			EXTENDED TO MAY 15, 2017			_
	Ω	00	Return of Organization Exempt From	n Incom	e Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva	te foundations	2015
		of the Treasury	Do not enter social security numbers on this form as it may			Open to Public
		enue Service	Information about Form 990 and its instructions is at www.			Inspection
		Î	lar year, or tax year beginning JUL 1, 2015 and ending		-	
B c a	heck if pplicab	ile:	forganization	D Emplo	oyer identifica	tion number
	Addre chang	BOIS	AND GIRLS REPUBLIC, INC.	_	12 55	C 2 0 7 F
	_]chang ⊐Initial	ge Doing b	usiness as		13-55	02975
	_returr Final returr	265	and street (or P.O. box if mail is not delivered to street address) Room/su HENRY STREET		hone number $212-7$	66-9200
	ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross re	eceipts \$	1,530,702.
			YORK, NY 10002	H(a) Is th	nis a group retu	
	Appli tion pend	ing F Name a	nd address of principal officer: JOSEPHINE LUME		subordinates?	
<u> </u>	-	SAME	AS C ABOVE		III subordinates inclu	
		empt status:	X 501(c)(3) $_$ 501(c)() ◀ (insert no.) $_$ 4947(a)(1) or $_$ 5			t. (see instructions)
		ite: ► N/A	X Corporation Trust Association Other ► L Ye		up exemption r	State of legal domicile: NY
	art I	Summary		ear of formation	<u>. 1990 M</u> 3	state of legal domicile. IN I
			be the organization's mission or most significant activities: TO PROVII			ERVICES TO
Activities & Governance	'	YOUTH	The the organization's mission of most significant activities. $10^{-1100111}$			
rna	2	Check this bo	x x if the organization discontinued its operations or disposed of m	ore than 25%	of its net asse	ets.
ove	3		ting members of the governing body (Part VI, line 1a)			5
Ğ	4		lependent voting members of the governing body (Part VI, line 1b)	3		
es é	5		of individuals employed in calendar year 2015 (Part V, line 2a)			76
vitie	6		of volunteers (estimate if necessary)			263
\cti	7 a		d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	0.
				Prior `		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	64	6,640.	935,792.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		120.	0.
Sev	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		3,547.	67,347.
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,724.	997.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78	3,031.	1,004,136.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	4.0	0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	40	0,387.	675,809. 0.
ens			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses				21	1,819.	360,410.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,206.	1,036,219.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,175.	-32,083.
SS	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of (-	
ance	20	Total assets (I	Dart V lina 16)		2,671.	End of Year 2,878,630.
Asse Bal	20		F		3,992.	185,269.
Net Assets or Fund Balances	21		; (Part X, line 26) fund balances. Subtract line 21 from line 20		8,679.	2,693,361.
	art II	Signature		_,00	- , - , - , - ,	_,,
		_	I declare that I have examined this return, including accompanying schedules and stat	tements, and to) the best of mv k	nowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		-	, , , , ,
		· ·				

Sign		Signature of o	officer									Date			
Here					CHI	EF H	FINANCI	AL	OFFICE	R					
		Type or print r	name an	d title							_				
	Prir	nt/Type preparer	's name				Preparer's sig	nature			Date		Check] PTIN	
Paid	GΑ	RRETT M	. H]	GGINS		¢	GARRETT	'М.	HIGGI	NS	05/11				43209
Preparer	Firr	n's name 🕒 🖡	PKF	O'CONI	IOR	DAV	IES, LI	ıЪ				Firm's	EIN 🕨	27 - 17	28945
Use Only	Firr	n's address 🖕	665	FIFTH	AVE	INUE									
]	NEW	YORK,	NY	1002	22					Phone	e no. (21	2)286	-2600
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)														

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

_	990 (2015) BOYS AND GIRLS REPUBLIC, INC.	13-5562975 Pag
Par	t III Statement of Program Service Accomplishments	Г
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	L
1	TO PROVIDE COMMUNITY SERVICES TO YOUTH, INCLUDING AFTER	SCHOOL
	EDUCATIONAL ACTIVITIES, CAMP, RECREATIONAL PROGRAMS AND	
	GOVERNMENT PRINCIPLES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O.	and the second sec
	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •
	revenue, if any, for each program service reported.	ers, the total expenses, and
	(Code:) (Expenses \$ 957,837 including grants of \$) (Revenue)	IE \$
	BOYS AND GIRLS REPUBLIC, INC. ("BGR") OPERATES PROGRAMS	DEVOTED TO
	TEACHING THE PRINCIPLES OF SELF-GOVERNMENT TO YOUNG BOY:	S AND GIRLS. TH
	PROGRAMS INCLUDE THE CITY CLUBHOUSE, WHICH PROVIDES COM	
	ATHLETIC, RECREATIONAL AND EDUCATIONAL SUPPORTIVE PROGRA	AMMING,
	CORRELATED WITH EXTENSIVE INTRA-COMMUNITY ACTIVITY.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$
4d	Other program services (Describe in Schedule Q.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
)
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 957,837.) Form 990 (20

Form	990	(2015)	

Part IV Checklist of Required Schedules

BOYS AND GIRLS REPUBLIC, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? <i>If "Yes," complete Schedule D, Part III</i>	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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		X
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		X
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 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
		19		х

Form **990** (2015)

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Part IV Checklist of Required Schedules (continued)

BOYS AND GIRLS REPUBLIC, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		x
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		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		<u></u>
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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	х	
35a	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?			
	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	0-		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

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Pai	t 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
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Zu	filed for the calendar year ending with or within the year covered by this return 2a 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
A	to file Form 8282?	7c		Δ
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
u	organization is licensed to issue qualified health plans 13b			
r	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			1 990	(2015)

BOYS AND GIRLS REPUBLIC, INC.

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Form 990 (2015)

Form 990 (20	15)
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BOYS AND GIRLS REPUBLIC, INC.

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.

ec	Check if Schedule O contains a response or note to any line in this Part VI						-
eu	tion A. doverning body and Management				-	Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		103	
iu	If there are material differences in voting rights among members of the governing body, or if the governing			_			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b		1b		3			
	Enter the number of voting members included in line 1a, above, who are independent		l	_			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
_	officer, director, trustee, or key employee?				2		•
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form				-		
5	Did the organization become aware during the year of a significant diversion of the organization's a				_	37	
6	Did the organization have members or stockholders?			🧲	3	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7	a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7	b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne following:				
а	The governing body?			8	a	Х	
b	Each committee with authority to act on behalf of the governing body?			8	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			···· F			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I				-		
	(····································		,			Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10)a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				~		
D				10	ъ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			·····	_	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay ber	ore ming the form		la		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					х	
				·····	2a	<u>x</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12	2b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					37	
_	in Schedule O how this was done				2c	X	
3	Did the organization have a written whistleblower policy?				_	X	
4	Did the organization have a written document retention and destruction policy?			1	4	Х	
5	Did the process for determining compensation of the following persons include a review and appro	val by i	ndependent				ļ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					ļ
а	The organization's CEO, Executive Director, or top management official			1	5a		J
	Other officers or key employees of the organization				5b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a				
	taxable entity during the year?			16	6a		ļ
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			··· 🗎	-		
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org						
	exempt status with respect to such arrangements?			16	sh		
ec	tion C. Disclosure			[R	~~		
7	List the states with which a copy of this Form 990 is required to be filed NY						
•	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Soo	$t_{100} = 501(c)(3)c_{10}$		ilahl	<u> </u>	
8	for public inspection. Indicate how you made these available. Check all that apply.			iiy) ava	aut	-	
8		:	hadula ()				
8						i a l	
	Own website X Another's website X Upon request Other (explan		of intovent !!		ianc	al	
8 9	Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		of interest policy	, and fir	ano		
9	Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	onflict		, and fir			
9	Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	onflict		, and fir			
9	Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boundary JOSEPHINE LUME - $212-766-9200$	onflict		, and fir			-
9	Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	onflict				990	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	nt Contrac	ctors			

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 (Ď), (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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more th				000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	ndad I	lirecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC)		organization
	organizations	lal tru	onal t		oloye	com se				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT L. SWID	1.00	=	-	5	l ₹	포동	윤			
CHAIRMAN	5.00	x		x				0.	0.	0.
(2) IAN D. HIGHET	1.00									
PRESIDENT	5.00	x		x				0.	0.	0.
(3) JANE R. LOCKSHIN	1.00									
TREASURER	5.00	x		x				0.	0.	0.
(4) DAVID GARZA	1.00									
EXECUTIVE DIRECTOR/BOARD MEMBER	35.00	x		x				0.	240,810.	34,787.
(5) JOSEPHINE LUME	1.00									
CFO/BOARD MEMBER	35.00	X		X				0.	180,921.	20,419.
	_						<u> </u>			
532007 12-16-15										Form 990 (2015)

	90 (2015) BOYS AND					_	-			13-5	562	975	P	age 8
Part	•••••••••••••••••••••••••••••••••••••••		ploy I	vees			ighe	st C						
	(A) Name and title	(B) Average hours per week (list any hours for	box offi	not c , unle	ss pe	ition more rson lirecto	than is bot pr/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization	ion amount ed other ns compensa		of ation	
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	orga			from the organization and related organizations	
			-											
	Sub-total								0.	421,7	-	5	5,2	06.
	Fotal from continuation sheets to Part VI Fotal (add lines 1b and 1c)								0.	0. 0. 421,731. 55,206.				
2 T	Fotal number of individuals (including but n compensation from the organization							ho r	-	-				0
	Did the organization list any former officer, ine 1a? If "Yes." complete Schedule J for s				•	•			highest compensated e			3	Yes	No X
a	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior S <i>che</i>	n and e <i>dul</i> é	d otl e <i>J f</i>	her compensation from for such individual	the organization		4	X	
r	Did any person listed on line 1a receive or a endered to the organization? <i>If "Yes," com</i> on B. Independent Contractors								•			5		X
	Complete this table for your five highest co he organization. Report compensation for										npens	ation 1	rom	
	(A) Name and business			ONE		VILLI			(B) Description of s	(C)				
2 1	Fotal number of independent contractors (i	including but n	lot li	mite	d to	tho	se li	ster	above) who received m	nore than				
	6100,000 of compensation from the organi	•			0		0					Form	990 (2015)
532008 12-16-15	i												· ·	,

Form 990 (20		BOYS	
Part VIII	Statement	t of Reve	nue

BOYS AND GIRLS REPUBLIC, INC. 13-5562975 Page 9

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
۲ G	c		·····					
ifts ar A	d	_		12,000.				
S, G	e			597,893.				
Sil	f	All other contributions, gifts, grant	· ·					
her		similar amounts not included abov		325,899.				
Ğ		Noncash contributions included in lines		52570551				
	-	Total. Add lines 1a-1f	-		935,792.			
<u> </u>			<u></u>	Business Code	55577521			
ø	0.0			Busiliess Code				
vice	2 a							
Ser	b							
er a	C							
gra	d							
Program Service Revenue	e							
_	T	All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including	,	,	44,657.			44,657.
		other similar amounts)			44,057•			11,057.
	4	Income from investment of tax		· · ·				
	5	Royalties						
	•	Que en entre	(i) Real 10,290.	(ii) Personal				
		Gross rents	10,290.					
	b	1	-310.					
	с.	Rental income or (loss)			-310.			-310.
					-310.			-310.
	7 a	Gross amount from sales of	(i) Securities 538,656.	(ii) Other				
		,	556,050.					
	b	Less: cost or other basis	515 066					
		and sales expenses	$\frac{513,300}{22,600}$					
	с	Gain or (loss)	22,090.		22 600			22,690.
	d	Net gain or (loss)		▶	22,690.			22,090.
οnc	8 a	Gross income from fundraising						
ven		including \$						
Other Rever		contributions reported on line	,					
Jer		Part IV, line 18						
ŧ		Less: direct expenses		<u> </u>				
		Net income or (loss) from func	-	▶				
	9 а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code	1 207			1 207
		OTHER INCOME		900099	1,307.			1,307.
	b							
	С							+
	d				1 207			
		Total. Add lines 11a-11d		🕨	1,307.		^	60 244
	12	Total revenue. See instructions.		🕨	1,004,136.	0.	0	
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9

Part IX Statement of Functional Expenses

BOYS AND GIRLS REPUBLIC, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons			(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	513,683.	467,055.	46,628.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,099.	26,380.	1,719.	
9	Other employee benefits	66,515.	62,385.	4,130.	
10	Payroll taxes	67,512.	63,382.	4,130.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	27,100.	25,542.	1,558.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,760.	1,744.	2,016.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	125,615.	118,396.	7,219.	
12	Advertising and promotion				
13	Office expenses	83,297.	75,093.	8,204.	
14	Information technology				
15	Royalties				
16	Occupancy	78,971.	78,546.	425.	
17	Travel	9,608.	9,143.	465.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			101	
19	Conferences, conventions, and meetings	2,403.	2,217.	186.	
20	Interest				
21	Payments to affiliates	02 01 0	00.010		
22	Depreciation, depletion, and amortization	23,912.	23,912.	204	
23	Insurance	324.		324.	
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.)	5,027.	1 0 4 2	985.	
a	FOOD OTHER ADMIN EXPENSES	5,027.	4,042.	393.	
b	OTHER ADMIN EVLENSES	222.		595.	
c					
d					
e	All other expenses	1 026 210	057 027	70 201	0
25	Total functional expenses. Add lines 1 through 24e	1,036,219.	957,837.	78,382.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2016

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10 2015.05070 BOYS AND GIRLS REPUBLIC, IN 11763181

Form **990** (2015)

Form 990			AND	GIRLS	REPUBLIC,	INC.
Part X	Balance	e 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	105,349.	1	49,629.
	2	Savings and temporary cash investments	227,560.	2	345,060.
	3	Pledges and grants receivable, net		3	338,618.
	4	Accounts receivable, net		4	
	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 unde			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
st		employees' beneficiary organizations (see instr). Complete Part II of Sch L \ldots		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,850.	9	27,388.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 826, 979			
	b	Less: accumulated depreciation 10b 617,390		10c	209,589.
	11	Investments - publicly traded securities		11	1,453,275.
	12	Investments - other securities. See Part IV, line 11	546,256.	12	455,071.
	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)		16	2,878,630.
	17	Accounts payable and accrued expenses		17	11,305.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bilid		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	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			
			0.	25	173,964.
	26	Schedule D Total liabilities. Add lines 17 through 25	13,992.	26	185,269.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and		20	100/1000
s		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	238,525.	27	215,576.
Fund Balances	28	Temporarily restricted net assets		28	666,069.
ар	29	Permanently restricted net assets	1 011 710	29	1,811,716.
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			, ,
ъ П		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
∋t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,838,679.	33	2,693,361.
	34	Total liabilities and net assets/fund balances		34	2,878,630.
-	-			•	Farma 000 (0015)

Form 990 (2015)

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14400511	756359	1176318.0	003	2015.05070	12 BOYS	AND	GIRLS	REPUBLIC,	IN	11763181	

1	Total revenue (must equal Part VIII, column (A), line 12)			4,1				
2	Total expenses (must equal Part IX, column (A), line 25)	1,		6,2	<u>19.</u> 83.			
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5								
6	Donated services and use of facilities 6							
7	Investment expenses 7							
8								
9	Other changes in net assets or fund balances (explain in Schedule O) 9		-	2,5	12.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	2,	69	3,3	61.			
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII				X			
		_		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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	L	2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	Separate basis Consolidated basis X 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 audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	L	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	Γ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 (2015)			

BOYS AND GIRLS REPUBLIC, INC.

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

1,004,136.

X

SCHEDULE A

(Form	990	or	990-	·ΕΖ
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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.

OMB No. 1545-0047
2015
Open to Public

Schedule A (Form 990 or 990-EZ) 2015

...

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fo	rm990.
	E

Name of	the organization			10 1100 000		Emplo	oyer identification number
	BOYS	AND GIRLS	REPUBLIC, I	NC.			13-5562975
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The orga	nization is not a private found	dation because it is: ((For lines 1 through 11, o	check only	one box.)		
1	A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)		
3	A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Er	nter the hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental unit des	scribed in
	section 170(b)(1)(A)(iv).	Complete Part II.)					
6	A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).	
7 X	An organization that norma	ally receives a substa	antial part of its support f	irom a gov	rernmental	unit or from the gen	eral public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fee	es, and gross receipts from
	activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of its sup	port from gross investment
	income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the organiza	tion after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)					
10	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
11 📖	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to carry out	t the purposes of one or
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(Check the box in
_	lines 11a through 11d that	• •					
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported ore	ganization(s), typicall	y by giving
	the supported organization		• • • •	a majority	of the dire	ctors or trustees of t	he supporting
_	organization. You must o						
b 🗆	Type II. A supporting org					•	
	control or management of			ame perso	ons that co	ontrol or manage the	supported
_	organization(s). You mus	-					
c L	Type III functionally interpretent of the second					-	grated with,
	its supported organizatio						
d 🗆	Type III non-functionally						
	that is not functionally int			•			tentiveness
	requirement (see instruct	,	•				
e 🗆	Check this box if the orga					а туре I, Туре II, Тур	e III
6 E.	functionally integrated, o						
	er the number of supported of supported of the following information of the following information of the second seco	-					
	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of moneta	ary (vi) Amount of
	organization	(,	(described on lines 1-9	listed i	in your	support (see	other support (see
			above (see instructions))	governing of Yes	No	instructions)	instructions)
				100			

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

	13	
_		_

Schedule A (Form 990 or 990-EZ) 2015 BOYS AND GIRLS REPUBLIC, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	449,389.	1,546,310.	810,123.	646,640.	935,792.	4,388,254.
2	Tax revenues levied for the organ-						
	ization'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	221,000.	221,000.	221,000.	221,000.	208,000.	1,092,000.
4	Total. Add lines 1 through 3	670,389.	1,767,310.	1,031,123.	867,640.	1,143,792.	5,480,254.
5							
	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)						416,320.
6	Public support. Subtract line 5 from line 4.						5,063,934.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	670,389.	1,767,310.	1,031,123.	867,640.	1,143,792.	5,480,254.
	Gross income from interest,						· · · ·
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	19,294.	23,757.	36,432.	56,719.	54,947.	191,149.
9	Net income from unrelated business		-				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	39,854.	88,969.		65,448.	1,307.	195,578.
11	Total support. Add lines 7 through 10		-		· ·		5,866,981.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stor		, ,	, ,	, ,		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	86.31 %
	Public support percentage from 2014					15	89.12 %
	33 1/3% support test - 2015. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	l			►X
b	33 1/3% support test - 2014. If the o						
	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 th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
	~		,			dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2015 BOYS AND GIRLS REPUBLIC, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

-1	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(f) Total
	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							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and					1		
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ec	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(f) Total
	Amounts from line 6	(,	(0) = 0 : =	(0, 2010	(0, 2011			(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
~	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regulated expression							
2	Other income. Do not include gain or loss from the sale of capital							
2	assets (Explain in Part VI.)							
3		the execution'	l first second thi	l d fourth or fifth to		E01(a)		untion .
14	First five years. If the Form 990 is for	-			-			
14	abaal this hav and atom have							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			45		0
6ec 15	tion C. Computation of Publ Public support percentage for 2015 (I	ic Support Pe ine 8, column (f) d	rcentage ivided by line 13,			15		9
ec 5 6	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014	ic Support Pe ine 8, column (f) d Schedule A, Part	rcentage ivided by line 13, III, line 15			15 16		9 9
5 6	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom	rcentage ivided by line 13, III, line 15 e Percentage			16		9
ie 15 16 ie 7	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li			16 17		9
6 15 16 6 17	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A,	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17	ne 13, column (f))		16 17 18		9 9 9 9
Sec 15 16 Sec 17 18	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A, organization did r	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than (16 17 18 33 1/3%		9 9 9 7 is not
Sec 15 16 Sec 17 18	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A, organization did r	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than (16 17 18 33 1/3%		9 9 9 7 is not
i ec 15 16 i ec 17 18	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2014. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A, organization did r nd stop here. The organization did r	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua not check a box o	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiz a, and line 16 is mo	16 17 18 33 1/3% ation ore than	33 1/3%, a	9 9 9 7 is not and
6 15 16 6 6 7 17 18 19 a b	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box au 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, check	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A, organization did r nd stop here. The organization did r sck this box and s	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp	16 17 18 33 1/3% ation ore than orted or	33 1/3%, a ganization	9 9 9 7 is not and ►
Sec 15 16 17 18 19a b	tion C. Computation of Publ Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2014. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 15 (line 10c, colur 2014 Schedule A, organization did r nd stop here. The organization did r sck this box and s	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp his box and see in	16 17 18 33 1/3% ation ore than orted or struction	33 1/3%, a ganization ns	9 9 9 7 is not and ►

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2015

14400511 756359 1176318.003 2015.05070 BOYS AND GIRLS REPUBLIC, IN 11763181

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Schedule A (Form 990 or 990-EZ) 2015 BOYS AND GIRLS REPUBLIC, INC. Part IV Supporting Organizations (continued)

			Yes	No
44	Has the examination eccentred a gift or contribution from any of the following persons?		165	NU
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0		-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If fes, then in Fart vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0		
_	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9		0-F7	2015
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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חתגו				5, and 6. Als	so comp	lete this part	t for any additional information.
AKT	II, LI	JE 10,	EXPLA	NATION	FOR	OTHER	INCOME:
\$	39,854	•					
\$	6,245.						
\$	32,724						
\$	1,307.						
COVEI	RY						
\$	82,724	,					
\$	32,724						

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Schedule A (Form 990 or 990-EZ) 2015

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Department of the Treasury

(Form 990)

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

is at www.irs.gov/for



Interna	al Revenue Service	Information about Schedule D (For	rm 990) and its instructions is at www.i	rs.gov/for	m990.	Inspectio	on
Nam	e of the organization	on BOYS AND GIRLS REP	UBLIC, INC.			identification $3-55629$	
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Ac	counts.	Complete if the	e
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.				
			(a) Donor advised funds	(b)	Funds and	d other accour	nts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	5		
•	-	n's property, subject to the organization's	-			Yes	
6		on inform all grantees, donors, and donor a					
		oses and not for the benefit of the donor of					
	impermissible priva				0	Yes	No No
Pa		ation Easements. Complete if the org					
1		servation easements held by the organizati	-	,			
		of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	toricallv ir	nportant la	and area	
		f natural habitat	Preservation of a cer				
	Preservation	of open space					
2		through 2d if the organization held a qualit	fied conservation contribution in the form	n of a con:	servation e	easement on th	ne last
	day of the tax year					at the End of the	
а		onservation easements			2a		
b		ricted by conservation easements			2b		
с		vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired					
		al Register			2d		
3		vation easements modified, transferred, re		ne organiz	ation durir	ig the tax	
	year 🕨			Ū.		•	
4	Number of states	where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
		orcement of the conservation easements i				Yes	🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation	n easemen [.]	ts during the y	ear
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ease	ements du	ring the year	
	►\$						
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	0(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?				Yes	🗌 No
9	In Part XIII, describ	be how the organization reports conservati	ion easements in its revenue and expens	e stateme	ent, and ba	alance sheet, a	Ind
	include, if applicat	ele, the text of the footnote to the organization	tion's financial statements that describes	s the orga	nization's	accounting for	
_	conservation ease						
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or C	Other Si	imilar As	ssets.	
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and	l balance s	heet works of	art,
	historical treasures	s, or other similar assets held for public exl	hibition, education, or research in furthera	ance of p	ublic servio	ce, provide, in	Part XIII,
	the text of the foot	note to its financial statements that descri	ibes these items.				
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and bal	ance shee	t works of art,	historical
	treasures, or other	similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic servi	ice, provid	e the following	amounts
	relating to these ite	ems:					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶ \$		
					▶ \$		
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financia	al gain, pr	rovide		
	the following amou	ints required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1			▶ \$		
b		Form 990, Part X			▶ \$		

LHA	For	Paperwork	Reduction A	Act Notice,	see the I	nstructions	for Form 990.
532051							

Schedule D (Form 990) 2015

25 2015.05070 BOYS AND GIRLS REPUBLIC, IN 11763181

14400511 756359 1176318.003

Sche	dule D (Form 990) 2015 BOYS AN	D GIRLS RE	PUBLIC, IN	Ċ.		13-55	6297	5 ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a significant	use of its	collectio	n item	s
	(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 explair	n how they further t	he organization's e	xempt purp	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 assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		<u></u>	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	is or other assets r	not included	_	-		-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
						ļ	Amount		
С	Beginning balance				1c	ļ			
d	Additions during the year				1d				
е	Distributions during the year				1e				
	Ending balance						_		
	Did the organization include an amount on Fe		•			L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back					
	Beginning of year balance	2,466,084.	2,477,513.	2,275,830		190,599.	1,	,232,	487.
	Contributions					017,701.			
	Net investment earnings, gains, and losses	-43,438.	67,654.	275,024	••	89,458.		-19,	960.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	98,860.	79,083.	73,341	•	21,928.		21,	928.
	Administrative expenses								
g	End of year balance	2,323,786.	2,466,084.		2,2	275,830.	1,	,190,	599.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 77.96	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
С	Temporarily restricted endowment 2								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	or the organi	zation	г		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm			Can Farma 000 David	V line 10				
	Complete if the organization answere		· · · · ·			<u> </u>	() > .		
	Description of property	(a) Cost or of			Accumulate		(d) Bool	< value	Э
	L	basis (investm	Dasis	(other) (depreciation				
	Land		50	2 636	110 3	85	17	4,2	51
	Buildings			2,636.	418,3	0	т/,	±,4	<u></u>
	Leasehold improvements		<u></u>	4,343.	199,0		21	5,3	20
	Equipment			+,,,+,,	199,0	<u></u>	5	5,5	50.
	Other		V oolumn (D) line d				200	9,5	80
Iota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	л, coiumn (B), line 1	00.)		P Cohardert			
						Schedule	rorm) ע	i aan)	2015

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Schedule D (For	m 990) 2015	BOYS	AND	GIRLS	REPUBLIC,	INC.	
Part VII Inv	estments -	Other Sec	urities	.			
0			1.113				

Complete if the organization answered "Yes"	on Form 990 Part IV	line 11h See Form 990 Part)	(line 12
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HEDGE FUNDS	343,26	0. END-OF-YEAR	MARKET VALUE
(B) PRIVATE EQUITY	111,81		
(C)	,		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	455,07	1.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part >	ζ, line 13.
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(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"	on Form 990, Part IV,	line 11d. See Form 990, Part >	K, line 15.
(a)	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	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	(b) Book value	, Part X, line 25.
1. (a) Description of liability		(b) BOOK value	
(1) Federal income taxes	EMENT	172 064	
(2) DUE TO HENRY STREET SETTL	EMEN.I.	173,964.	
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7)		173,964.	

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

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Sche	edule D (Form 990) 2015 BOYS AND GIRLS REPUBLIC,				5562975 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,112,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-110,723.		
b	Donated services and use of facilities	2b	208,000.		
с	Recoveries of prior year grants				
d			10,600.		
е	Add lines 2a through 2d			2e	107,877.
3	Subtract line 2e from line 1			3	1,004,136.
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.)	4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,004,136.
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total expenses and losses per audited financial statements			1	1,257,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	208,000.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)	2d	13,112.		
е				2e	221,112.
3	Subtract line 2e from line 1			3	1,036,219.
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. (<i>This must equal Form 990, Part I, line 18.</i>)	<u></u>	<u></u>	5	1,036,219.
Pa	rt XIII Supplemental Information.				
_					

BOYS AND GIRLS REPUBLIC INC.

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 V, LINE 4:

THE ORGANIZATION'S RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND ASSETS

TO BE HELD IN PERPETUITY. THE INCOME FROM THE ASSETS IS USED TO SUPPORT

THE INDICATED YOUTH PROGRAMS.

PART X, LINE 2:

BGR RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT BGR HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION BGR IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE OR DISCLOSURE. TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2013.

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13-5562975 Base 4

Schedule D (Form 990) 2015 BOYS AND GIRLS REPUBLIC, INC. Part XIII Supplemental Information (continued)	13-5562975 _{Рад}
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT RENTAL EXPENSES	10,60
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT RENTAL EXPENSES	10,60
LOSS FROM DISPOSAL OF FIXED ASSETS	2,51
TOTAL TO SCHEDULE D, PART XII, LINE 2D	13,11
	Schedule D (Form 990)
532055 09-21-15	

(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. 2015 Department of the Treasury Internal Revenue Service ► Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number BOYS AND GIRLS REPUBLIC, INC. 13-5562975	SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
Autach to Form 900. Operation Schedule F (Form 900) and its instructions is at www.ks.gov/Common 200. Operation 200. Name of the organization Employer identification number 13 - 5562975 BOYS AND GIRLS REPUBLIC, INC. 13 - 5562975 Part II General Information on Activities Outside the United States. Complete II the organization answered Yes' on Form 900, Part V, inc 140. 13 - 5562975 1 For grantmakers. Describe in Part V the organization anisitan records to substantiate the anount of its grants and other assistance, inc yes in the united States. yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. (e) Number of in the region or englow. The following Part I, ine 3 table can be duplicated if additional space is needed. (f) Total is provide in region or englow. The following Part I, ine 3 table can be duplicated in additional space is needed. (f) Activities conducted in region or diservice(a) in region or region or englow. The following Part I, ine 3 table can be duplicated in duplicated in duplicated in duplicated in the region or diservice(a) in region or region or englow. The following Part I, ine 3 table can be duplicated in the region or diservice(a) in region or region or englower or englowe							2015
Initial Better initial and the organization summary initial the manual state or the organization number in the organization and the organizati andifference organization and the organization and th		•	-				Open to Public
3 - 5562975 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 900, Part IV, Ine 140. I For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. I For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? I For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, Ine 3 table can be duplicated if additional space is needed) (a) Region (b) Winthe of (C) formation of (C) thread in the region in region (b) WINESTMENTS 455, 071. CENTRAL AMERICA AND (C) RATIONED (C) NUVESTMENTS (C) RATIONED (C) NUVESTMENTS (C) NUVESTMENT	Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.	
Part II General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 900, Part IV, Ine 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? Yes No 2 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Hegion. (The following Part I, line 3 table can be duplicated if additional space is needed.) (#) Total states. 3 Activities per Hegion. (The following Part I, line 3 table can be duplicated if maching integrants to of service(s) in region in the region of the organizations program (b) type(e.g., fundmaking, program (b) of service(s) in region in region in region. (#) Total expenditures for and integrants to of service(s) in region in region. CENTRAL AMERICA AND THE CARIBESAN 0 0 TAVESTMENTS 455, 071. THE CARIBESAN 0 0 TAVESTMENTS 455, 071. S as Subrotal 0 0 TAVESTMENTS 455, 071. 3 a Subrotal 0 0 0 0 0. C and items continuation it	Name of the organization					Employer id	entification number
Form 989, Part V, line 14b. 1 For grantmakers. Describe in Part V the organization maintain records to substantiate the amount of its grants and other assistance, in the grantes' eligibility for the grants or assistance outside the United States. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of its procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of its program services, investments, grants to its a program service(s) in region or assistance, in region or its process, investments, grants to its a program service(s) in region or its process, investments, grants to its a program service(s) in region or its process, investments, grants to its and the service(s) in region or its process, investments, grants to its and the service(s) in region or its process, investments, grants to its and the service(s) in region or its process, investments, grants to its and the service(s) in region or its process, investments, grants to its process, investments, grants to its process, investment is process							
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance?			Activities Ou	tside the United States. Comple	ete if the orgar	nization answei	red "Yes" on
the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Ves No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. (a) Region (b) Number of converting the use of its grants and other assistance outside the United States. (c) Region (b) Number of converting the use of its grants and other assistance outside the United States. (c) Region (b) Number of converting the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) If activities conducted in region (c) If activities conducted in region <t< td=""><td></td><td>•</td><td></td><td></td><td>unto ovol other</td><td></td><td></td></t<>		•			unto ovol other		
Unlied States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) is a program service, describe specific type or and the program service, describe type or and the program service, describetype or and the program service, describetype or an	-	e e					Yes No
(a) Region (b) Number of offices in the region (c) Number of exployees agents, and the region (d) Activities conducted in region by type) (e.g., fundarising, program services, investments, grants to recipients located in the region) (a) I dativity listed in (d) the sprogram service, describe specific type of service(s) in region (f) Total experiments in region CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. CENTRAL MERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. CENTRAL MERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. CENTRAL MERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. Stable total 0 0 INVESTMENTS 455,071. Stable total 0 0 INVESTMENTS 455,071. Total from continuation sheets to Part 1 0 0 0 0.		cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the
Offices in the region employees against and contractors (by type) (e.g., fundiasing, program services, investments, grants to recipients located in the region) (a a program service, describe specific type of service(s) in region expenditures for and investments CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455, 071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455, 071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455, 071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455, 071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455, 071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 0 0 0 CENTRAL AMERICA AND THE CARIBBEAN 0 0 0 0 0 0	3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
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In the region independent contractors in region services, investments, grants to recipients located in the region) describe specific type of service(s) in region investments in region CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 455,071. Image:			agents, and				
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		0	0				455,071.

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

532071 10-01-15 Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				1	I
			n 501(c)(3) equivalency letter			►		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Part IV	Foreign Form	IS				
			AND	GIRLS	REPUBLIC,	INC

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	L No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Schedule F (Form 990) 2015 BOYS AND GIRLS REPUBLIC, INC.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, LINE 3, COLUMN (F): ACCOUNTING METHOD:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

FORM 990, SCHEDULE F, PART IV, LINE 3: FOREIGN CORPORATION FILINGS:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DID NOT

MEET THE APPLICABLE FILING REQUIREMENTS.

532075 10-01-15

Schedule F (Form 990) 2015

14400511 756359 1176318.003 2015.05070

SC	HEDULE J	EDULE J Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15	
•	,	Compensated Employees		20	IJ)
Dene	tment of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe	ction	
Nam	e of the organizatio	n	Employer i			mber
		BOYS AND GIRLS REPUBLIC, INC.	13-5	556297	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	n committee Written employment contract				
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only assting 504/	(V2) E01(a)(A) and E01(a)(20) and entire the must some the lines E 0				
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	UII			
~	contingent on the r			5a		x
d h		ation?		5a 5b		X
u		ation? r 5b, describe in Part III.		<u>5b</u>		
e		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r		011			
2				6a		x
		ation?				X
D.		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	re i			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
5		ported on rom 950, Part VII, paid of accruded pursuant to a contract that was subject to be a contract that was subject to a contract that was subject to be a contract to a contract that was subject to be a contract that was subject to be a contract to a contract that was subject to be a contract to be a contract that was subject to be a contract to be a contract to be a contract that was subject to be a contract to be a contract that was subject to be a contract to be a contr		8		x
9		d the organization also follow the rebuttable presumption procedure described in				
3		a the organization also follow the rebuttable presumption procedure described in a same state of the		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2015

532111 10-14-15

35

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID GARZA	(i)	0.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR/BOARD MEMBER	(ii)	240,380.	0.	430.	24,091.	10,696.	275,597.	0.
(2) JOSEPHINE LUME	(i)	0.	0.	0.	0.	0.		0.
CFO/BOARD MEMBER	(ii)	180,641.	0.	280.	15,647.	4,772.	201,340.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

ALL COMPENSATION REPORTED ON SCHEDULE J IS PAID BY HENRY STREET SETTLEMENT,

A RELATED ORGANIZATION. THE FOLLOWING WERE USED BY HENRY STREET SETTLEMENT

TO ESTABLISH THE COMPENSATION OF THE CEO:

-COMPENSATION COMMITTEE

-INDEPENDENT COMPENSATION CONSULTANT

-FORM 990 OF OTHER ORGANIZATIONS

-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for 100 or 10	orm990.	Open to Public Inspection
Name of the organization	BOYS AND GIRLS REPUBLIC, INC.		identification number 562975
FORM 990, PAR	T VI, SECTION A, LINE 6:		
BOYS AND GIRI	S REPUBLIC, INC. IS A MEMBERSHIP ORGANIZATION	N. THE	
ORGANIZATION	S SOLE MEMBER IS HENRY STREET SETTLEMENT.		
FORM 990, PAF	T VI, SECTION A, LINE 7A:		
HENRY STREET	SETTLEMENT APPOINTS THE BOARD OF DIRECTORS OF	F THE	
ORGANIZATION			
FORM 990, PAR	T VI, SECTION B, LINE 11:		
THE FORM 990	IS REVIEWED BY MANAGEMENT AND THE FINANCE CON	MITTE	E OF THE
BOARD OF DIRE	CTORS. IN ADDITION, A COMPLETE COPY OF THE R	ETURN	IS PROVIDED
TO THE FULL E	SOARD ELECTRONICALLY PRIOR TO FILING WITH THE	IRS.	
FORM 990, PAR	T VI, SECTION B, LINE 12C:		
BOYS AND GIRI	S REPUBLIC, INC. MAINTAINS A CONFLICT OF INT	EREST	POLICY TO
MONITOR TRANS	CACTIONS WITH RELATED PARTIES. CONFLICT OF IN	FEREST	FORMS ARE
SIGNED BY UPP	PER MANAGEMENT STAFF AND THOSE WITH AUTHORITY	TO EN	TER INTO
PURCHASING AG	REEMENTS OR MAKE DECISIONS ON BID PROCESSES.	ANY P	OTENTIAL
CONFLICTS OF	INTEREST ARE LISTED, INCLUDING EMPLOYMENT WIT	TH OR	INTEREST
HELD IN A COM	IPANY WITH WHOM THE ORGANIZATION MAY DO BUSIN	ESS. T	HE SIGNED
FORMS ARE OB	AINED BY THE EXECUTIVE OFFICE AND REVIEWED BY	Y THE	CFO. A LIST
OF POTENTIAL	CONFLICTS IS COMPILED BY THE CFO AND SHARED W	VITH T	HE
CONTROLLER AN	ID PURCHASING MANAGER. THE LIST IS CROSS REFE	RENCED	IN BID
PROCESSES TO	ENSURE THAT POTENTIAL CONFLICTS ARE MANAGED	INDEPE	NDENTLY AND
THAT THOSE IN	I CONFLICT ARE REMOVED FROM THE FINAL DECISION	N. A C	OPY OF THE
	SHARED WITH THE A/P MANAGER TO CROSS REFERENCE		
LHA For Paperwork Re 532211 09-02-15	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule U (Forn	1 990 or 990-EZ) (2015)

BOYS AND GIRLS REPUBLIC, INC.	13-5562975
THE LIST OF POTENTIAL CONFLICT BUSINESS NAMES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMPENSATION IS SET AND REVIEWED BY HENRY S	TREET SETTLEMENT,
INC. ("THE SETTLEMENT"), A RELATED TAX-EXEMPT ORGANIZATIO	N. THE
COMPENSATION COMMITTEE OF THE SETTLEMENT, A SUBCOMMITTEE	OF THE BOARD OF
DIRECTORS, MEETS ANNUALLY TO REVIEW COMPENSATION LEVELS F	OR THE EXECUTIVE
DIRECTOR BY ANALYZING SALARY FOR THE EXECUTIVE DIRECTOR A	T OTHER COMPARABLE
AGENCIES AND REVIEWING PRINTED MATERIALS FROM UMBRELLA AG	ENCIES FOR
NONPROFIT SALARIES SUCH AS UNH AND NPCC. SALARY LEVELS AR	E REVIEWED TO
ENSURE THE ORGANIZATION IS PAYING ADEQUATE BUT NOT EXCESS	IVE COMPENSATION.
THE REVIEW PROCESS WAS LAST PERFORMED ON JUNE 14, 2016 AN	D WAS DOCUMENTED
IN THE MINUTES OF THE GOVERNING BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST. ADDITIONALLY, THE FORM 990 CAN BE FOUND ON GUIDE	STAR.ORG AND
SIMILAR WEBSITES.	

FORM 990, PART IX, LINE 11G, OTHER FEES:

INSTRUCTOR FEES:

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

64,275. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES Ο. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 64,275.

PROGRAM CONSULTANTS:

532212 09-02-15

Page 2

Employer identification number

14400511 756359 1176318.003 2015.05070 BOYS AND GIRLS REPUBLIC, IN 11763181

39

Name of the organization BOYS AND GIRLS REPUBLIC, INC.	Employer identification num 13-5562975
PROGRAM SERVICE EXPENSES	54,12
MANAGEMENT AND GENERAL EXPENSES	7,21
FUNDRAISING EXPENSES	
TOTAL EXPENSES	61,34
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	125,61
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS FROM DISPOSAL OF FIXED ASSETS	-2,51
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBI	LITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND S	ELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	THE PRIOR
YEAR.	

SCHE	EDULE R

(Form 990)

· · ·

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

BOYS AND GIRLS REPUBLIC, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HENRY STREET SETTLEMENT - 13-1562242							
265 HENRY STREET							
NEW YORK, NY 10002	COMMUNITY SERVICES	NEW YORK	501(C)(3)	LINE 7	N/A		x
HENRY STREET HOUSEKEEPING ASSISTANCE							
SERVICES, INC 13-4316332, 301 HENRY	HOUSEKEEPING				HENRY STREET		
STREET, NEW YORK, NY 10002	SERVICES/INACTIVE	NEW YORK	501(C)(3)	LINE 7	SETTLEMENT		x
SECOND HENRY STREET HOUSING DEVELOPMENT FUND							
CORPORATION - 47-0859350, 290 EAST 3RD	1				HENRY STREET		
STREET, NEW YORK, NY 10009	HOUSING	NEW YORK	501(C)(3)	PF	SETTLEMENT		X
HENRY STREET HOUSING DEVELOPMENT FUND							
CORPORATION - 13-3485747, 309 HENRY STREET,	1				HENRY STREET		
NEW YORK, NY 10002	HOUSING PROGRAM/INACTIVE	NEW YORK	501(C)(3)	PF	SETTLEMENT		x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

13-5562975

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organia	rolled zation?
				501(c)(3))		Yes	No
HENRY STREET SETTLEMENT HEALTH CORPORATION -	_						
51-0499391, 40 MONTGOMERY STREET, NEW YORK,	4				HENRY STREET		
NY 10002	HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	SETTLEMENT		X
	7						
	1						
	1						
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	-						
	-						
	_						
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	4						
	4						
	4						
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Schedule R (Form 990) 2015 BOYS AND GIRLS REPUBLIC, INC.

13-5562975 Page 2

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

						i			1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	nant income , unrelated, rom tax under		Disproportionate allocations?					Percentage ownership
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
										-		
	1											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) b)(13) rolled ity?
		country)				400010		Yes	No
HENRY STREET HOMECARE SERVICES, INC									
13-4072588, 265 HENRY STREET, NEW YORK, NY									
10002	HOMECARE SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
	-								
	-								

Schedule R (Form 990) 2015 BOYS AND GIRLS REPUBLIC, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this sch	edule.				_		Yes	No
1 During the tax year, did the organization engage in any of the follow	ving transaction	s with one or more r	elated organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a	controlled entity	/				1a		X
b Gift, grant, or capital contribution to related organization(s)						1b		X
c Gift, grant, or capital contribution from related organization(s)						1c	Х	
d Loans or loan guarantees to or for related organization(s)						1d		X
e Loans or loan guarantees by related organization(s)						1e		X
f Dividends from related organization(s)						1f		X
g Sale of assets to related organization(s)						1g		Σ
h Purchase of assets from related organization(s)						1h		Σ
i Exchange of assets with related organization(s)						1i		2
j Lease of facilities, equipment, or other assets to related organization						1j		Σ
k Lease of facilities, equipment, or other assets from related organiza	ition(s)					1k		X
Performance of services or membership or fundraising solicitations	for related orga	inization(s)				11		Σ
m Performance of services or membership or fundraising solicitations	by related orga	nization(s)				1m		2
n Sharing of facilities, equipment, mailing lists, or other assets with re						1n		2
o Sharing of paid employees with related organization(s)						10	Х	
p Reimbursement paid to related organization(s) for expenses						1p	Х	
q Reimbursement paid by related organization(s) for expenses						1q		2
r Other transfer of cash or property to related organization(s)						1r		2
s Other transfer of cash or property from related organization(s)						1s		2
If the answer to any of the above is "Yes," see the instructions for i							-	-
(a)		(b)	(c)		(4)			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2015 BOYS AND GIRLS REPUBLIC, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs Yes	e) all s sec. :)(3) 5.? No	(f) Share of total income	(g) Share of end-of-year assets	(F Dispr tior alloca	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partner Yes N	(k) or Percentage ovnership

Schedule R (Form 990) 2015

Part VII	Supplemental Information

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

(Farme 000) 004F
(Form 990) 2015
11763181
(Form 990) 2 1176318

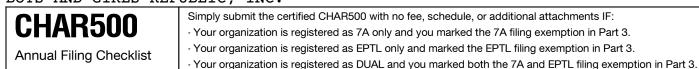
CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

1.General Informat	ion							
For Fiscal Year Beginning	g (mm/dd/yyyy)	07/01/20	015 and Ending (r	mm/dd/yyyy) 06/30/2	2016			
Check if Applicable:	Name of Organization:Employer Identification Number (EIN)BOYS AND GIRLS REPUBLIC, INC.13-5562975							
Name Change	Mailing Address: 265 HENR	NY Registration Number: $00-44-64$						
Final Filing	City / State / ZIP: NEW YORK	, NY 10	Telephone: 212 766-9200					
Reg ID Pending	Website: N/A	Website: Email:						
Check your organization's					Confirm your Registration Category in the			
registration category:	7A only	EPTL onl	ly X DUAL (7A &		Charities Registry at <u>www.CharitiesNYS.com</u>			
2. Certification								
See instructions for certif	ication requiremen	ts. Improper ce	ertification is a violation	of law that may be subject	to penalties.			
			, , ,	all attachments, and to the of the State of New York a	e best of our knowledge and belief, pplicable to this report.			
President or Authorized	Officar			DAVID GARZA EXECUTIVE I				
Fresident of Additionzed		ature		Print Name				
	Sign	ature		JOSEPHINE				
Chief Financial Officer or	Treasurer:			CFO				
	Sign	ature		Print Name	e and Title Date			
3. Annual Reporting	Exemption							
		ling. If your org	ganization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both			
categories (DUAL filers) th	nat apply to your re	egistration, con	mplete only parts 1, 2, a	nd 3, and submit the certifi	ied Char500. No fee, schedules, or			
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable								
schedules and attachmer	nts and pay applica	able fees.						
	v		•		overnment agencies, etc, did not			
					raising counsel (FRC) to solicit			
contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and A	ttachments							
See the following page								
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer								
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to								
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filing fee:	E	EPTL filing fee:	Total fee:	Make a single-check or money order			
next page to calculate yo	ur				payable to:			
fee(s). Indicate fee(s) you	•			ф <u>Э</u> лг	"Department of Law"			
are submitting here:	\$	25.	§ <u>250.</u>	\$ <u>275.</u>				

⁵⁶⁸⁴⁵¹ 12-22-15 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2015) 2

BOYS AND GIRLS REPUBLIC, INC.



Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- UI Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- X Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- **X** \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ____ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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CHAR500

Open to Public Inspection

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information				
Name of Organization:	NY Registration Number:			
BOYS AND GIRLS REPUBLIC, INC.	00-44-64			

2. Government Grants

Name of Government Agency	Amount of Grant
1.NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVEL	1. 295,690 .
2.NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE	2. 226,993.
3.NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES	3 _. 75,210.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 597,893.

⁵⁶⁸⁴⁸¹ ¹²⁻²²⁻¹⁵ 1019 CHAR500 Schedule 4b: Government Grants (Updated December 2015)