use (e.g., recreation or ea		orically important land area
	Protection of natural habitat	Preservation of a certifi	•
	Preservation of open space	Treservation of a certifi	ed Historie structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	f a conservation easement on the last
_	day of the tax year.	ica conscivation contribution in the form of	ra conscivation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d			
u	listed in the National Register	•	e 2d
3	Number of conservation easements modified, transferred, rele		
•	year	cased, extinguished, or terminated by the t	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it	· · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
•		o canory and requirements of deciden 17 o(r	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	,
	conservation easements.		c.ga _ a c accoag .c.
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		
b	14.1		and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items:		.e common, promae and renoming announce
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		ga, p. 0 vid0
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$
	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her	Simil	ar Asse	ts (contii	nued)	<u></u>
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a sign	ificant	use of its	collectio	n item	ıs
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	xemp	t purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar as	ssets				
	to be sold to raise funds rather than to be ma						\square	Yes		No
Pai	t IV Escrow and Custodial Arran							ine 9, or		
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets r	ot in	cluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		•	· ·					Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete it									
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	1,499,782.	1,598,744.	1,830,112		1,4	80,469.	1	,529,	108.
	Contributions						1,000.			818.
С	Net investment earnings, gains, and losses	238,251.	182,380.	-25,212		2	03,745.		-48,	376.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	-99,249.	275,267.	200,571		-1	50,000.			
f	Administrative expenses	8,368.	6,075.	5,585			4,832.		1,	081.
	End of year balance	1,828,914.	1,499,782.			1,8	30,382.	1	,480,	469.
2	Provide the estimated percentage of the curr	ent vear end balanc					-			
а	Board designated or quasi-endowment	83.01	%	"						
	Permanent endowment > 7.82	%	_							
		9 . 17 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered fo	r the	organiz	zation			
	by:	· ·				Ū			Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?							
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.				
	Description of property	(a) Cost or of				umulate	ed	(d) Boo	k valu	e
		basis (investn	nent) basis	(other)	depre	ciation				
	Land		41	0,335.				41	0,3	35.
	Buildings				,80	1,5	29.	4,42		
С	Leasehold improvements		4,18	1,018. 1	,97	1,3	11.	2,20	9,7	07.
	Equipment	1	2,42	0,915. 2	,16	7,3			3,5	
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0(c).)			D	7,29	7,8	46.

Schedule D	(Form 990)	2013

Schedule D (Form 990) 2013 I LINIA DOLL VI			0 2	a darbras Page o
Part VII Investments - Other Securities.				-
Complete if the organization answered "Yes" to Description of accurate an extraorri				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Tatal (Col. (h) must squal Form 000, Part V, sol. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
	to Forms 000 Dord IV	line 11 - Cae Farms 000 I	David V. Jima 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			nd-of-year market value
	(b) Book value	(c) Metriod of V	aldation. Cost of Ci	id of year market value
(1)				
(2)				
(3)				
(4) (5)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Col. (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. I	Part X. line 15.	
	Description	,		(b) Book value
(1)	·			
(2)				
(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	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) LINE OF CREDIT		215,000.		
(3) NOTE - PURCHASE OF LOUDON	FACILITY	33,906.		
(4) NOTE - CONSOLIDATED LOAN		1,150,038.		
(5)				
(6)				
(7)				
(8)				
(9)				

1,398,944.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{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 X

Schedule D	Form 990) 2013 TENNESSEE VALLEY 6	2-	0475	5743	Page			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
			1 0	6 5 5	2 E (

1	Total revenue, gains, and other support per audited financial statements	1	10,655,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	<u>. </u>	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	384,517.
3	Subtract line 2e from line 1	3	10,270,833.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,270,833.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,828,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	245,121.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	245,121.
3	Subtract line 2e from line 1			3	8,583,565.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,583,565.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE FINANCIAL STATEMENTS. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS

FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A

Part XIII Supplemental Information (continued)
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.
THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS
LIABILITIES FOR THE FICAL YEARS 2014 AND 2013.

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.

Open To Public

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

BOYS AND GIRLS CLUBS OF THE

Emplo

Employer identification number

TENNESSEE VALLEY 62-0475743 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I 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 b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual tò (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or ramarationing or other contains attorne and gr			9	9.04.0. 4.14 \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HALL OF FAME	PHILIP		(add col. (a) through
			DINNER	FULMER GOLF	13	_
			(event type)	(event type)	(total number)	col. (c))
ЭĽ			, ,,,	, ,,,	,	
Revenue	4	Gross receipts	253,916.	93,939.	368,663.	716,518.
Ä	'	Gloss receipts	23373101	3373331	30070031	71073100
	•	Long Contributions	91,608.	82,450.	181,075.	355,133.
		Less: Contributions	51,000.	02,430.	101,075	333,133.
	2	Grass income (line 1 minus line 2)	162,308.	11,489.	187,588.	361,385.
_	3	Gross income (line 1 minus line 2)	102,500.	11,400.	107,300	301,303.
	,	Cook prizes				
	4	Cash prizes				
	_	Nonanch prizes				
S	э	Noncash prizes				
Direct Expenses	_	Pont/facility costs				
xbe	О	Rent/facility costs				
Ä Ü	_	Food and become				
irec	7	Food and beverages				
		Entertainment				
	8	***************************************		22,886.	102,011.	184,020.
	9	Other direct expenses	39,123.			194,020
	10					184,020. 177,365.
Pa		Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		000 Part IV line 10 or		177,303.
		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	330,1 art 14, mic 13, 01	cported more than	
_		\$15,000 off form 990-LZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				l singe/progressive singe		(a) an oagn con (b)
Re	4	Cross revenue			220,561.	220,561.
_		Gross revenue			220,301.	220,3010
	2	Cash prizes				
ses	_	Od311 p1/203				
Expenses	2	Noncash prizes				
\overline{X}	3	1401104311 p11203				
Direct	1	Rent/facility costs				
₫	7	Tientracinty costs				
	5	Other direct expenses			76,737.	76,737.
_	_	Other direct expenses	Yes %	Yes %	X Yes 20.00 %	7077071
	6	Volunteer labor	No No	No No	No No	
	٠	voidificosi idoor	140	<u> </u>	<u> </u>	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			76,737.
	′	bliect expense summary. Add lines 2 through	13 II1 Coldinii1 (d)			7077070
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			143,824.
_		rect garring income summary. Cubitact into 7	TOTT III C 1, COIGITIT (G)			
۵	Ent	ter the state(s) in which the organization opera	tes gaming activities. T	'n		
		he organization licensed to operate gaming ac	· · · _			Yes X No
h	If "	No," explain: NOT LICENSED TO	OPERATE GAMI	NG EVENTS OT	HER THAN IN	
		, oxplain				
102	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	vear?	Yes X No
		Yes," explain:	· · · · · ·	-	,	00 110
		. 55, 53pmin				
	_					

BOYS AND GIRLS CLUBS OF THE

Sch	edule G (Form 990 or 990-EZ) 2013 TENNESSEE VALLEY 62-0		43 Page 3
11	Does the organization operate gaming activities with nonmembers?	ΧΥe	s No
	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?	Ye	s X No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a 1	10.00 %
			$\frac{90.00 \%}{90.00}$
	An outside facility	130 -	70.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ BOYS AND GIRLS CLUBS OF THE TN VALLEY		
	Address ▶ 1100 MARION STREET, SUITE 100 - KNOXVILLE, TN 37921		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s X No
	o If "Yes," enter the amount of gaming revenue received by the organization square s		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶ BOYS & GIRLS CLUBS OF THE TN VALLEY		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		X Ye	s No
	retain the state gaming license?	🕰 10	3
	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 ▶ \$ 111,229.		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9, 9b	, 10b, 15b,
sc	H G, PART III, LINE 17B		
EX	PLANATION: SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS	PER	
ST	ATE OF TENNESSEE LAW = \$111,229		
	• •		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 BOYS AND GIRLS CLUBS OF THE

TENNESSEE VALLEY

62-0475743

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRODUCTIVE CARING AND RESPONSIBLE CITIZENS.

FORM 990, PART 1, LINE 1

EXPLANATION: DOING BUSINESS AS - ADDITIONAL NAMES

BOYS & GIRLS CLUBS OF GREATER KNOXVILLE

BOYS & GIRLS CLUBS OF LOUDON COUNTY

BOYS & GIRLS CLUBS OF BLOUNT COUNTY

BOYS & GIRLS CLUBS OF ANDERSON COUNTY

FORM 990, PART III, LINE 4A

EXPLANATION: FIRST ACCOMPLISHMENT - BOYS & GIRLS CLUBS SERVES OVER 6,300 YOUTH DURING THE YEAR AND PROVIDE A WIDE VARIETY OF PROGRAMS DESIGNED TO MEET THE NEEDS OF TODAY'S YOUTH. EDUCATION PROGRAMS ARE A MAJOR FOCUS OF THE BOYS & GIRLS CLUBS. PROJECT LEARN, AN EDUCATION ENHANCEMENT PROGRAM IS USED THROUGHOUT THE EIGHTEEN CLUB LOCATIONS IN THE BOYS & GIRLS CLUBS CONJUNCTION WITH TECHNOLOGY LABS AND LIBRARIES. ARE ALSO MASTERS OF MAKING EDUCATION FUN BY UTILIZING OUR PHYSICAL RECREATION, SOCIAL RECREATION, AND OTHER PROGRAMS TO ASSIST MEMBERS IN MAKING STRIDES TOWARD A BRIGHTER FUTURE. RESEARCH SHOWS THAT YOUTH WHO PARTICIPATED IN THE PROGRAMS OF OUR ORGANIZATION 151 DAYS PER YEAR OR MORE WERE MORE THAN TWICE AS LIKELY TO GRADUATE FROM HIGH SCHOOL. ALSO, THE ORGANIZATION PROVIDED ON AVERAGE 520,000 HOT MEALS AND

FOR MANY, THE HOT MEAL SERVED WILL BE THE ONLY NUTRITIOUS MEAL

SNACKS.

THE CHILD RECEIVES DURING A DAY OUTSIDE OF SCHOOL. WE USE HEALTHY

HABITS AND SMART MOVES TO INCREASE OUR YOUTH'S KNOWLEDGE OF HEALTHY

EATING AND POSITIVE CHOICES.

FORM 990, PART VI, SECTION B, LINE 10B:

EXPLANATION: POLICIES AND PROCEDURES GOVERNING CHAPTERS- THE BRANCHES ARE

ALL SUBJECT TO: (1) TENNESSEE DOE GUIDELINES CERTIFICATIONS; (2) OPERATIONS

MANUAL FOR HUMAN RESOURCES; (3) EMPLOYEE HANDBOOK FOR HANDLING HUMAN

RESOURCES; (3) EMERGENCY PROCEDURE HANDBOOK; (4) HANDBOOK OF OPENING AND

CLOSING PROCEDURES OF BRANCH, STORING CHEMICALS AND CLEANING SUPPLIES, ETC.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATIONS PROCESS TO REVIEW THE 990 - THE RETURN IS

PREPARED BY AN INDEPENDENT CPA FIRM AND IS REVIEWED BY THE CHIEF FINANCIAL

OFFICER PRIOR TO COMPLETION. A PDF COPY OF THE 990 IS SENT TO EACH BOARD

MEMBER VIA EMAIL FOR REVIEW AND COMMENTS. COMMENTS FROM THE BOARD ARE SENT

TO THE PRESIDENT/CEO.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ENFORCEMENT OF CONFLICTS POLICY 8.3.3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST.

- 1) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT

 A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

 PROPOSED TRANSACTION OR ARRANGEMENT
- 2) AFTER EXCERCISING DUE DILIGENCE, THE BOARD OF COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT

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GIVE RISE TO A CONFLICT OF INTEREST.

- 3) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY
 ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF
 INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE
 DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE
 CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE
 TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS
 DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN
 CONFORMITY WITH SUCH DETERMINATION.
- 4) IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER
 HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL
 INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN
 OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- 5) IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER

 INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR

 COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN

 ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE

 DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION PROCESS FOR TOP OFFICIAL - AS WITH ALL POSITIONS,
THE BOARD OF DIRECTORS, THROUGH THE HR AND FINANCE COMMITTEES AND BOYS AND
GIRLS CLUBS OF AMERICA SURVEYS OF PEER INSTITUTIONS TO DETERMINE COMPARABLE
SALARIES OF LIKE ORGANIZATIONS. THIS IS DONE EVERY TWO OR THREE YEARS.
THE HR COMMITTEE PREPARES SALARY RANGES FOR EACH SALARIED POSITION AND
SUBMITS RANGES TO THE BOARD FOR APPROVAL. THE BOARD ANNUALLY DOES A
PERFORMANCE REVIEW OF THE PRESIDENT & CEO AND SETS HIS/HER SALARY BASED ON
THE REVIEW AND AVAILABILITY OF FUNDS FOR SALARY INCREASES.

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COMPENSATION PROCESS FOR OFFICERS - THE BOARD OF DIRECTOR	S, THROUGH THE HR
COMMITTEE, SURVEYS PEER BOYS & GIRLS CLUBS INSTITUTIONS T	O DEVELOP PAY
RANGES FOR ALL SALARIED POSITIONS. THIS REVIEW IS CONDUC	TED EVERY TWO TO
THREE YEARS. THE ACTUAL SALARY PAID TO EACH EMPLOYEE IS	DETERMINED BY THE
PRESIDENT & CEO BASED ON THE RANGES PROVIDED BY THE BOARD	•
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: WE MAINTAIN A WEBSITE (WWW.BGCTNV.ORG) WHICH	INCLUDES A COPY
OF THE 990 TO WHICH THE PUBLIC HAS ACCESS. THE WEBSITE P	ROVIDES
INFORMATION REGARDING THE HISTORY OF THE ORGANIZATION, M	ISSION OF THE
ORGANIZATION, PROGRAMS AND PRIVACY POLICY.	