990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2016

CLIENT GORY 545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2016 calend	ar year, or t	ax year begini	ning		1 , 2016, and e	nding		06-	30 , 2017
		pplicable:	C Name of org	ganization BOYS	& GIRLS CLU	B OF HERNANDO	COUNT	***		D	Employer identification no.
П	Address c	hange	Doing busin	ess as							59-3550575
	Name cha	-			if mail is not delivered to	street address)		Room/s	uite	E	Telephone number
		-	•	APPLEGATE		,				ı	(352)666-0068
_	Initial retu					on neatel code				一	1,460,433
닏	Final retur	rn/terminated			country, and ZIP or foreign	gn postar code					Gross receipts\$
Ц	Amended	return		G HILL, FI				11/->			subordinates? Yes No
	Applicatio	n pending		address of principal		KELLY					
				AS C ABOVE	3			— H(b)			included? Yes No
L	Tax-exem	pt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or !	527				list. (see instructions)
J	Website:	► N/A							Group exer		
K	Form of o	rganization: 🛚	Corporation	Trust Asso	ociation Other >		Year of formation:	L999	M State	of legal	domicile: FL
Pa	irt I	Summar	у								
	1	Briefly descr	ibe the orgar	nization's missi	on or most significa	nt activities: DISA	DVANTAGED Y	OUTH	PROGRA	MS	
ဥ											
nai											
Governance	2	Check this b	ox ▶ ☐ if th	ne organization	discontinued its op	erations or disposed	of more than 25%	of its net	assets.		
တိ	3				ning body (Part VI,					3	8
≪						ody (Part VI, line 1b)				4	7
Ęį.	4					6 (Part V, line 2a)				5	107
Activities	5									6	7
Ϋ́	6), line 12				7a	0
										7b	0
	b	Net unrelate	d business to	axable income	from Form 990-1, II	ne 34				1.0	Current Year
									rior Year	005	
	8	Contribution	,885								
Revenue	9										
Ş.	10					1)				255	146
8	11					c, and 11e)					0
	12					I, column (A), line 12)			1,360	,337	1,460,433
	13	Grants and	similar amou	nts paid (Part I	X, column (A), lines	: 1-3)					0
	14	Benefits paid	d to or for me	embers (Part IX	(, column (A), line 4)					0
	15	Salaries, oth	ner compens	ation, employee	e benefits (Part IX,	column (A), lines 5-10)		1,038	,206	1,106,678
Expenses	16a	Professiona	I fundraising	fees (Part IX, c	olumn (A), line 11e)				**********	0
ĕ	ь					>					
X	17					le)			333	,848	385,118
	18					mn (A), line 25)			1,372	,054	1,491,796
	19								(11	,717	(31,363)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Beginnin	g of Current	Year	End of Year
ts o	20	Total assets	(Part X line	16)					352	,085	324,251
Asse	21								3 8	,909	34,351
Net Assets or	22								313	,176	289,900
	art II		re Block								
Line	for popult	ios of periupu I de	clare that I have	examined this retu	ırn, including accompany	ring schedules and statemen	nts, and to the best of n	ny knowled	ge and belie	, it is	
true	e, correct,	and complete. De	eclaration of pres	parer (other than off	icer) is based on all infor	mation of which preparer ha	s any knowledge.				
				_							,
Sig	an.		IUA KELLY							Date	
-	_	, , , , , , , , , , , , , , , , , , ,									
He	re				XECUTIVE OFF	TCEK					
		Type or	print name and	title			Date			1	
		Print/Type pr	reparer's name		Preparer's signature		Date		Check	1	PTIN
Pa	id	Richar	d E Jan	osko CPA					self-employ	ed	P00953428
Pr	epare	Firm's name	>	R E Jano	sko & Associ	ates LLC		Firm's	EIN 🕨		
Us	e Onl	y Firm's addre	ss ►	11215 Sp	ring Hill Dr	;		Phone			
				Spring H	Hill FL 34609)			2	03-3	00-2052
N.A.	, the ID	S discuss this	roturn with	the preparer sh	nown above? (see i	nstructions)					🛛 Yes 🗌 No

59-3550575

Page 2

Parl	Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			-
1	Is the organization described in section 501(c)(3) of 4947(a)(1) (other trial of private rosands to system).	1	X	
	complete Schedule A	2		<u>X</u>
2	Is the organization required to complete Schedule B, S			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
_	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
_	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
^	Did the examination maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	3.7
	"Voo." complete Schedule D. Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
7	the environment historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the ergonization maintain collections of works of art, historical treasures, or other similar assets? If Yes,			v
0	complete Schedule D. Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
10	and symposts, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			(300000000)
а	Bid the exceptration report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
	complete Schedule D. Part VI	Ha	1	
b	and the second an amount for investments - other securities in Part X, line 12 that is 5% or more	11b		Х
	of the total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VII	115		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% of Thore	11c		X
	at the total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VIII	.,,		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
	reported in Part V, line 162 If "Yes," complete Schedule D. Part IX	11e		Х
е	Did the experience report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule B, Furt X			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's separate of echiconates with the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 7es, complete estretain 2	14a		X
14a	Did the organization maintain all titlet. Elliployees, or agents outside of the			
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			
	fundraising, business, investment, and program service activities distinct the foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
4.0	Bid the association report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
4-7	Bid the expenization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
40	Did the experiencies report more than \$15,000 total of fundraising event gross income and contributions on	1		
18	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?	1		77
13	If "Yes," complete Schedule G, Part III	19		(004C)
	n voj seriptor entre de la constanta de la con	Forr	n 990	(2016)

1.41	AND CHOCKING C. NO.		Yes	No
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
b	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22		22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer Yes to Part VII, Section A, line 3, 4, or 3 about compensation or the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
	employees? If "Yes," complete Schedule J			
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	24a		X
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exemption			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		-
d	Did the organization act as air on behalf or issuel for bonds outstanding at any time during the year.	2.40		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	LJa		
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?	25b		X
	If "Yes," complete Schedule L, Part I	230		122
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	26		X
	disqualified persons? If "Yes," complete Schedule L, Part II	20		122
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		23
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):	28a	£0,000,000	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		21
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
	Schedule L, Part IV	200		- 21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		122
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	30	 	121
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
	Part I	31	 	+
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II	32	-	122
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	12
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		X
	or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			v
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization?If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			٦,
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		4,7	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	. ,			
		1	p	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	O		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
Ĭ	reportable gaming (gambling) winnings to prize winners?		1c	X	one or a second
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
2 0	Statements, filed for the calendar year ending with or within the year covered by this return	2a	107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	ty			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		X
h	If "Yes," enter the name of the foreign country:				
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ts			
- -	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Χ
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Χ
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
6a			6a		X
t.	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
b	gifts were not tax deductible?		6b		
-	Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а			7a		
	and services provided to the payor?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
С	required to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	99 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109.	8-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	he			
8	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
9	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a			9b		
b 10	Section 501(c)(7) organizations. Enter:				
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
ь 11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources				
b	against amounts due or received from them.)	11b			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a		i
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.				
13			13a		
а	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				
b	the organization is licensed to issue qualified health plans	13b			
_	the organization to morne at a second	13c			
C			14a	Γ	Х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No, provide all explanation in Genedate 5			- 000 //	

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

Section A.	Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		_		162 14	Ŭ.
1a	Enter the number of voting members of the governing body at the end of the tax year	8			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	_			
b	Enter the number of voting members included in line 1a, above, who are independent	7			353
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_		,
	any other officer, director, trustee, or key employee?		2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct		_	_	,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3	2	
4	Did the organization make any significant changes to its governing accuments and provident and provident changes to its governing accuments and provident and provident changes to its government and accuments and provident changes to its government and accuments are accuments and accuments and accuments and accuments and accuments are accuments and accuments are accuments and accuments are accuments and ac		4	<u> }</u>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	<u>}</u>	
6	Did the organization have members or stockholders?		6	Σ	<u>`</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_	_
	one or more members of the governing body?		7a	2	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				_
	stockholders, or persons other than the governing body?		7b	Σ	₹
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	2	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
					ło
10a	Did the organization have local chapters, branches, or affiliates?		10a	7	Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	ots?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
_	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
100	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	ction C. Disclosure	, , , , , , , , , , , , , , , , , , , ,	·····		
17	List the states with which a copy of this Form 990 is required to be filed Florida				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly)			
10	available for public inspection. Indicate how you made these available. Check all that apply.	• •			
	□ Own website □ Another's website □ Upon request □ Other (explain in Schedule O)				
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and			
19	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
20	JOSHUA KELLY (352)666-0068, 5404 APPLEGATE DRIVE, SPRING HILL, FL 34606				
	JUDRIUM REHLI (352/000-0000, 3404 AFFEEGATE BRIVE, BEATTO MILL, TE 31000		Form	990 (20	16)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)	Position (do not check more than one				nan one		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box.	unles	s per	son is	s both ar /trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOSHUA KELLY	40.00									
CHIEF EXECUTIVE OFFICER		X		X				56,873	0	0
(2) AMY KRAUS TRESURER	10.00	Х		Х				C	0	0_
(3) ANN MCHUGH VICE PRESIDENT	5.00	Х		Χ				C	0	00
(4) NOREEN ST JEAN PRESIDENT	10.00	Х		Х				C	0	0
(5) PHIL LAKIN DIRECTOR	3.00	Х						(0	0
(6) DIANA POPOVICH DIRECTOR	3.00	Х						(0	0
(7) MARY LEDOUX DIRECTOR	3.00	Х							0	0
(8) LAURA SHERMAN DIRECTOR	3.00	Х						(0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(13)</u>										
(14)										

raii	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>											
(16)_											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total										
c d	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)								56,873	0	0
2	Total number of individuals (including but not limited	to those list	ed abo	ve)	who	rece	eived r	nore			
	reportable compensation from the organization									0	Yes No
3	Did the organization list any former officer, director				/ee, (or hi	ghest	com	pensated		3 X
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of rep	<i>I for such inc</i> portable com	<i>lividuai</i> pensat						ation from the		3 22
7	organization and related organizations greater than	\$150,000? /i	f "Yes,	" coi	mple	te S	chedu	le J	for such		
	individual					 Intor		 niza	tion or individual		4 X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"										5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensa compensation from the organization. Report compe	ted independ ensation for th	ent coi ne cale	ntrad enda	ctors r yea	that ir en	t receiv ding w	ved vith (more than \$100,00 or within the organi	0 of zation's tax	
	year.										(C)
	(A) Name and business address								(B) Description of	services	Compensation
	Name and obsiness dutiess										
				w							
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) v	who			

received more than \$100,000 of compensation from the organization

		Check if Schedule O contains a respon	se or no	ote to any line in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	1a]			
ant	b	Membership dues	1b					
ษัต	С	Fundraising events	1c	23,496]			
ifts ar A	d	Related organizations	1d		1			
iii.	e	Government grants (contributions)	1e	67,038]			
ion er S	f	All other contributions, gifts, grants,			1			
the State	•	and similar amounts not included above	1f	121,067				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1	a-1f: \$					
υ _α	h	Total. Add lines 1a-1f			211,601			
				Business Code				
e	22	REGISTRATION FEES		624410	1,248,686	1,248,686		
Program Service Revenue	b	:						
e R	c							
ervic	d							
E S	e							
ogra		All other program service revenue						
Pr		Total. Add lines 2a-2f			1,248,686			
	3	Investment income (including dividends, ir and other similar amounts)	iterest,		146	146		
	4	Income from investment of tax-exempt bor						
	5	Royalties						
	_	(i) Re		(ii) Personal				
	6a	Gross rents]			
	b	Less: rental expenses]			
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of assets other than inventory		(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			1			
		Net gain or (loss)						
Φ		Gross income from fundraising						
enı		events (not including \$ 23,4	196					
Še		of contributions reported on line 1c).						
Other Revenue		See Part IV. line 18	a					
돧	b	Less: direct expenses	b					
_		Net income or (loss) from fundraising ever						
	1	Gross income from gaming activities.						
		See Part IV, line 19	а					
	ь	Less: direct expenses						
	•	Net income or (loss) from gaming activitie						
		Gross sales of inventory, less						
	iva	returns and allowances	a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of invento						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		<u> </u>	1,460,43	1,248,832	4	7 000 (2016)

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising Management and Program service expenses general expenses expenses 8b, 9b, and 10b of Part VIII. 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 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members . . . Compensation of current officers, directors. 5 56,873 56,873 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 151,804 806,944 958,748 7 Pension plan accruals and contributions (include 4,357 6,750 section 401(k) and 403(b) employer contributions) 11,107 9 63,774 16,176 79,950 10 Fees for services (non-employees): 11 а 950 950 b 4,200 4,200 Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 4,908 5,261 353 12 13 4,516 18,605 14,089 14 15 2,303 2,303 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,287 5,523 2,236 Conferences, conventions, and meetings 19 20 21 509 26,659 26,150 Depreciation, depletion, and amortization 22 32,674 18,634 51,308 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,929 18,194 13,265 AUTO а 11,410 704 12,114 BACKGROUND CHECKS 8,909 113 9,022 BANK SERVICE CHARGES С 10,141 895 11,036 DUES AND SUBSCRIPTIONS d 13,174 37,457 169,312 219,943 All other expenses e 13,174 330,657 1,147,965 1,491,796 Total functional expenses. Add lines 1 through 24e 25 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)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 75,169 100,329 1 2 2 3 3 98,189 4 98,653 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L. 18,187 7 18,883 Notes and loans receivable, net 7 4ssets 8 8 9 2,721 4,235 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D | 10a 231,084 129,985 129,985 10c 101,099 b 11 11 12 12 13 13 14 14 15 15 324,251 16 352,085 16 27,017 17 34,351 17 11,892 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 34,351 38,909 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 289,900 313,176 27 27 28 28 29 29 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 289,900 33 313,176 33 324,251 352,085 34 Form 990 (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

Χ

3a

3b

Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

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 2016

Open to Public Inspection

Internal Revenue Service

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

		organization					50 00-00-					
30Y	S &	GIRLS CLUB OF HERNANDO C	COUNT				59-355057					
	rt l	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part.) See instruction	8.				
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.))						
1		A church, convention of churches, or a	ssociation of churc	thes described in section	n 1/U(b)(1)(A)(I).						
2		A school described in section 170(b)(1)(A)(ii). (Attach S	chedule E (Form 990 or s	990-E∠).)	•••						
3		A hospital or a cooperative hospital se	rvice organization (described in section 170	(b)(1)(A)(i	III).	/AN/200					
4		A medical research organization opera	ted in conjunction	with a hospital described	in section	1 170(b)(1)	(A)(III). Enter the					
		hospital's name, city, and state:					t to the sales					
5		An organization operated for the benef	fit of a college or ur	iversity owned or operat	ed by a go	vernmenta	i unit described in					
		section 170(b)(1)(A)(iv). (Complete P										
6		A federal, state, or local government of	r governmental uni	t described in section 17	70(b)(1)(A))(v).	u					
7		An organization that normally receives			ernmental	unit or from	the general public					
		described in section 170(b)(1)(A)(vi).										
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)			h a land aront collogo					
9		An agricultural research organization of	described in sectio	n 170(b)(1)(A)(ix) opera	ted in conj	unction with	n a land-grant college	!				
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	e name, cit	y, and state	e of the college of					
	===	university:	//\	4 /00/ - 5 it	a a a tributio	ne mombe	orchin fees and gross					
10	X	An organization that normally receives	s: (1) more than 33	things to postain expension	on and (2) no more t	han 33 1/3% of its	,				
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after Jun	and unrelated bus	ction 509/a)/2) (Comple	ete Part III	1						
	_	An organization organized and operate	e 30, 1973. See se ed evolusively to te	st for public safety. See	section 50))9(a)(4).						
11		An organization organized and operate	ed exclusively to the	ne benefit of to perform	the functio	ns of, or to	carry out the purpose	es				
12	Ш	of one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	509(a)(2). S	See section 509(a)(3)	١.				
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization a	nd complet	e lines 12e, 12f, and	12g.				
	а	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	а	the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the di	rectors or to	rustees of the					
		supporting organization. You must										
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its suppo	rted organi:	zation(s), by having					
	~	control or management of the sup	porting organizatio	n vested in the same per	sons that	control or n	nanage the supported	İ				
		organization(s). You must comp										
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	n, and funct	tionally integrated with	٦,				
		its supported organization(s) (see	instructions). You	must complete Part IV	, Sections	A, D, and	E.					
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its su	upported organization	(s)				
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution	requiremer	it and an attentivenes	S				
		requirement (see instructions). You	ou must complete	Part IV, Sections A and	d D, and P	art V.						
	е	Check this box if the organization	received a written	determination from the II	RS that it is	s a Type I,	Type II, Type III					
		functionally integrated, or Type III		tegrated supporting orga	nization.				<u> </u>			
	f	Enter the number of supported organi										
	g	Provide the following information about			T		[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(vi) Amou	unt of			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	,	organization ur governing	(v) Amount of monetary support (see	other supp				
				above (see instructions))	docun	nent?	instructions)	instruct	ions)			
					Yes	No						
(A)												
(B)												
		A STATE OF THE STA										
(C)												
(D)												
(E)	-											
\ <u>-</u> /		we was the same of										
			[[1			ļ				

59-3550575

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.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0040	(h) 2012	(a) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(u) 2013	(6) 2010	(i) i otal
7 8	Amounts from line 4						
	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			n, or fifth tax year a	as a section 501(c)(3)	
Sec	tion C. Computation of Public S	upport Percen	tage				0/
14	Public support percentage for 2016 (line 6,			†))		14	<u>%</u> %
15	Public support percentage from 2015 Sched	dule A, Part II, line				15 this	/0
16a	33 1/3% support test - 2016. If the organiz				1/3% or more, chec	K triis	▶ □
	box and stop here. The organization qualifi	es as a publicly su	oported organizatio				🗲 📋
b	33 1/3% support test - 2015. If the organiz				5 33 1/3 /6 OI IIIOI e,		▶ □
	this box and stop here . The organization q	ualifies as a publici	/ supported organiz				🗀
17a	10%-facts-and-circumstances test - 2016	o, ir the organization	matanaca" taat ah	ook this hov and	stop bere Evolain	in	
	10% or more, and if the organization meets	the "facts-and-circ	umstances test, ci	ieck this box and a	s a publicly support	od	
	Part VI how the organization meets the "fac	us-and-circumstant	es test. The organ	iization qualities at	s a publicity support		▶ □
	organization				16h or 17a and lin		,
b	10%-facts-and-circumstances test - 2015	o. if the organization	i uiu iiot check a bo	or check this hav	and stop here		
	15 is 10% or more, and if the organization r	neets the "facts-and	u-circumstances" (e	The organization	and stop nere. qualifies as a public	clv	
	Explain in Part VI how the organization mee	ets the "tacts-and-c	ircumstances test.	rne organization	quannes as a publi		▶ □
40	supported organization	not check a hov on	line 13 16a 16h		this box and see		
18	instructions						• 🔲
			<i></i>	· · · · · · · · · · · · · · · · · · ·			

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

Public Support	
If the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete day) by the state of the state of the property of the state	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I	i I .
the state of the s	11

Sec	tion A. Public Support	т			4.0.0045	(-) 004C	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	921,505	1,132,356	1,177,613	1,360,082	1,460,289	6,051,845
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						au.
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				1 260 000	1,460,289	6,051,845
6	Total. Add lines 1 through 5	921,505	1,132,356	1,177,613	1,360,082	1,400,209	0,031,043
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						6,051,845
Sec	tine 6.)		<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	921,505	1,132,356	1,177,613	1,360,082	1,460,289	6,051,845
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220	164	368	255	146	1,153
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						3 152
С	Add lines 10a and 10b	220	164	368	255	146	1,153
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						6,052,998
	First five years. If the Form 990 is for the o organization, check this box and stop here			or fifth tax year as	a section 501(c)(3	3) 	▶ □
Se	ction C. Computation of Public S	upport Percen	tage		www.	15	99.98 %
15	Public support percentage for 2016 (line 8, c	column (f) divided by	y line 13, column (†)	′′		16	99.98 %
16	Public support percentage from 2015 Scheo	Jule A, Part III, line 1				16	99.90 /0
Se	ction D. Computation of Investme	ent Income Pe	rcentage	1 (6)		17	0.00 %
17	Investment income percentage for 2016 (line	e 10c, column (f) div	vided by line 13, co	iumn (f))		18	0.00 %
18	Investment income percentage from 2015 S	chedule A, Part III, I				L	
	33 1/3% support tests - 2016. If the organizer is not more than 33 1/3%, check this box	cand stop here. The	e organization quai	ities as a publicly s	apported organiza		> 🛚
b	33 1/3% support tests - 2015. If the organiline 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	quaimes as a publi	ciy supported orga	1112411011	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, cneck this box ar	iu see instructions		orm 990 or 990-FZ) 201

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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?
- 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.)

	Yes	No
1		84688656-T
	500000000	
3a		
		88986688
3b		30000000000000000000000000000000000000
3c		
4a	000000000000	
-7G		
	.	
4b	pasas aparab	raudostatatata
- TU		
10	1	Į.
5a		
5b		
50	 	
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l		econiovii.
7		
8		
	1	
		1
9a		
9a		
9a		
9a 9b		
9a 9b		
9a 9b 9c		

	tiV Supporting Organizations (continued)		
i tar	tare outporting organization	Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		
- 11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
а	A person who directly or indirectly controls, enter alone or together man persons the decapitation?	11a	
	below, the governing body of a supported organization?	11b	
þ	A family member of a person described in (a) above?	11c	
<u> </u>	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.	110	
Sec	tion B. Type I Supporting Organizations	Yes	No
		103	
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	
	Organizations and what conditions of Fouriertons, it any, speaking it		
_	Did the organization operate for the benefit of any supported organization other than the supported		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	l consumer
	supervised, or controlled the supporting organization.	1-	1
Sec	tion C. Type II Supporting Organizations	Yes	No
		165	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	
500	tion D. All Type III Supporting Organizations		
Sec	Clott D. All Type III oupporting Organizations	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	x l	
	organization's tax year, (i) a written house describing the type and difficulties of notification, and (iii) copies of the		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
2	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	
500	stion E. Type III Eunctionally-Integrated Supporting Organizations		
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	: instructio	ns):
1	The state of the Astritica Test Complete line 2 helow		
	The state of each of its supported organizations. Complete line 3 Delow.		
k	The organization is the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instr	uction
(The organization supported a governmental entity. Describe in that the first year supported a governmental entity.	Yes	No
2	Activities Test. Answer (a) and (b) below.		
á	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined	3-	
	that these activities constituted substantially all of its activities.	2a	
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
•	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	
_	Parent of Supported Organizations. Answer (a) and (b) below.		
3	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
;	Did the organization have the power to regularly appoint of elect a majority of the ornority and organizations.	3a	
	trustees of each of the supported organizations? Provide details in Part VI.	000000000000000000000000000000000000000	
	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	. Logistaria de Valla
	of its supported organizations? If "Yes," describe in Fart VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	ganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organia	zation	ns must complete Section	ns A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	0.0000000000000000000000000000000000000		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/-integ	grated Type III supportin	g organization (see

instructions).

	tle A (Form 990 or 990-EZ) 2016 BOYS & GIRLS CLUB OF HERN Type III Non-Functionally Integrated 509(a)(3		59-35:	50575 Page 7					
Par	Current Year								
	Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes								
	- AMARIAN - I - AMARIN III - I								
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported							
	organizations, in excess of income from activity								
	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions						
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 the	e organization is respon	sive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2016 from Section C, line 6	AND							
10	Line 8 amount divided by Line 9 amount		/::\	/:::\					
		(i)	(ii) Underdistributions	(iii) Distributable					
S	Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016					
			Pre-2010	Amount for 2010					
1_	Distributable amount for 2016 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2016								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2016:								
а									
<u>b</u>									
	From 2013								
	From 2014								
	From 2015								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2016 distributable amount								
<u>i</u> _	Carryover from 2011 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2016 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2013								
	5								
C	Excess from 2014								

d Excess from 2015 e Excess from 2016

SCHEDULE D (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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection

307	S & GIRLS CLUB OF HERNANDO COUNT	59-3550575
Pai		
4 GI	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
3	Aggregate value at end of year	
4	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
5	funds are the organization's property, subject to the organization's exclusive legal control?	
c	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	-
6	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Da	t II Conservation Easements.	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
1	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat Preservation of a certified his	· ·
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution con	servation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
C C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
d	historic structure listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
3		
4	tax year ► Number of states where property subject to conservation easement is located ►	
4	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
O	Stall and volunteer riours devoted to morntoning, inspecting, nationing or voluntein, and entering services	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
•	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
٠	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	_

Pai	t III Organizations Maintaining Col	lections of Art, H	Istoricai	reasures,	or Othi	ei Sillillai AS	sets (co	minu	<u> </u>
3	Using the organization's acquisition, accession, and	d other records, check a	iny of the follo	owing that are	a significa	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d Loan or ex	change prog	rams					
b	Scholarly research	e Other	and the second s						
С	Preservation for future generations								
4	Provide a description of the organization's collection	ns and explain how they	further the o	rganization's e	exempt pu	rpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	ve donations of art, hist	orical treasure	es, or other sin	nilar			. г	—
	assets to be sold to raise funds rather than to be ma		organization's	s collection?			. LY	es	∐ No
Pai	rt IV Escrow and Custodial Arranger	ments.				11			
	Complete if the organization answ	vered "Yes" on For	m 990, Pa	irt IV, line 9	, or rep	orted an amou	int on FC	ЖП	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or o	other intermediary for co	ntributions or	other assets r	not		Y	oc [□No
								es [NO
b	If "Yes," explain the arrangement in Part XIII and co	emplete the following tal	ole:		ſ	Λm	ount		
					10	-	ount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance		orow or quet		· · <u>II</u>		Пу	29	No
2a	Did the organization include an amount on Form 99							1	$\overline{\Box}$
b	If "Yes," explain the arrangement in Part XIII. Check Endowment Funds.	k nere if the explanation	nas been pri	ovided on Fait					
Ра	t V Endowment Funds. Complete if the organization answ	vered "Ves" on Fo	m 990 Ps	art IV line 1	n				
			b) Prior year	(c) Two year		(d) Three years back	(e) Four	vears t	ack
4-		(a) Current year	b) I flor year	(0) 1,10 ,00	-	(-)		-	
1a	Beginning of year balance								
b	[··								
С	Net investment earnings, gains, and losses								
_1	Grants or scholarships								
d									
е	Other expenditures for facilities and								
	programs								
f	l l								
g	End of year balance Provide the estimated percentage of the current years.	ar end halance (line 1g	column (a)) l	held as:	L				
2	Board designated or quasi-endowment		001011111 (07)						
a	Permanent endowment %								
C	Temporarily restricted endowment	%							
·	The percentages in lines 2a, 2b, and 2c should equ								
3a	Are there endowment funds not in the possession of		are held and a	administered fo	or the				
ou	organization by:	Ü						Yes	No
	(i) unrelated organizations						. 3a(i)		
	(ii) related organizations						. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations lister	d as required on Sched	ule R? .				. 3b		
4	Describe in Part XIII the intended uses of the organ								
Pa	rt VI Land, Buildings, and Equipme	nt.							
<u> </u>	Complete if the organization ansv	vered "Yes" on Fo	rm 990, Pa	art IV, line 1	1a. See	e Form 990, P	art X, lin	<u>e 10</u>	•
	Description of property	(a) Cost or other basis	1	t or other basis	3	Accumulated	(d) Boo		
		(investment)		(other)	de	epreciation			
1a	Land								
b	Buildings	. 79,7	93			31,584		48,	209
c	Leasehold improvements	. 17,1	65			6,201		10,	964
d	Equipment	. 134,1	26			63,314		70,	812
е	Other								
Tota	II. Add lines 1a through 1e. (Column (d) must equal i	Form 990, Part X, colur	nn (B), line 10	Oc.)		>		129,	985

			Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives		
	eld equity interests		
• • —			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)		1,000	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	A must equal Form 990, Part X, col. (B) line 13.)	I .	
	must equal Form 550, Fait 20, cor. (b) into 100		
Part IX	Other Assets.	ed "Yes" on Form 990	Part IV. line 11d. See Form 990, Part X, line 15.
	Other Assets. Complete if the organization answere		Part IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	
Part IX	Other Assets. Complete if the organization answere		
(1) (2)	Other Assets. Complete if the organization answere		
Part IX	Other Assets. Complete if the organization answere		
(1) (2) (3)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a)	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Other Lightlities	Description 5.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) Other Lightlities	Description 5.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) On (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answere	Description 5.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere inne 25.	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X) 1. (1) Federal	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Other Liabilities. Complete if the organization answere ine 25. (a) Description of liability	5.) ed "Yes" on Form 990,	(b) Book value

Schedu	BOYS & GIRLS CLUB OF HERNANDO COUNT			9-3550575	Page 4
Par	Reconciliation of Revenue per Audited Financial Statem	ents \	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV	, line 12a.	,	
1	Total revenue, gains, and other support per audited financial statements			1	1,838,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	378,016		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2		270 010
е	Add lines 2a through 2d			2e 3	378,018
3	Subtract line 2e from line 1	i · · · i		3	1,400,433
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		4c	
С	Add lines 4a and 4b			5	1,460,433
5	- 11 10/1	ment	s With Expenses		
Pai	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990,	Part I	V. line 12a.		
1	Total expenses and losses per audited financial statements			1	1,877,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
z a	Donated services and use of facilities	2a	378,016		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,287]	
e	Add lines 2a through 2d			2e	385,303
3	Subtract line 2e from line 1	:		3	1,491,796
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		4 1	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,491,796
Pa	rt XIII Supplemental Information.	41 .	JOS Det Vise 4 De	rt V line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 10 a	and 20; Part V, line 4, Fa	rt A, mie	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additio	nai iniormation.		
^ 1	. Other revenues not included on Form 990 (F	Part	XI. line 2d	1)	
UI.	. Other revenues not included on form 350 (2	<u> </u>			
TUE	DIFFERENCE OF 2 IS DUE TO ROUMDING				
Inn	DIFFERENCE OF 2 TO SOU TO INCOME.				
			Marie		

Schedul	e D (Form 99	0) 2016	BOYS	& GIR	LS CLU	B OF	HERNA	ANDO CO	TNUC				59-	3550575	5	Page 5
Parl	XIII	Supi	plemental	Inforn	nation (continu	ued)									
Statistica and	35.00.00.000	9-171											***			
								_	000	/ D		7 3	- 0-1			
02.	Othe	r ex	penses	not	incl	uded	on	Form	990	(Par	t XII	, lin	ie 2a,	<u> </u>		
THE	DIFFER	ENCE I	S DUE TO	воок	VERUS	TAX I	DEPRE	CIATIO	N AND	ROUNDI	NG.					

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															-	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

BOYS & GIRLS CLUB OF HERNAN	DO COUNT					550575			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
				ities. Check all that ar	nnlv				
	sea iunus imougi								
a ☐ Mail solicitations e ☐ Solicitation of non-government grants b ☐ Internet and email solicitations f ☐ Solicitation of government grants									
b Internet and email solicitations									
c Phone solicitations		g ∐	Special tund	fraising events					
d In-person solicitations									
2a Did the organization have a written o	r oral agreement	with any indiv	idual (includ	ing officers, directors,	trustees,				
or key employees listed in Form 990	, Part VII) or entity	/ in connectio	n with profes	ssional fundraising ser	vices?	res No			
b If "Yes," list the 10 highest paid indiv	iduals or entities (fundraisers) p	oursuant to a	igreements under whi	ch the fundraiser is to	oe			
compensated at least \$5,000 by the									
•	-								
A SECTION AND ASSESSMENT OF THE PROPERTY OF TH		(III) Did 6 in	decises boys		(v) Amount paid to	(vi) Amount paid to			
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(or retained by)			
or entity (fundraiser)	(II) Motivity		outions?	from activity	fundraiser listed in col. (i)	organization			
Water the state of		Yes	No		cor. (i)				
1			and the state of t						
2									
3									
3									
4									
5									
6									
7					Distriction .				
8									
9									
10									
Total			🕨						
3 List all states in which the organizatio				tions or has been noti	fied it is exempt from				
registration or licensing.	ir io rogiotoroa or				•				
registration of licensing.									

					ALANMAN AND AND AND AND AND AND AND AND AND A				
						100.200			
				NI-MATHEMATICAL CONTRACTOR OF THE PARTY OF T					
4.400									

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through 5 col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . 23,496 23,496 Less: Contributions Gross income (line 1 minus (23,496) (23,496)line 2) Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages Entertainment 8 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

BOYS & GIRLS CLUB OF HERNANDO COUNT	59-3550575
01. Form 990 governing body review (Part VI, line 11)	
THE EXECTUTIVE DIRECTOR AND THE BOARD OF DIRECTORS REVIEW THE FORM 990	BEFORE IT IS FILED
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD AND THE EXECTUTIVE DIRECTOR REVIEW COMPLIANCE WITH THE POLIC	Y TO INSURE THAT
THERE ARE NO CONFLICTS OF INTEREST.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE COMPENSATION OF THE EXECTUTIVE DIRECTOR IS SET BY A COMMITTEE OF T	HE BOARD OF
DIRECTORS AND IS COMPARED TO THE NATIONAL AVERAGES FOR SIMILIAR POSITIONAL AVERAGES FOR SIMILIAR POSITIONAL AVERAGES.	ONS IN THE U.S.
04. Other officer or key employee compensation (Part VI, line 15b	
THE COMPENSATION OF THE EXECTUTIVE DIRECTOR IS SET BY A COMMITTEE OF T	HE BOARD OF
DIRECTORS AND IS COMPARED TO THE NATIONAL AVERAGES FOR SIMILIAR POSITI	ONS IN THE U.S.
05. Governing documents, etc, available to public (Part VI, line 19)	
THE GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST FROM THE ORGANIZATION	. THE CORPORATIONS
FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE	
06. Explanation of other changes in net assets or fund balances (Part	XI, line 9)
THE AMOUNT OF 8,087 IS A CORRECTION OF PRIOR PERIOD DEPRECIATION	
07. List of other expenses (Part IX, line 24e)	
SCHEDULES OF OTHER EXPENSES ARE ENCLOSED IN THE TAX RETURN AS ATTACHME	NTS TO THE RETURN.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

2016

OMB No. 1545-0172

Department of the Treasury Name(s) shown on return

Internal Revenue Service (99) Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

lentifyina	
enurvina	number

Business or activity to which this form relates

3OY	S & GIRLS CLUB OF			ORM 990	<u> </u>		59-3550575
Par	-						
	Note: If you have any liste						· · · · · · · · · · · · · · · · · · ·
1	Maximum amount (see instructions)				1	
2	Total cost of section 179 property p	laced in service (see instructions) .			2	
3	Threshold cost of section 179 prope	erty before reduct	ion in limitation (see i	nstructions)		3	
4	Reduction in limitation. Subtract line	e 3 from line 2. If a	zero or less, enter -0-			4	
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or less, ent	er -0 If married	d filing		
	separately, see instructions					5	
6	(a) Description of pr	operty	(b) Cos	t (business use only	(c) Elec	cted cost	
7	Listed property. Enter the amount fi	om line 29 .		7	·		
8	Total elected cost of section 179 pr		ints in column (c), line	es 6 and 7		8	
9	Tentative deduction. Enter the sma						
0	Carryover of disallowed deduction to						
1	Business income limitation. Enter the						
2	Section 179 expense deduction. Ac						2
3	Carryover of disallowed deduction						
lote	: Don't use Part II or Part III below for						
Par		n Allowance	and Other Dep	reciation (D	on't include list	ted property.) (See instructions.)
4	Special depreciation allowance for						
	during the tax year (see instructions					14	1
5	Property subject to section 168(f)(1						5
6	Other depreciation (including ACRS					· ·	25,340
	t III MACRS Depreciati						
			Section				
7	MACRS deductions for assets place	ed in service in ta	x vears beginning be	fore 2016 .		1	7
8	If you are electing to group any ass				ore general		
-	asset accounts, check here						
	Section B - Assets	Placed in Servi	ce During 2016 Tax	Year Using the	General Depr	reciation Sy	stem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
9a	3-year property						
b	5-year property Statement	#567					868
С	7-year property Statement	#568					451
d	10-year property						
е	15-year property						
f	20-year property						
a	25-year property			25 yrs.		S/L	
	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
•	property				MM	S/L	
		Placed in Service	e During 2016 Tax \	ear Using the	Alternative De	preciation :	System
20 a	Class life		¥			S/L	
	12-year			12 yrs.		S/L	
	40-year			40 yrs.	MM	S/L	
Pai		ctions)			.1		
	TOTAL SUMMED AND A See Instru	CHOHS, I					
						2	1
21	Listed property. Enter amount from	line 28		olumn (g), and l	line 21. Enter	2	1
21	Listed property. Enter amount from Total. Add amounts from line 12, line	n line 28 nes 14 through 17				2	0.5.550
21 22 23	Listed property. Enter amount from	n line 28 nes 14 through 17 f your return. Par	tnerships and S corpo	orations - see in			

Name(s) as shown on return	2016 PG01					
BOYS & GIRLS CLU	BOYS & GIRLS CLUB OF HERNANDO COUNT					
	FORM 4562 - LINE	19B	Statement #567			
BASIS 510 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E CV HY HY HY HY HY HY	METHOD SL SL SL SL SL SL SL	DEDUCTION 85 97 209 150 122 150 55			
	FORM 4562 - LINE	19C	PG01 Statement #568			
BASIS 2,135 7 848 7 893 7 TOTAL	<u>СV</u> НҮ НҮ НҮ	METHOD SL SL SL	DEDUCTION 305 98 48			