Form	9	9	0
1 On In	-	-	-

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

	Information	about	Form	000	and	14.0	Instructions	in	+ warne inc	anulta	
	monoration	auoui	FUID	390	0110	115	IDSITUCIOUS	15 0	IL VYYYVV. II S	.UUV/10	1 I I

2016 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue S	Service Information about Form 990 and its instructions is at www	w.irs.gov/form	n990.		Inspection
A For the 2	016 calendar year, or tax year beginning 07/01, 2016, and en	nding		06/3	30, 20 17
	C Name of organization	D	Employer ide	ntification	n number
B Check if applicab	BOYS & GIRLS CLUBS OF BROWARD COUNTY INC	1	59-110	8790	
Address change	Doing business as				
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite E	Telephone nu	mber	
Initial return	877 NW 61ST STREET	0	954) 53	7-101	0
Final return		<u>`</u>			
Lerminated Amended	FORT LAUDERDALE, FL 33309	G	Gross receipts	s \$	28,173,514.
Application	F Name and address of principal officer: BRIAN QUAIL		a) Is this a gro		and the second se
pending	877 NW 61ST STREET FORT LAUDERDALE, FL 33309	н	subordinates b) Are all subord		
I Tax-exempt		527			e instructions)
	► WWW.BGCBC.ORG	- Andrews	c) Group exem		
		ar of formation:			
Contraction of the local division of the loc	Summary	al of formation.	1900 1	State of le	sgal donnelle. I D
	fly describe the organization's mission or most significant activities: SOCIAL, REC	REATIONA	T. AND	EDUCA	TTONAL.
	UTH SERVICES.	A	<i>Lay</i> 11110	000011	TIONIB
2 Che 3 Nun					
2 Che	eck this box if the organization discontinued its operations or disposed of more	than 25% of	ite net accet	6	
3 Nun	her of voting members of the governing body (Part VI, line 1a)			3	62.
	nber of independent voting members of the governing body (Part VI, line 1a)			4	62.
Se 4 Null	In purpher of individuals employed is calendar year 2016 (Part VI, line To)	· · · · · · · · · · · · · · · · · · ·	••••	5	388.
5 Tota	al number of individuals employed in calendar year 2016 (Part V, line 2a)			6	1,321.
4 Nun 5 Tota 6 Tota 7 Tota	al number of volunteers (estimate if necessary)	· · · · · ·	• • • • •		0.
ra Tola	al unrelated business revenue from Part VIII, column (C), line 12			7a 7b	0.
b Net	unrelated business taxable income from Form 990-T, line 34		rior Year	10	Current Year
0 Can	tributions and cropts (Dat)/III line 1b)		,425,10	6	15,413,006.
en 8 Con	tributions and grants (Part VIII, line 1h)		1120110	0.	0.
9 Prog	gram service revenue (Part VIII, line 2g)		,026,26		1,062,644.
	stment income (Part VIII, column (A), lines 3, 4, and 7d).		,593,41		627,234.
	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,044,77		17,102,884.
	nts and similar amounts paid (Part IX, column (A), lines 1-3)		35,75		49,388.
	efits paid to or for members (Part IX, column (A), line 4)			0.	0.
45 01			,709,72		6,359,407.
v 15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1105112	0.	0,000,407.
	essional fundraising fees (Part IX, column (A), line 11e)	And the other			
	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 5	,678,70	7	6,062,663.
	Il expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,424,17		12,471,458.
	enue less expenses. Subtract line 18 from line 12		-379,39		4,631,426.
15 Rev			g of Current Y		End of Year
Total 20 Total	Lassate (Part X, line 16)		,402,06		47,084,296.
20 Tota	Il assets (Part X, line 16)		,702,16		1,484,259.
42	Il liabilities (Part X, line 26) assets or fund balances. Subtract line 21 from line 20.		,699,89		45,600,037.
Part II S	ignature Block		1033103		13700070371
and the second second second second	of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements and t	o the best of	my know	ledge and belief it is
true, correct, an	d complete. Declaration of preparer (other than officer) is based on all information of which preparer	r has any knowl	edge.	ing kiron	isage and beller, it is
			10/3	1/2017	7
Sign 🛛 🕨	Signature of officer		Date		
Here	BRIAN QUAIL CEO				
	Type or print name and title				
Prir	1/Type preparer's name Preparer's signature / Date		Check	if PTIN	
Paid		14/2018	self-employe	п	01343407
Preparer	DDO HON HID	al and the second	n's EIN 1	-	
	n's name ▶BDO USA, LLP // (/ n's address ▶100 SE 2ND STREET, SUITE 1700 MIAMI, FL 33131		and the second se		1-8000
	iscuss this return with the preparer shown above? (see instructions)				X Yes No
	k Reduction Act Notice, see the separate instructions.				Form 990 (2016)

BOYS	&	GIRLS	CLUBS	OF	BROWARD	COUNTY	INC

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For	m 990 (2016)	Page 2
Ρ	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	. X
	SINCE 1965, IT HAS BEEN THE MISSION OF THE BOYS & GIRLS CLUBS OF	
	BROWARD COUNTY TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED	
	US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING AND	
	RESPONSIBLE CITIZENS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes." If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as met	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	to others,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	CSC - M.O.S.T. (MAXIMIZING OUT OF SCHOOL TIME) - OBJECTIVES- (1) CHILDREN WILL REMAIN AND NOT EXPERIENCE SERIOUS INJURIES (2) TO	
	IMPROVE BASIC READING SKILLS (3) TO INCREASE ACTIVITY LEVELS AND	
	IMPROVE BASIC READING SKILLS (3) TO INCREASE ACTIVITI LEVELS AND IMPROVE ABILITY TO MAKE HEALTHY NUTRITION CHOICES (4) TO IMPROVE	
	SOCIAL SKILLS AND INTERACTION WITH PEERS AND ADULTS. LONG TERM	
	GOALS- (1) TO INCREASE PROGRESSION TO THE NEXT GRADE (2) REDUCE	
	HIGH SCHOOL DROPOUT RATE. THE PROGRAM SERVED 811 CHILDREN.	
	CONDUCTED 4 STAFF TRAINING SESSIONS TO DELIVER EACH PROGRAM.	
		ne wantee in j e
4b	(Code:) (Expenses \$ 659,894. including grants of \$) (Revenue \$)
	SUMMER FOOD SERVICE PROGRAM - DOE (DEPARTMENT OF EDUCATION) -	-'
	OBJECTIVE- TO PROVIDE HEALTHY AND NUTRITIOUS MEALS DURING THE	
	SUMMER FOR FLORIDA'S YOUTH. LONG TERM GOALS- (1) TO INCREASE	
	HEALTHY BEHAVIORS (2) TO DECREASE DRUG USE AND OBESITY. THE	
	PROGRAM SERVED 138,305 LUNCHES AND 139,802 SNACKS. CONDUCTED 2	
	STAFF TRAINING SESSIONS RELATED TO THE FOOD PROGRAM.	
	(Code:) (Expenses \$1,271,689. including grants of \$) (Revenue \$.)
	K.I.S.S. (KEEP IT SIMPLE SERVICE) - DOH (DEPARTMENT OF HEALTH) -	
	OBJECTIVE- TO PROVIDE HEALTHY AND NUTRITIOUS SNACKS TO FLORIDA'S	
	YOUTH UPON ARRIVAL TO THE CLUBS AFTER SCHOOL. THE PROGRAM SERVED	
	289,293 SNACKS AND 301,740 SUPPERS. CONDUCTED 2 STAFF TRAINING	
	SESSIONS RELATED TO THE FOOD PROGRAM.	
Ad	Other program services (Describe in Schedule O.)	
	(Expenses \$ 8,354,371. including grants of \$ 49,388.)(Revenue \$)	
-	Total program service expenses 10,840,574.	
JSA	Form	90 (2016)
6E10	201.000 7537MP P66C	(2010)

Par	t IV Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.	and the second second		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			2004
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		100
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2016)

Form 990 (2016)

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Part	IV Checklist of Required Schedules (continued)								
			Yes	No					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated								
	employees? If "Yes," complete Schedule J	23	X						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than								
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b								
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		х					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200							
20	current or former officers, directors, trustees, key employees, highest compensated employees, or								
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u></u>					
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	~!							
A. U	Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete								
	Schedule L, Part IV.	28b		Х					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)								
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х					
29	Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
	conservation contributions? If "Yes," complete Schedule M	30		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
	Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	complete Schedule N, Part II	32		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,								
	or IV, and Part V, line 1	34		Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a								
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,								
	Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and								
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X						

_ Form 990 (2016)

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1a Enter the number reported in Box3 of Form 1096. Enter -0- if not applicable. 11 20 10 0. b Enter the number of Forms W-20 and/ded in line 1a. Enter -0- if not applicable. 11 20 10 0. 2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tx. 2a 388 36 2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tx. 2a 388 36 5 If a test one is reported on line 2a, did the organization file all required federal employment tax trainsmit. 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the yea? 3a 3b 3b 4a At my time during the calendar year, did the organization have an interest in, or a signature or other inhordia accounts or other financial accounts for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FigAN). 4a X 5a MS with eorganization a party to a prohibid tax sheller transaction at any time during the transmit. 5a X 5a Was the organization nucleuk with the organization have an interest in, or a signature or other financial Accounts for financial account fiele acountibal accounte accounts for financial a	Pa	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
14 Enter the number opported in Box3 of Form 1066. Enter-0- if not applicable. 13 20 15 Enter the number of engines to vendots and reportable gaming (gambing) winnings to prize winners? 15 10 0. 28 Enter the number of engines to prize winners? 12 380 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 12 30 16 16 16 16 16 16 16 16 16 17 16 17 16 1				· · · ·	
b Enter the number of Forker V-2G included in line 1a. Enter 4-B find appleable. Ib	1 -	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable)	Tes	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambing (gambing) winnings to prize winners? 1 x 2a Enter the number of employees reported on Form VAS, Transmittal of Wage and Tax 2a 386 x 3a Enter the number of employees reported on Form VAS, Transmittal of Wage and Tax 2a 386 x 3b of the organization have unrelated business gross income of \$10.00 or more deteral employment tax returns? 7a x 4 At any time unrelated business gross income of \$10.00 or more deteral employment tax returns? 7a x 5 Af At any time during the calendar year, dif the organization have unwe an interest in or a signature or ther authority over, a financial account in a foreign country the organization have unwe an interest in a sort as a party to a prohibid tax sheller transaction at any time during the calendar server? 5a X 5a Was the organization have and must gross in the organization have and interest than \$10,000, and did the organization have anneal ergs in the ver? 5a X 5a Was the organization ap any to a prohibide tax sheller transaction than year from than year if the organization have an endrest site intermeting that year? 5a X 5a Was the organization nective very solicitation and anytip set of have contributions? 5a X 5a Was the organization nective very solicitation an express sitement tha such contributions? 5a <td< td=""><td></td><td>Enter the number reported in Box o of Form 1000. Enter -0- in hot applicable</td><td>_</td><td></td><td></td></td<>		Enter the number reported in Box o of Form 1000. Enter -0- in hot applicable	_		
reportable gaming (gambling) winnings to prize winners? ic x 28 Enter the number of employees reported on Form VV-3. Transmittal of Wage and Tax 318 34 Enter the number of employees reported on Form VV-3. Transmittal of Wage and Tax 318 b If at least one is reported to line 2.3 (at the organization file all required factal employment tax stratums? 326 35 If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a 36 If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a 36 If the sum of lines 1a and 2a is greater than 250. you may be required to e-file (see instructions). 3a 37 Of the organization have unald group? If Wo's line back accounts, exclusive account, or other financial account? 3a 47 A Xi any time during the calendar year, did the organization have an interest in, or a signature or other financial accounts (FBAR). 3a 58 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 50 Did any transition include with every solicitation an express stratement that seue contributions or gifts were not tax deductible? 6b X 61 Tyes, "idit the organization receive a payment in excess of 37? 7a X 70 Organizations selex a payment in excess of 37? 7a X		Enter the number of rorms w-20 included in the ra. Enter-o- infor applicable,			
2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax 2a 308 Statements, filed forth coelendary zera randing with or within the year covered by this return. 2b x 3a Dath the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3a At any time during the capanization have an inference in or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 3a b If Yes, "here the name of the foreign country, b	C		10	X	Turning
Statements, filed for the celendar year ending with or within the year covered by this return. 2a 36b b If at least one is reported on line 2, a (dithe organization file all required to <i>e-file</i> (see instructions). 3a 3b 3a 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreing country: 3b 3b 3c 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the saver? 5a X 5b If Yes; "anter the name of the foreign country: 5c 5c X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b If Yes; "did the organization file form 8046-72. 5c 6c 6c 6a Des the organization include with every solicitation an expriss statement that sour contributions or gifts were not tax deductible contributions at the solicitary contributions file were solicitation and expriss statement that sour contributions or gifts were anitax deductible? 7a X 7 Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7 Uf Yes," did the organization fuele were anitary f	22		10	1.1.1	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If "Yes," has it lied a form 90-1 for this year? If "No' to line 2b, provide an explanation in Schedule 0. 3a X b If "Yes," that if the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account? account? 4a x b If "Yes," enter the name of the foreign country.	20		3		
Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effe (see instructions). 3a 3b 3a 3b 3a 3b 3a 3a 3a 3b 3a 3a 3b 3c X 4a At any time during the calendar year, did the organization have an interest in. or a signature or other financial account; over, a financial account in a foreign country; sub as a bank account, securities account, or other financial Accounts (EBAR). 4a X 5b 1f "Yes," enter the name of the foreign country; sub as a bank account, securities account, or other financial Accounts (EBAR). 5a X 5a Was the organization aper yo to prohibited tax sheller transaction? 5a X 5c 5c <td< td=""><td>h</td><td></td><td>2b</td><td>X</td><td></td></td<>	h		2b	X	
3a X bif "Ves" has it field a Form 990-T for this year? If "No" for line 3b, provide an explanation in Sobedule 0	5				
b If "Yes," has it field a Form 990-T for this year? If "Va" to line 3b, provide an explanation in Schedule 0,,,,,,,,	3a		3a		X
4A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization indue with every solicitation an express statement that such contributions of grifts were not tax deductible?. 5a A To organization state any contributions that were not tax deductible as chartable contributions? 6b A If 'Yes,' di the organization indue' with every solicitation an express statement that such contributions of grifts were not tax deductible?. 7a A Organization state any creative deductible contributions (inder section 170(c)). 7a X b If 'Yes,' fidicate organization notify the donor of the value of the good or services provided? 7a X b If 'Yes,' fidicate the number of Forms 8282 filed during the year 7d 7a X c Did the organization second a contributions inder section 170(c). 8 Did the organization second a contribution of indered y or indirectly or indirectly or indirectly. 7a X			10000		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Consider a real of the second second second second second second we second the second second second second			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?			120		
 a Is the organization licensed to issue qualified health plans in more than one state?			200		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?			13a	000000000000000000000000000000000000000	<u>12117389849900</u>
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a			104		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand		맛있다. 가수는 가수에 있다. 것입니까? 것, 같은 나라 가수가 가정했는 것, 가는 것 같아요? 가지했는다. 정말을 가지 않는 것은 것이 가장 같다. 가지가 가지 않는 것이 것이 같아요? 나라 가수가 나라 가지 않는 것이 같아요? 나라 가수가 있는 것이 같아요? 아버지 않아요? 나라 가수가 있는 것이 같아요?			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
			14a	and the second second second	X
					10.000 - 10.00

Form 990 (2016)

Form	BOYS & GIRLS CLUBS OF BROWARD COUNTY INC 59-110	3790	3	Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
oct	ion A. Governing Body and Management		•••	X
eci	ton A. Soverning body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 62	2	all and a	1242
iu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 62	2		
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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	1	X
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
0	stockholders, or persons other than the governing body?	10		NING
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
2	The governing body?	8a	Х	- Calley Sciences
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
ooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Code	21	Х
ecu	on b. Policies (This Section Direquests information about policies not required by the internal revenue	COUR	Yes	No
0	Did the experimetion have level charters branches as affiliates?	10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		S. Carl	L (Sale
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	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	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	1115.25A
5	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?	450	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
6.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
h	with a taxable entity during the year?	104	19.5	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	101		e
oct:	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{FL}{r}$.	501/-	1/21-	onlui
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	201(C)(3)S	опіу)
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest r	olicy	and
	financial statements available to the public during the tax year.	1000000		A. 1977 A. 1975
	State the name, address, and telephone number of the person who possesses the organization's books and records	s: 🕨		

59-1108790

Form 990 (2016)

Form 990 (2016)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors	and
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

. List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than of is both for/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)PAUL LOPEZ	12.00				5					
CHAIRMAN	0.4	x		x				0.	0.	0.
(2)WAYNE GILMORE	12.00									
VICE CHAIRMAN	0.	X		х				0.	0.	0.
(3)PETER WOOLF	12.00	No.			-					<u></u>
IMMEDIATE PAST CHAIR	0.	x		х				0.	0.	0.
(4)VINCENT PALAZZOLO	12.00									
TREASURER	0.	x		Х				0.	0.	0.
(5)GARY WENDT	1.00									
DIRECTOR	0.	X						0.	Ο.	0.
(6)ARTHUR BENJAMIN	1.00									, , , , , , , , , , , , , , , , , , ,
DIRECTOR	0.	1 x						0.	0.	0.
(7)GLEN BEANLAND	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8)MITCHELL BERGER	1.00									
DIRECTOR	0.] X						0.	0.	0.
(9)CLAUDETTE BONVILLE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)SUSAN BURKHARDSMEIER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)BRENT BURNS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12)PHIL CHRYSLER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13)RAY DASS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)MICHAEL A. 'MIKE' FISCHLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.

JSA 6E1041 1.000

	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box, office	Position (do not check more than box, unless person is both officer and a director/trus					Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		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
			stee	rustee		6	pensated				
15	ANY NEW YORK	1.00	v								
16		0.	X						0.	0.	
17	DIRECTOR) MARCY BRENNAN	0.	X						0.	0.	
	DIRECTOR	0.	Х						0.	0.	
18) CARY GOLDBERG DIRECTOR	1.00	х						A 0.	0.	
19	RON HALE	1.00									
20	DIRECTOR JOSEPHINE HART	0.	Х						0.	0.	
	DIRECTOR	0.	х					<u>_</u>	0.	0.	
21	CHRISTY HIERHOLZER DIRECTOR	1.00	x				1 de la	1200	o.	0.	
22	KERRIE BRUNETTE DIRECTOR	1.00	x	d		dr.			0.	0.	
23	ALAN KIRSCHENBAUM	12.00					1925 (A)	terstille Star	<u>.</u>	0.	
24	SECRETARY DR. DOUG LAURIE	0.	X						0.	0.	
	DIRECTOR	0.	Х						0.	0.	
25)	DR. ROBERT MILLS, JR. DIRECTOR	1.00	x						0.	0.	
1b	Sub-total		اینک			l			0.	0.	
C	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ction A	· · · ·				• •	-	695,467. 695,467.	0.	98,380
	Total number of individuals (including but not li reportable compensation from the organization	mited to th						re			50,50
~						ĩ					Yes N
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director le J for suc	r, or h <i>indi</i>	vidu	al.	э, к •••	ey e ••••	mpi	loyee, or nignest	compensated	3 X
4	For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$150	0,00	0?	lf	"Yes,	" (complete Schedule	e J for such	4 X
5	Did any person listed on line 1a receive or a for services rendered to the organization? If "Yea	accrue con	npens	atio	n fr	rom	any	unr	elated organizatio	n or individual	5 >
Se	ction B. Independent Contractors	s, complete	9 3011	euur	eJ	101 .	sucrip	Jers			5
1	Complete this table for your five highest comp compensation from the organization. Report co year.	ensated in mpensatio	depei n for	nder the	nt c cale	onti endi	actor ar yea	s th ar e	nat received more nding with or with	than \$100,000 or in the organization	f i's tax
	(A) Name and business addr	ess							(B) Description of ser	vices C	(C) ompensation
AJ	TACHMENT 1										
				44							
		A			10.7						

(

(Construction)	m 990 (2016) art VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	ye	es,	and	Hig	hest Compensat	ed Emplo	yees (a	Page continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos heck	erson	e than o is both tor/trus employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Report compensat relate organiza (W-2/1099	able ion from ed itions	(F) Estimated amount of other compensation from the organization and related organizations
26		1.00					11					
27	DIRECTOR) LINDA BUCCILLI	0.	X		_	-		-	0.		0.	0
	DIRECTOR	0.	х						0.		0.	0
28		1.00										~
	DIRECTOR	0.	Х						0.		0.	0
29) JAMES ROBERTSON DIRECTOR	1.00	х						0.		0.	0
30		1.00							day and			
2.1	DIRECTOR	0.	Х						0.		0.	0
31) MATTHEW CALDWELL DIRECTOR	1.00	х						0.		0.	0
32		1.00	Λ						0.		0.	0
	DIRECTOR	0.	х				100	i den	0.		0.	0
33) BRENT SPECHLER	1.00			antiny				6 6			
	DIRECTOR	0.	X	0				Territo	0.		0.	0
34	DIRECTOR	1.00	x				1	The first	0.		0.	0
35		1.00					1. Contraction of the second s				0	-
36	DIRECTOR) ANDREW WURTELE	0.	X		006254				0.		0.	0
20	DIRECTOR	0.	x						0.		0.	0
11	Sub total											
	Total from continuation sheets to Part VII, Si Total (add lines 1b and 1c)	ection A			•••	•••	•••					
2	Total number of individuals (including but not reportable compensation from the organization	limited to th		istec	d ab	ove	e) who	o re	ceived more than	\$100,000 (of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,00	00?	lf	"Yes	," (complete Schedul	e J for s	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	satio	n fi	rom	any	unr	related organizatio	n or indivi	dual	5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	ress							(B) Description of ser	vices	C	(C) ompensation
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	l e li:	sted above) who	received		

	orm 990 (2016) Part VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	npla	ove	es.	and	Hia	hest Compensat	ed Employe	es (c	Page continued)
	(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not c unle er an	Pos heck ss pe d a c	C) sition mor erson tirec	e than o is both or/trust	one an ee)	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	e from	(F) Estimated amount of other compensation
		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-M	ISC)	from the organization and related organizations
3	7) TODD OLIVIERI DIRECTOR	1.00	x						0.		0.	0
3	3) RONNIE OLLER DIRECTOR	1.00	x						0.	<u></u>	0.	0
3		1.00	x						0.		0.	0
4		1.00	X						0.		0.	
4	The second se	1.00	x						0.		0.	0
42		1.00	X						0.		0.	0
4	<pre>DIRECTOR DIRECTOR</pre>	1.00	x						0.		0.	0.
44	nanananananan kara ana ana ana ana ana ana ana ana ana	1.00	x		1523	P.			0.		0.	0
49		1.00	X						0.		0.	0.
46) TOM MCDONALD DIRECTOR	1.00	x		1		P		0.		0.	0.
47) JAMES MCDONELL, IV DIRECTOR	1.00	X						0.		0.	0.
	b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A										
2	Total number of individuals (including but not I reportable compensation from the organization		nose I 2		d ab	DOVE) who	re	ceived more than {	\$100,000 of		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No 3 X
4	For any individual listed on line 1a, is the s organization and related organizations gre	ater than	\$15	0,00	00?	lf	"Yes,	" (complete Schedul			4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atic	on fi	rom	any	unr	elated organizatio			5 X
1	ection B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co year.											
	(A) Name and business addr	ess							(B) Description of ser	vices	Сс	(C) pmpensation
			·						int an			
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	those	e lis	sted above) who	received		

Part VII Section A. Offic	ers, Directors, Trustees, k	(ey Er	nplo	bye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A) Name and tit	e (B) Average hours per week (list an hours for	box offic	, unle er an	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organization below dotte line)	0 0	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) AL MINIACI	1.0									
49) TED MORSE	0							0.	0	•
DIRECTOR								0.	0	
50) WILLIAM J. ROTELL		-	-							
DIRECTOR								0.	0	•
51) DOUGLAS VON ALLME	1.00	0								
DIRECTOR	0	• X						0.	0 .	•
52) LINDA VON ALLMEN	1.00								na na valo cana commo o facilita doparecentente della del	
DIRECTOR	0							0.	0 .	
53) DAVID DRUEY	1.00								0	
DIRECTOR 54) THOMAS GODART	0							0.	0.	•
DIRECTOR						100		0.	0.	
55) KATE GOLDMAN	1.00			_				0.	0.	•
DIRECTOR	0		di la		2	1		0.	0.	
56) MARC INFANTE	1.00	0				15		P		
DIRECTOR	0.	. X						0.	0.	
57) PETER LOYELLO	1.00	2		No.	d		0			
DIRECTOR	0.				a state			0.	0.	
58) LOIS MARINO	1.00	-							0	
DIRECTOR		• X	Ļ				_	0.	0.	
c Total from continuation s d Total (add lines 1b and 1c	<u>, (</u>		************	*****	• • • • • •	•••				
2 Total number of individuals reportable compensation fr			liste 2	d ab	ove) who	re	ceived more than S	\$100,000 of	
										Yes M
employee on line 1a? If "Ye	any former afficer, direct s," complete Schedule J for su	uch ind	ividu	ial ,	Č,		× s			3
organization and related	n line 1a, is the sum of re organizations greater that	n \$15	50,00	202	lf	"Yes,	" (complete Schedul	e J for such	4 X
for services rendered to the	line 1a receive or accrue co organization? If "Yes," comple									5
Section B. Independent Contr		tu at a sa a					- 41	and an and the distance	then \$100,000	4
	ir five highest compensated anization. Report compensat									
N	(A) ame and business address							(B) Description of ser	vices ((C) Compensation
an a										
2 Total number of independ										

Form 990		untone Kr	W En	anlo		00	and	Hig	hast Company	od Emplo		Page
Part	(A) Name and title	(B) Average hours per week (list any hours for	(do) box, office	not cl unles	((Pos heck ss pe d a d	C) sition more erson lirect	e than o is both or/trusl	one an tee)	(D) Reportable compensation from the	(E) Report compensat relation	able ion from ed	(F) Estimated amount of other compensation
		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	the second second second	from the organization and related organizations
	ODD PATON IRECTOR	1.00	X						0.		0.	(
	DDIE RODRIGUEZ	0.	x						0.		0.	(
	RANK TERZO	1.00	x						0.		0.	(
hand been here been been	YAN SEYMOUR IRECTOR	1.00	x						0.		0.	
63) BI	RIAN QUAIL HIEF EXECUTIVE OFFI	40.00			X				284,676.		0.	45,769
64) MA	ATT ORGAN XECUTIVE VICE-PRESI	40.00			X				146,129.		0.	23,056
65) DA	AYANAND MAHARAJ HIEF OF CLUB OPERATIONS	40.00			X			1900-s	98,190.		0.	12,542
66) CI	HIEF OF CLOB OFERATIONS HRISTOPHER GENTILE HIEF DEVELOPMENT OFFICER	40.00			X	*			89,860.		0.	10,886
67) MI	ICHELE CLARKE	40.00						<u></u>		3		
	ONTROLLER	0.			X	all.	<u>)</u>		76,612.		0.	6,133
			N		712584	MENC.						
c Tot d Tot	b-total tal from continuation sheets to Part VII, St tal (add lines 1b and 1c)	ection A	• • •		 	с н э <u>с н э</u>		A A A				
	al number of individuals (including but not l ortable compensation from the organization		10se I 2			ove) who	o re	ceived more than t	5100,000	of	
	the organization list any former office ployee on line 1a? If "Yes," complete Schedu											Yes No 3 X
org	any individual listed on line 1a, is the s anization and related organizations gre ividual	ater than	\$15	0,00	0?	lf	"Yes	" (complete Schedul	e J for	such	4 X
5 Did	any person listed on line 1a receive or services rendered to the organization? If "Ye	accrue con	npens	satio	n fi	rom	any	unr	elated organizatio	n or indiv	dual	5 X
Manager and State State State	n B. Independent Contractors											· · · · · · · · · · · · · · · · · · ·
	mplete this table for your five highest com npensation from the organization. Report co r.											
	(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) mpensation
<u></u>												
		1 a Ann 60 An										
	al number of independent contractors (in re than \$100,000 in compensation from the				ited	to	those	e lis	sted above) who	received		

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		nse or note to a	INVIING IN THIC DAM	VIII		
	Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenu excluded fr under sec 512-5
1a	Federated campaigns					
b	Membership dues	199,592.			and the second second	
c	Fundraising events	122,307.				
d	Related organizations					
е	Government grants (contributions) 1e	2,248,806.	Carlo Contra Carlos do			
f	All other contributions, gifts, grants,					
	and similar amounts not included above . 1f	12,842,301.				
g	Noncash contributions included in lines 1a-1f: \$	and the second	The second se			
h	Total. Add lines 1a-1f	Business Code	15,413,006.			
-		Busiliess Code				a state of the second of the
2a	an a					1
b	2				1	1
2				4		1
0						
f	All other program service revenue			400 V		
g	Total. Add lines 2a-2f		0,			
3	Investment income (including divider		-			
	and other similar amounts)		1,050,924.	<u>N R T</u>		1,050
4	Income from investment of tax-exempt bond	proceeds . 🕨	0	- Carlor		
5	Royalties	<u>, , , , , , , ▶</u>	434,708.			434
	(i) Real	(ii) Personal				- Lagrandian
6a	Gross rents					
b	Less: rental expenses	1				
С	Rental income or (loss)	L		Contraction of the second second	10000000000000000	
d	Net rental income or (loss)		0.			100000000000000000000000000000000000000
7a	Gross amount from sales of (i) Securities	(II) Other				
b	Less: cost or other basis					
121						
c d	Gain or (loss)	L	11,720.			11,
8a	Gross income from fundraising	2				
va	events (not including \$	ATCH 2				
	of contributions reported on line 1c)					
	See Part IV, line 18 a	3,732,245.				
b	Less: direct expenses b	3,658,476.				
с	Net income or (loss) from fundraising events	ATCH 3	73,769.			73,
9a	Gross income from gaming activities. See Part IV, line 19	0.				
b	Less: direct expenses b	0.				
c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less					
	returns and allowances a	0.				
b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.		0.			ALC: NO.
-	Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS		118,757.	118,757.		
b						
c						
d	All other revenue					
				and the second	OPERATION OF A DESCRIPTION OF A DESCRIPR	ALL REAL PROPERTY AND REAL PRO

JSA 6E1051 1.000

Form 990 (2016)

Part IX Statement of Functional Expenses

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC

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 (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 0. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 49,388. 49,388. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, 722,396. 615,650. 40,573. 66,173. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 4,457,093. 3,760,811. 275,138. 421,144. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 762,605. 616,262. 62,687. 83,656. 417,313. 15,454. 36,344. 365,515 11 Fees for services (non-employees): 0 a Management 44,303. 44,303. b Legal 67,706. 67,706. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 175,531. 175,531. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 85,337. 31,006. 53,861. 470. (A) amount, list line 11g expenses on Schedule O.). 2,114. 2,114. 12 Advertising and promotion 22,936. 145,292. 98,999. 23,357. 13 Office expenses 0 0 15 Royalties..... 1,174,045. 1,116,130. 29,991 27,924. 16 Occupancy 154,318. 135,583. 10,531. 8,204. 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0. 20 Interest 0 21 Payments to affiliates. 765,078. 707,472. 34,527. 23,079. 22 Depreciation, depletion, and amortization 694,382. 720,614. 13,116. 13,116. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aFOOD PROGRAMS 1,071,612. 1,064,366. 6,715. 531. 9,566. 1,566,729. 1,535,781. 21,382. **b**SUPPLIES & EQUIPMENT cDUES & SUBSCRIPTIONS 54,971. 40,574. 14,397. 35,013. 8,655. 17,330. 9,028. dMISCELLANEOUS e All other expenses 12,471,458. 10,840,574. 896,476. 734,408. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs 26 from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

JSA 6E1052 1.000

art X	Balance Sheet		-	
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,420,443.	1	5,494,228
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	1,179,249.	3	1,840,687
4	Accounts receivable, net	581,895.	4	371,191
5	Loans and other receivables from current and former officers, directors,		1000	Sector Sector
	trustees, key employees, and highest compensated employees.		1.1	
	Complete Part II of Schedule L	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0.		(
7	Notes and loans receivable, net	387,114.		357,336
	Inventories for sale or use Prepaid expenses and deferred charges	0.	8	(
9		333,528.	9	295,453
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 23,585,029.	10 000 555		14 105 150
100 100	Less: accumulated depreciation	13,992,556.		14,105,458
11	Investments - publicly traded securities	15,594,288.		16,841,721
12	Investments - other securities. See Part IV, line 11	0.		(
13	Investments - program-related. See Part IV, line 11	0.	1.0	(
14	Intangible assets	1000 C	14)
15	Other assets. See Part IV, line 11	7,912,988.	15	7,778,222
16	Total assets. Add lines 1 through 15 (must equal line 34)	41,402,061.	16	47,084,296
17	Accounts payable and accrued expenses	1,452,465.	17	1,444,509
18	Grants payable	0.		(
19	Deferred revenue	249,697.		39,750
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
22	Loans and other payables to current and former officers, directors,		1	
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	0
23	Secured mortgages and notes payable to unrelated third parties	0.		(
24	Unsecured notes and loans payable to unrelated third parties	0.	24	C
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25.	1,702,162.	26	1,484,259
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		23	
27	Unrestricted net assets	21,320,107.	27	27,003,756
28	Temporarily restricted net assets	5,528,086.	28	5,403,196
29	Permanently restricted net assets	12,851,706.	29	13,193,085
	Organizations that do not follow SFAS 117 (ASC 958), check here and 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	
30 31 32 33	Total net assets or fund balances	39,699,899.	33	45,600,037
34	Total liabilities and net assets/fund balances	41,402,061.	34	47,084,296

Form 990 (2016)

BOYS & GIRLS CLUBS OF BROWARD COU	OUNTY	INC
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Form 9	990 (2016)			P	age 12
Par	t XI Reconciliation of Net Assets				(en 110)
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		102,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,4	471,	458.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,0	631,	426.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,1	699,	899.
5	Net unrealized gains (losses) on investments	5		268,	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
10	9		15 (500,	037
Part	33, column (B))	10		<u>, , , , , , , , , , , , , , , , , , , </u>	0.57.
rait					X
	Check if Schedule O contains a response or note to any line in this Part XII			T	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
	Schedule O.				18.3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled o	or	1000	1.1
	reviewed on a separate basis, consolidated basis, or both:		197.24	1.0	
	Separate basis Consolidated basis Both consolidated and separate basis				1.58
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:	ou on	~		
	X Separate basis Consolidated basis Both consolidated and separate basis				1.2
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	· · · · · · · · · · · · · · · · · · ·	NEW ALCONT	X	
	of the audit, review, or compilation of its financial statements and selection of an independent acc				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain i	n		12.3
	Schedule O.		and the second second	1.1	100000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		VV.6		
	the Single Audit Act and OMB Circular A-133?			X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	X	
			Form	990	(2016)

SCHEDULE A	Public Cha	arity Status ar	nd Pu	blic S	Support	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete		the first state of the state of		ALCONN THE ADDRESS)(1) nonexempt charitable to	
Department of the Treasury Internal Revenue Service		Attach to Form 990 or A (Form 990 or 990-EZ)			s is at www.irs.gov/form9	Open to Public 90. Inspection
Name of the organization					Employer identif	mapeerrom
BOYS & GIRLS CLUBS OF	BROWARD COUNTY	INC			59-11087	
AT AND ADDRESS OF			complet	te this p	art.) See instructions	
The organization is not a private						
1 A church, convention of	churches, or associa	ation of churches desc	ribed in s	section	170(b)(1)(A)(i).	
2 A school described in se						
3 A hospital or a coopera		-				
4 A medical research org		conjunction with a ho	spital de	escribed i	in section 170(b)(1)(A)	(iii). Enter the
hospital's name, city, an	the second se		tu ouro	d or on	evoted by a serversure	stal unit depetiend in
5 An organization operate section 170(b)(1)(A)(iv)		a college or universi	ty owne	a or ope	erated by a governme	intal unit described in
6 A federal, state, or loca	the second provide the second second	rnmental unit describe	d in sec	tion 170	(h)(1)(A)(y)	
7 X An organization that no	-					om the general public
described in section 170			P.P. Science			Jener Perns
8 A community trust desc			e Part II.))		
9 An agricultural research	organization describ	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
or university or a non-la	nd-grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state of	f the college or
university:				-		
10 An organization that nor receipts from activities i support from gross inve acquired by the organize	elated to its exempt stment income and u	functions - subject to inrelated business tax	certain e able inc	exception ome (les	s, and (2) no more tha section 511 tax) from	n 331/3%of its
11 An organization organiz						
12 An organization organiz						
of one or more publicly			7.815			
Check the box in lines 12		and the second	(出版	and the second	Service Proves and the Alternation Alternation	
a Type I. A supporting of the supported organiz	ation(s) the power to	regularly appoint or e	lect a m			
supporting organizatio						
b Type II. A supporting	-					
control or management organization(s). You m	- 100 Page 100	A 5,650 TUB	the sam	ie persor	ns that control or man	age the supported
c Type III functionally in	157	NATE AND A	ted in c	onnectio	n with and functional	ly integrated with
its supported organiza	- 1000 Tables - 1000					y mograted with,
d Type III non-functiona	and the second s	NGA-				ed organization(s)
that is not functionally	ntegrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement and	an attentiveness
requirement (see instr	uctions). You must c	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
e Check this box if the o	•					l, Type III
functionally integrated				•		
f Enter the number of suppor				• • • • •		
g Provide the following inform (i) Name of supported organization	- I	T	less is		(v) Amount of monetary	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization or governing	support (see	(vi) Amount of other support (see
		above (see instructions))	docu Yes	ment? No	instructions)	instructions)
			165	NO		
(A)						
(B)						
(C)						
(D)						
(E)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1210 1.000

Schedule A (Form 990 or 990-EZ) 2016

Total

59-1108790

Schedule A (Form 990 or 990-EZ) 2016

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar 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.")	7,736,904.	10,128,548.	9,507,355.	9,425,106.	15,413,006.	52,210,919.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						Ö.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,736,904.	10,128,548.	9,507,355.	9,425,106.	15,413,006.	52,210,919.
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						4 224 284
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.		1980.00 S.				4,134,304.
	tion B. Total Support						40,070,013.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	7,736,904.	10,128,548.	9,507,355.	9,425,106.	15,413,006.	52,210,919.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,480,143.	1,067,771.	1,136,733.	1,136,733.	1,485,632.	6,307,012.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	273,733.	137,752.	146,925.	156,553.	118,757.	833,720.
11	Total support. Add lines 7 through 10						59,351,651.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here		* * * * * * * * *				
	tion C. Computation of Public Sup	······		11 10			81.00%
14	Public support percentage for 2016 (lin						83.09%
15	Public support percentage from 2015 33 1/3 % support test - 2016. If the o						
	this box and stop here. The organization 331/3% support test - 2015. If the o	on qualifies as a	publicly suppor	rted organization	n		► X
D	check this box and stop here. The orga						and the second sec
17a	10%-facts-and-circumstances test - 2	concernmenter and a set commentation		CONTRACTOR OF A CONTRACT OF A			
	10% or more, and if the organization	Dere Developer 1980 - Developer - all formation					
	Part VI how the organization meets th						
	organization			Same and the second second second second		CARL IN THE REAL PROPERTY AND	and a state of the
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	AN EFFERS AND COURT LEVEN	And the second sec				
	Explain in Part VI how the organization supported organization	on meets the "I	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization						
	instructions						►

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Sec	ction A. Public Support			Y		-	
Cale	ndar 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	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				Company and America and a second second		
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					1	
	to or expended on its behalf						
5	The value of services or facilities						
č	furnished by a governmental unit to the						
	organization without charge				4		
6	Total. Add lines 1 through 5						·····
					ilian. Th		
/ d	Amounts included on lines 1, 2, and 3 received from disgualified persons				A series		
b	Amounts included on lines 2 and 3				200 - 100 -	-	
	received from other than disqualified				1 0		
	persons that exceed the greater of \$5,000			Allen Co	A		
	or 1% of the amount on line 13 for the year			<u> </u>			
	Add lines 7a and 7b.		1000	<u>19</u>	65		
8	Public support. (Subtract line 7c from						
	line 6.)			<u>6</u>			
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	a		×.			
10 a	Gross income from interest, dividends, payments received on securities loans,	A ^{REN}	<u>}</u>				
	rents, royalties and income from similar	▲ II A	ν _é				
	sources	<u> 9 9 6</u>	<u>J</u>				
b	Unrelated business taxable income (less		p.				
	section 511 taxes) from businesses	AP S					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	Other income. Do not include gain or						
12	NUMBER REPORT DOWN AND ADDRESS OF						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15			v				
4.4	First five years. If the Form 990 is for	the ergenize	ll	ad third fourth	or fifth tax u		501(0)(2)
14	10 10 ¹⁰ 10 12 10 12 12 10 10 10 10	120					
Cast	organization, check this box and stop here.						
	tion C. Computation of Public Supp		Contraction and a second se	(6)		45	
15	Public support percentage for 2016 (line 8, o					15	%
16	Public support percentage from 2015 Sched		s - manufer same and same	· · · · · · · · · · · · · · · · · ·		16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2016 (line					17	%
18	Investment income percentage from 2015 Se					18	%
19 a	331/3% support tests - 2016. If the orga						2 C
	17 is not more than 331/3%, check this	box and stop	here. The orga	inization qualifies	s as a publicly	supported organiz	ation 🕨 🔄
b	331/3% support tests - 2015. If the organ	ization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check t	his box and st	top here. The org	panization qualifie	es as a publicly	supported organiz	ation
20	Private foundation. If the organization di	d not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see instru	ictions 🕨
JSA 6E122	1 1.000				S	chedule A (Form 99	10 or 990-EZ) 2016
JC122	7537MP P66C						

Schedule A (Form 990 or 990-EZ) 2016

Part IV

Page 4

Supporting Organizations (Complete only if you checked a box in line 12 on 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination C 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? C Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 8 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 disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b 9b the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit C 9c 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. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

Schedule A (Form 990 or 990-EZ) 2016

JSA

ACCOUNTS ON THE OWNER OF	Ile A (Form 990 or 990-EZ) 2016			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		133	
а		11-		1.000
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110	L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1.0	12	1.2.1
	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		5.1	1.
	controlled the organization's activities. If the organization had more than one supported organization,			1994
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.1	19.00	1.154
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Silver	18	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		14	
	supervised, or controlled the supporting organization.	2	10000	1
Secti	on C. Type II Supporting Organizations	L		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			1213
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			1.1
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1.5
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1000		
	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		in.	
	significant voice in the organization's investment policies and in directing the use of the organization's	1	1.32	
	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.		1972	
<u> </u>		3		
	on E. Type III Functionally Integrated Supporting Organizations	Annakt		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	arucin	ons).	
a b	The organization satisfied the Activities rest. Complete line 2 below.			
c	The organization is the parent of each of its supported organizations. Complete time of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
U			Yes	No
2	Activities Test. Answer (a) and (b) below.	1	18.2	
а	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,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		101	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	nusiees of each of the supported organizations? Fronde details in Fait vi.	Ja	-	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2016		-	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VII) See
instructions. All other Type III non-functionally integrated supporting organiz			
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	100		
instructions for short tax year or assets held for part of year):		4	a a de la constance de
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	Contraction of the local division of the loc	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	S Startes		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		1
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	in the second	-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	1-1-1	ted Type III supporting	5 1

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Pari		Supporting Organiza	tions (continued)	· · · · · · · · · · · · · · · · · · ·
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	
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 organization is resp	oonsive	
10.04	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		•	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016		<u>(</u>	
2	(reasonable cause required-explain in Part VI). See			
	instructions.		Alba A	
3	Excess distributions carryover, if any, to 2016:	10		
а	A Carlo and a contract of the second s			
b				and the second
С	From 2013	And the second	A CONTRACT OF A	
d	From 2014			
е	From 2015	Par Charles		
f	Total of lines 3a through e	A 197		
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	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	and the second secon		
	Part VI. See instructions.		All and the second s	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а		· International design		
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Page 8

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B Schedule of Contributors		ļ	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	2016		
Name of the organization		Employer	r identification number
BOYS & GIRLS CLUBS OF	BROWARD COUNTY INC		
		59-12	108790
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation	
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC

Page 2 Employer identification number 59-1108790

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	BILL & MELINDA GATES FOUNDATION		Person X Payroll			
	P.O. BOX 23350 SEATTLE, WA 98102	\$3,000,000.	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	CHILDREN'S SERVICES COUNCIL		Person			
	6600 W. COMMERCIAL BLVD. TAMARAC, FL 33319	\$	Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442	\$1,065,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	STATE OF FLORIDA DEPARTMENT OF FINANCIAL 200 E GAINES ST TALLAHASSEE, FL 32399	\$1,905,408.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	GARY WENDT 3055 HARBOR DR., APT 1701 FORT LAUDERDALE, FL 33316	\$364,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	BOARD OF COUNTY COMMISSIONERS P.O. BOX 14250 FORT LAUDERDALE, FL 33302	\$2,633,026.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) P					
Name of organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC Employer identificat 59-1108790					

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is ne	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
S		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

ame of organiza	ation BOYS & GIRLS CLUBS OF	BROWARD COUNTY INC	Employer identification number 59-1108790
(10) the f	that total more than \$1,000 for	the year from any one contribut ons completing Part III, enter the t e year. (Enter this information one	described in section 501(c)(7), (8), or tor. Complete columns (a) through (e) total of <i>exclusively</i> religious, charitable ce. See instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift d ZIP + 4 Re	elationship of transferor to transferee
(a) No.	lé		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

	Transferee's name, address, and ZIP + 4	Relati	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e Transferee's name, address, and ZIP + 4	e) Transfer of gift Relati	onship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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SCHEE	DULE	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 F 2 6 Deale Die

OMB No. 1545-0047

	ernal Revenue Service Information about Schedul	P Attach to Form 990. le D (Form 990) and its instructions is at www.i	rs.gov/form990. Inspection
	ne of the organization		Employer identification number
BC	YS & GIRLS CLUBS OF BROWARD COUNTY 1	INC	59-1108790
P	art I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
C	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
P	art II Conservation Easements.	A	
0.0211	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec	North North	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.		Response
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b 2c
C	Number of conservation easements on a certified Number of conservation easements included in (c)		20
d	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, traffic		
	tax year	sidiled, released, extinguistica, or termin	area by the organization during the
4	Number of states where property subject to conserve	rvation easement is located >	
5	Does the organization have a written policy reg		on, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect		
	▶		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		al statements that describes the
	organization's accounting for conservation easement		0:
Pa	art III Organizations Maintaining Collections Complete if the organization answered		Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, educ	evenue statement and balance sheet cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that desc	cribes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila public service, provide the following amounts relating		cation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1.		2
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		
-	following amounts required to be reported under SF		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
or	Paperwork Reduction Act Notice, see the Instructions for		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1268 1.000 7537MP P66C

-	edule D (Form 990) 2016							Page 2
Pa	rt III Organizations Maintaini	ng Collections of	f Art, Hist	torical T	reasures	s, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	c any of	the follow	ving that are a sig	nificant use of its
	collection items (check all that app	ly):						
а	Public exhibition		d	Loand	or exchan	ge progra	ms	
b	Scholarly research		e	Other				
С								
4								
	XIII.		99 - 1890,000 - 1990,0 1 8,023		0.000 · 0.000 0.000		,	ant h and h and the contract
5	During the year, did the organization	on solicit or receive of	tonations o	fart histo	prical trea	sures or	other similar	
	assets to be sold to raise funds rath						Recurser-sport sciences and the	Yes No
Pa	rt IV Escrow and Custodial Ar					on o cond		
Elistican	Complete if the organizat		s" on Form	990. Pa	art IV. lin	e 9. or re	ported an amour	nt on Form
	990, Part X, line 21.		o on con	,		0 0, 0, 1	iportoù an anoai	
1a	Is the organization an agent, truste	e custodian or othe	er intermed	iary for c	ontributio	ns or othe	r assets not	
iu	included on Form 990, Part X?							Yes No
h	If "Yes," explain the arrangement i	n Part XIII and com	nlete the fol	lowing tab				
D	in res, explain the arrangement	in an An and com		lowing tab			Amount	
c	Beginning halance				4		Anoun	
						C A		
u	Additions during the year					d		
e ¢	Distributions during the year					e		
f	Ending balance						annaunt liabilitu?	Yes No
2a								
	If "Yes," explain the arrangement in tV Endowment Funds.	1 Part All, Check h	ere ir the ex	planation	nas been	provided	on Part All	
Fai	rt V Endowment Funds. Complete if the organizat	ion answered "Ver	" on Form	000 00	of N/ Lin	10		
1201000-000		(a) Current year				and a second	(d) Three years healt	
			(b) Prior	100 March 100 Ma	(c) Two y		(d) Three years back	(e) Four years back
1a	Beginning of year balance	17,931,208.	18,138		Contraction	9,350.	17,376,829.	18,008,720.
b	Contributions	157,318.	1(0,000.	1	0,000.	1,122,249.	7,500
С	Net investment earnings, gains,							
	and losses	1,275,271.	-21.	7,067.	1	6,941.	2,090,431.	811,235.
d	Grants or scholarships							
е	Other expenditures for facilities	APRIL OF						
	and programs	<u> </u>			67	8,016.	1,800,159.	1,450,626.
f	Administrative expenses							
g	End of year balance	19,363,797.	17,931	,208.	18,13	8,275.	18,789,350.	17,376,829.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column (a)) held as	N	
а	Board designated or quasi-endowm	ent 25.3000	%		35	5452		
b	Permanent endowment 74.7	000 %						
С	Temporarily restricted endowment	▶ %						
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.					
3a	Are there endowment funds not in t	the possession of th	e organiza	tion that a	are held a	ind admir	istered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i) X
	(ii) related organizations							3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	d organizations lister	d as require	d on Sche	dule R?.			3b
4	Describe in Part XIII the intended u							t
Par	+ VI Land, Buildings, and Equi	pment.	57 - A.M					
	Complete if the organizat	tion answered "Ye						
	Description of property	(a) Cost or (invest		(b) Cost or (ot)	other basis		umulated (o	d) Book value
1a	Land	and the second			72,055			1,972,055.
b	Buildings				50,008		50,276.	10,899,732.
C	Leasehold improvements			•				
d	Equipment			2.2	86,364	1.4	23,219.	863,145.
e	Other				76,602		06,076.	370,526.
	I. Add lines 1a through 1e. (Column		990 Part)			1		14,105,458.

Schedule D (Form 990) 2016

	Complete if the ergenization enguared	"Voo" on Form 000	Dort N/ line 11h Cas Form 000	Dort V line 10
	Complete if the organization answered	and the second se	1	and the second
-	 a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)		and the second se		
(D)				-0.7.
(E)				
(F)				
(G)				1
(H)	b) must equal Form 990, Part X, col. (B) line 12.)	1947 - Kanala Mariana Antonia		
All successive the successive the subscription of the successive the subscription of the successive the subscription of the su				l - ann an
	nvestments - Program Related. Complete if the organization answered	"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 valuat Cost or end-of-year mark	
(1)			ARE A	
(2)			AND AND	
(3)				
(4)				
(5)		6	Alter and a second	
(6)				
(7)				
(8)		A		
(9)				
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 13.) 🕨	- XX - 22		×
	Other Assets. Complete if the organization answered.	- Your and -	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Desc	pription		(b) Book value
	CIAL INTEREST IN IRREVOG			4,281,227.
	BUTIONS RECEIVABLE ON DO			3,158,354.
	URRENDER VALUE OF LIFE I			338,641.
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · ·
(9) Total (Colum	n (b) must equal Form 990, Part X, col. (B) lin	0 (5)		7,778,222.
Part X C	Other Liabilities. Complete if the organization answered ' ne 25.			
1.	(a) Description of liability	(b) Book value	8	
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column 6	b) must equal Form 990, Part X, col. (B) line 25.) 🕨	•		

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

Schedule D (Form 990) 2016

X

	BOYS & GIRLS CLUBS OF BROWARD COUNTY INC	59-1	108790
designed and the second second	ile D (Form 990) 2016		Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	22,916,045.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10.00	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 3	5,988,692. 16,927,353.
3	Subtract line 2e from line 1	3	10,927,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b, 4a, 175,531.		
a			
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4c	175,531.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,102,884.
Part		home and a second	na santana kana kana sa kana s
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,015,907.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		and the second second second second
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)	5	
е	Add lines 2a through 2d	2e	4,719,980.
3	Subtract line 2e from line 1	3	12,295,927.
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		
b	Other (Describe in Part XIII.)	4c	175,531.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,471,458.
Contraction of the local division of the loc	XIII Supplemental Information.	<u> </u>	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Pari	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

PART X, LINE 2:

THE CLUB HAS BEEN GRANTED AN EXEMPTION FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C) (3) AS A NOT-FOR-PROFIT ORGANIZATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF JUNE 30, 2017 AND 2016. THE CLUB RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE CLUB DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE CLUB IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS DIRECT EXPENSES

JSA 6E1226 1.000

or key employees lated in Form 990, Part VII) or entity in connection with professional fundrialing services? UN b If "Yes;" list he 10 highest paid individual sor entities (fundriasers) pursuant to agreements under which the fundriaser is to be compensated at least \$5,000 by the organization. (ii) Administration (iii) and the fundriaser is to be contention or entity (fundriaser) and the organization. (i) Neme and address of hiddual or entities (iii) (fundriaser) (fundr	Part I Fundraisin Form 990 1 Indicate whether the solicitating of the s	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. Deartment of the Treasury multiple Service						
(i) Name and address of individual or entity (functions) (ii) Activity (iii) De tributation for endity for entity (functions) (iv) Grass means itself in endity for endity for endity for endity for endity for endity (functions) (iv) Arribut (fails to endity for endity) (iv) Arribut (fails to endity) (iv) Arribut (f	b If "Yes," list the 1	0 highest paid indiv	viduals or entities	(fundraise	rs) pursua		under which the	fundraiser is to be
Yes No 2			(ii) Activity	custody o	r control of		(or retained by) fundraiser listed in	(or retained by)
3 4 5 6 7 8 9 10	1			Yes	No			
4 6 6 7 8 9 10 1 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	2				Jan 1		2	
5	3			1000		ji 🔖		
6 7 7 8 9 9 10 9 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	4							
7 3 Image: Control of the control o	5			No.	<u>J</u>			
8 9 10 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	6		P					
9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	7	4		1				
10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	8							
Total	9	V	*					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	10							
registration or licensing.	Total							
			ion is registered o	r licensed	to solicit	contributions or I	has been notified	it is exempt from
		and and a second second						
)
		an a						
Can Department Deduction Act Mation and the Instructions for Early 000 F7								

Schedule G (Form 990 or 990-EZ) 2016

Part II

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

			(a) Event #1 CONCOURS D'ELEG	(b) Event #2 RENDEZVOUS	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,339,787.	738,980.	1,775,785.	3,854,552
æ		Less: Contributions	31,798.	5,640.	84,869.	122,307
	3	Gross income (line 1 minus line 2)	1,307,989.	733,340.	1,690,916.	3,732,245
	4	Cash prizes				danati andara Salatan Matana a
	5	Noncash prizes	25,021.	23,342.	41,907.	90,270
nses	6	Rent/facility costs	167,631.	279,391.	51,325.	498,347
Direct Expenses	7	Food and beverages	178,232.	363,095.	277,016.	818,343.
Direct	8	Entertainment	366,233.	368,093	327,388.	1,061,714.
	9	Other direct expenses	330,673.	134,872.	724,257.	1,189,802.
	10	Direct expense summary. Add lines 4	l through 9 in column (d)			3,658,476.

 10 Direct expense summary. Add lines 4 through 9 in column (d)
 3,658,476.

 11 Net income summary. Subtract line 10 from line 3, column (d)
 73,769.

Part III 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.

Revenue		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue	<u>.</u>				
ses	2 Cash prizes	<u>NO</u>				
Direct Expenses	3 Noncash prizes					
Direct I	4 Rent/facility costs					
	5 Other direct expenses				T	
	6 Volunteer labor	Yes No	%	Yes%	Yes%	an a
	7 Direct expense summary. Add lines 2	through 5 in colur	nn (d)			
	8 Net gaming income summary. Subtra	ct line 7 from line	1, col	umn (d)		
9	Enter the state(s) in which the organizat					
a	Is the organization licensed to conduct g	aming activities in	each	of these states?		. Yes No
D	If "No," explain:			,		
10 2	Were any of the organization's gaming li	censes revoked s	liene	nded or terminated durin	on the tax year?	Yes No
	If "Yes." explain:	censes revoked, s	uspe	nded of terminated duri	ig the tax year?	NO

Schedule G (Form 990 or 990-EZ) 2016

	BOYS & GIRLS CLUBS OF BROWARD COUNTY INC 59-1108790
Sched	ule G (Form 990 or 990-EZ) 2016 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation > \$
	Description of services provided
	Director/officer Employee
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

SCHEDULE I				ssistance t			0	MB No. 1545-0047
(Form 990)				dividuals in				2016
	Comp	lete if the or	a series a conservation of the series of the	wered "Yes" on F ach to Form 990.	orm 990, Part IV,	line 21 or 22.	C	open to Public
Department of the Treasury Internal Revenue Service	► Informat	ion about So		990) and its instr	uctions is at www	.irs.gov/form990.		Inspection
Name of the organization						Jennes	Employer identifica	
BOYS & GIRLS CLUBS	OF BROWARD COUN	TY INC					59-110879	0
Part I General Inform	nation on Grants and	Assistance	e					
1 Does the organization	maintain records to su	ibstantiate th	e amount of the	grants or assista	nce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria u	used to award the grants	s or assistanc	æ?				L	X Yes No
2 Describe in Part IV the	e organization's proced	ures for mor	nitoring the use o	of grant funds in the	e United States.			
	ther Assistance to Denne 21, for any recipi							s" on Form
1 (a) Name and addre or govern		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		-	1 A					
(2)		-		V.				
(3)		-		al and a second				
(4)		-			4			
(5)		-		ALC: SA	A PROVIDE NO.			
(6)					S.			
_(7)		_			A)	2		
_(8)		_				N. ANDERSON		
(9)		-			1 100	2 ²⁸		
(10)								
(11)								
(12)		-						
2 Enter total number of								
	other organizations list t Notice, see the Instruct					• • • • • • • • • • • • •		edule I (Form 990) (2016

Page 2

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	63.	48,250.			
2					
3	Ba.				
4					
5					
6					
7	100	R			
art IV Supplemental Information. Provi information.	de the information re	quired in Part I,	line 2, Part III,	column (b); and any othe	er additional

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

SCHOLARSHIP RECIPIENTS ARE REQUIRED TO MAINTAIN AT LEAST A 2.0 GRADE POINT

AVERAGE AND FULL-TIME STUDENT STATUS IN ORDER FOR THEIR SCHOLARSHIPS TO.

CONTINUE. THE STUDENTS ARE REQUIRED TO SUBMIT THEIR GRADES AT THE END OF

EACH SEMESTER.

Departr Internal Name	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				1545-0 16 Put ectio	olic
Part	Question	s Regarding Compensation		4		
1a	990, Part VII, S First-clas Travel fo Tax inder	propriate box(es) if the organization provided any of the following to or for a person liste Section A, line 1a. Complete Part III to provide any relevant information regarding these ss or charter travel or companions mnification and gross-up payments onary spending account	items. al use dence		Yes	No
b	or reimburser	boxes on line 1a are checked, did the organization follow a written policy regarding ment or provision of all of the expenses described above? If "No," complete	g payment Part III to	1b		
2	Did the orga directors, trust	nization require substantiation prior to reimbursing or allowing expenses incurr tees, and officers, including the CEO/Executive Director, regarding the ftems check	Contraction of the second s	2		
3	organization's related organiz X Compens Independ	, if any, of the following the filing organization used to establish the compensation of th CEO/Executive Director. Check all that apply. Do not check any boxes for methods used zation to establish compensation of the CEO/Executive Director, but explain in Part III. sation committee X Written employment contract dent compensation consultant Compensation survey or study 0 of other organizations Approval by the board or compensation co	d by a			
4	organization or	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filin r a related organization:				
а		erance payment or change-of-control payment?		4a		<u>X</u>
b		or receive payment from, a supplemental nonqualified retirement plan?	e neuriter es classifier de	4b		X X
С	If "Yes" to any	or receive payment from, an equity-based compensation arrangement? of lines 4a-c, list the persons and provide the applicable amounts for each item in I 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	5. 전에 관망했다. 6 · · · · ·	4c		~
5	For persons lis compensation	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of:				
a b	Any related org	on?	••••• ••••	5a 5b		X X
6	For persons lis compensation	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of:				
a b	Any related org	on?	а составал на измени на пре	6a 6b		X X
7		sted on Form 990, Part VII, Section A, line 1a, did the organization provide any				Х
8		described on lines 5 and 6? If "Yes," describe in Part III		7		Λ
9	to the initial in Part III If "Yes" on lin	contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," ne 8, did the organization also follow the rebuttable presumption procedure described 53.4958-6(c)?	describe	8		X

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990
BRIAN QUAIL	(i)	284,676.	0.	0.		45,769.	330,445.	
1CHIEF EXECUTIVE OFFI	(ii)	Ô.	0.	0.				
MATT ORGAN	(i)	146,129.	0.	0.		23,056.	169,185.	
2EXECUTIVE VICE-PRESI	(ii)	0.	0.	0.				
	(i)		A D					
3	(ii)		19 19					
	(i)		W A see					
4	(ii)		4 8 S					
	(i)	West, J.	1 N	Y				
5	(ii)		Willington (
	(i)			and the second second				
6	(ii)			1 2				
	(i)			國 國				
7	(ii)							
	(i)			State and				
8	(ii)							
	(i)				A B			
9	(ii)			Nu.1	Alleria			
	(i)				AL A S			
0	(ii)							
	(i)				and the second sec	dà.		
11	(ii)				A Star			
	(i)				ALC: NOTE: THE REAL PROPERTY OF			
12	(ii)							
	(i)							
13	(ii)							
	(i)	47 - Martin Contractor						
4	(ii)							
17	(i)							
5	(ii)							
0	(i)							
16	(ii)							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part III Supplemental Information

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



SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

омв №. 1545-0047 201**16**

5	energia de la completa	
	Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

ov/form990. Employer identification number

Name of the organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC

1	,	
59-	1108790	

Pa	rt I Types of Property		-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cor			
1	Art - Works of art.							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
5	goods							
6	Cars and other vehicles							
7	Boats and planes.							
8	Intellectual property			4				
9	Securities - Publicly traded							
10	Securities - Closely held stock				and a state of the			01.12.00 - 1.0000.1
11	Securities - Partnership, LLC,	e - 10 - 00 - 00 - 00 - 00 - 00 - 00 - 0	a nomo con municipalita con a la Possica da Districtiva da la presidencia da con este com a con este Este con este					
11	or trust interests							
12	Securities - Miscellaneous			New State				
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential	10						
16	Real estate - Commercial		State of the					
0.000	F							
17 18	Real estate - Other		C D		tentra patrice de source	100177		ADDISCO DE STA
19	Food inventory	10 10						
20	Drugs and medical supplies	-						
21	Taxidermy	A Contraction	\\					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶(_ATCH 1)		114.	482,280.			111 - VIA104	
25			114.	402,200.				
26	Other ▶()							
27	Other ▶()							
28	Other ▶()							
29	Number of Forms 8283 received I				20			1.
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowledg	ement	29	1	Veel	
0.0		Victoria de la Composition			a		Yes	No
30a	During the year, did the organization		(a) A 15 17	- M			100	
	28, that it must hold for at least th					200		х
	to be used for exempt purposes for t		biding period?			30a		~
	If "Yes," describe the arrangement in		P 41 4	e michestran swieder s				
31	Does the organization have a g						v	
	contributions?					31	X	
32a	Does the organization hire or use							v
6.02.12	contributions?					32a		X
	If "Yes," describe in Part II.		n an ann an Annaichtean an Annaichte an Annaichte			1.5		
33	If the organization didn't report an a	imount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,		1.3	
-	describe in Part II.							
For P.	aperwork Reduction Act Notice, see the Instru	uctions for For	m 990.		Schedule	M (Forn	n 990)	(2016)

JSA

Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

59-1108790

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS/CERTIFICATES	Х	75.	335,645.	FMV
TICKETS FOR VARIOUS EVEN	TT X	9.	1,705.	FMV
JEWELRY	Х	9.	53,020.	FMV
FURNITURE/FIXTURES/OFFIC	E X	8.	10,175.	FMV
ARTWORK	Х	2.	33,000.	FMV
FOOD & BEVERAGES	Х	11.	48,735.	FMV
TOTALS	Sectors Sectors	114.	482,280.	
			1111	

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on lh Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization Employer identification number

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE BOYS AND GIRLS CLUBS OF BROWARD COUNTY OFFER MULTIPLE PROGRAMS FOR YOUTH IN THE FOLLOWING AREAS: MENTORING, GANG PREVENTION, CHARACTER AND LEADERSHIP EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, THE ARTS, SPORTS, FITNESS, AND RECREATION. EXAMPLES INCLUDE: (1) THE UNITED WAY PROGRAM INTRODUCING CAREERS IN THE MARINE INDUSTRY AND FREE NUTRITIOUS SNACKS TO CLUB MEMBERS; (2) THE Y.E.S. PROGRAM WORKING TO IMPROVE STUDENT PERFORMANCE IN READING AND MATH BY PROVIDING ADDITIONAL LEARNING OPPORTUNITIES TO APPROXIMATELY 700 YOUTH FROM ALL LOCATIONS. EXPENSES \$ 8,533,682. INCLUDING GRANTS OF \$ 49,388. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: RICK CASE AND RITA CASE - HUSBAND AND WIFE; ALAN GOLDBERG AND CARY GOLDBERG -FATHER AND SON; H. WAYNE HUIZENGA AND MARTI HUIZENGA - HUSBAND AND WIFE; DOUGLAS VON ALLMEN AND LINDA VON ALLMEN - HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS REVIEWED BY DESIGNATED MEMBERS OF THE FINANCE COMMITTEE, COPIES OF THE COMPLETED DRAFT ARE AVAILABLE TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL BOARD MEMBERS, MEMBERS OF CERTAIN



BOYS & GIRLS CLUBS OF BROWARD COUNTY INC 59-1108790

Schedule O (Form 990 or 990-EZ) 2016	
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COMMITTEES, AND KEY EMPLOYEES TO SIGN A CODE OF ETHICS STATEMENT THAT INCLUDES A SECTION ON CONFLICTS OF INTERESTS. POTENTIAL INSTANCES OF CONFLICTS OF INTERESTS ARE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD, WHICH MEETS REGULARLY AND REVIEWS ALL SUCH ITEMS.

du :

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

ALL EMPLOYEES OF THE ORGANIZATION ARE SUBJECT TO THE ORGANIZATION'S SALARY ADMINISTRATION PLAN, WHICH SETS FORTH GUIDELINES FOR COMPENSATION AND SALARY INCREASES. THE NATIONAL ORGANIZATION (BOYS AND GIRLS CLUBS OF AMERICA) PROVIDES BENCHMARK SALARY GRADE LEVELS, EACH WITH A MINIMUM, MID-POINT, AND MAXIMUM, FOR ALL EMPLOYEES, INCLUDING THE CEO AND TOP MANAGEMENT OFFICIALS. ANNUAL RAISES ARE BASED ON NUMERICAL PERFORMANCE RATINGS, WHICH ARE STANDARDIZED THROUGHOUT THE ORGANIZATION. THE CEO'S INITIAL COMPENSATION AND ANNUAL PERFORMANCE RATING IS DONE BY A BOARD COMMITTEE TASKED WITH THIS RESPONSIBILITY. ALL OTHER EMPLOYEES, INCLUDING TOP MANAGEMENT, ARE RATED BY THEIR SUPERVISORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. WE HAVE PROVIDED SUCH INFORMATION VIA EMAIL, FAX, AND HARD COPY. WE DO NOT CHARGE COPYING COSTS FOR HARD COPY REQUESTS. A COPY OF OUR ANNUAL REPORT, WHICH INCLUDES CONDENSED FINANCIAL INFORMATION, IS ON OUR WEBSITE AND ACCESSIBLE WITHOUT ANY PASSWORD REQUIREMENTS. OUR DONORS RECEIVE ACKOWLEDGEMENT LETTERS, WHICH INCLUDE OUR FEDERAL TAX ID# AND INFORMATION FOR CONTACTING THE FLORIDA DIVISION OF CONSUMER AFFAIRS, WHICH WILL

edule O (Form 990 or 990-EZ) 2016	
Name of the organization	Employer identification number
BOYS & GIRLS CLUBS OF BROWARD COUNTY INC	59-1108790

PROVIDE A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION

REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GA FOOD SERVICE, INC.	CATERING SERVICES	560,940.
12200 32ND COURT NORTH ST. PETERSBURG, FL 33716	CAMAINO DERVICES	500,540.
AFFINITY ENTERTAINMENT INC. 224 DATURA STREET, SUITE #711	EVENT MANAGEMENT	526,794.
WEST PALM BEACH, FL 33401 DIANA FOODS 4020 NE 10TH WAY POMPANO BEACH, FL 33064	CATERING SERVICES	858,169.
AA ADVANCE AIR 1920 NW 32ND STREET POMPANO BEACH, FL 33064	AIR CONDITIONING	231,871.
Ala TRANSPORTATION 1950 NW 22ND STREET FORT LAUDERDALE, FL 33311	TRANSPORTATION SERVI	154,710.

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2016

Schedule O (Form 990 or 990-EZ) 2016		Page
Name of the organization		Employer identification number
BOYS & GIRLS CLUBS OF BROWARD (COUNTY INC	59-1108790
FORM 990, PART VIII - EXCLUDED	CONTRIBUTIONS	ATTACHMENT 2 (CONT'D)
DESCRIPTION	AMOUNT	
DESCRIPTION	AHOUNI	
FUNDRAISING EVENTS	122,307.	
TOTAL	122,307.	
		ATTACHMENT 3
FORM 990, PART VIII - FUNDRAIS DESCRIPTION	ING EVENTS	
UNDRAISING EVENTS		
FOTALS		All and a second
	and the second s	J +
		ATTACHMENT 4
FORM 990, PART X - PREPAID EXPL	ENSES AND DEFERRED CHARGES	
		ENDING
DESCRIPTION		BOOK VALUE
PREPAID EXPENSES	. 0.	295,453.
	OTALS	295,453.
and the second s	OTALS	
	AN IN	
Star -		