Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

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.

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

2015 Open to Public Inspection

OMB No 1545-0047

<u> </u>	For the 2015 c	alendar year, or tax year beginning $10/01/15$, and ending $09/30/1$.6	,	•
В	Check if applicable	C Name of organization		D Employer	identification number
_]	Address change	LEE COUNTY YOUTH DEVELOPMENT CENTER		l	
	Name change	Doing business as			078903
Π̈́	Initial return	Number and street (or P O box if mail is not delivered to street address) 1109 SPRING DRIVE	Room/suite	E Telephone	number
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
\exists	terminated	OPELIKA AL 36801		G Gross rece	npts\$ 10,270,393
	Amended return	F Name and address of principal officer	T	G Gloss lete	
	Application pending	LAURA COOPER	H(a) Is this a gro	oup return for su	bordinates? Yes X No
			H(b) Are all sub	ordinates inclu	uded? Yes No
			if "No,	" attach a list (see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	1		
J		WW.LCYDC.ORG	H(c) Group exe	emption numbe	
ĸ	Form of organization	X Corporation Trust Association Other ▶ L Y	ear of formation 1	969	M State of legal domicile AL
		ımmary			
	1 Briefly de	escribe the organization's mission or most significant activities			
ė	A PI	ACE FOR CHANGEWORKING TOGETHER, OFFERING RAYS OF	HOPE FO	R CHILI	DREN
auc	AND	FAMILIESSTRENGTHENING OUR COMMUNITY.			
& Governance					
Š	2 Check th	his box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	% of its net as	sets	
8	3 Number	of voting members of the governing body (Part VI, line 1a)		3	15
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	15
Activities	5 Total nui	mber of individuals employed in calendar year 2015 (Part V, line 2a)		5	299
Act	6 Total nui	mber of volunteers (estimate if necessary)		6	5
	7a Total un	related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	lated business taxable income from Form 990-T, line 34	Dave Ve	7b	Current Year
	0.00	1	Prior Ye 10,56		10,267,229
ine	8 Contribu	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	10,50	<u> </u>	0
Revenue	9 Program	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,174	3,164
Re	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		0
	1	venue – add lines 8 through 11 (must equal-Rart_VIII, column (A), line 12)	10,56	9,301	10,270,393
		and similar amounts paid (Part IX, column (A), lines 1=3)			0
	14 Benefits	paid to or for members (Part IX, column (A) pline 4)		0	
s	45 Calanna	, other compensation, employee benefits (Rart IX, column (A), lines 5-10)	7,08	0,801	7,035,845
Expenses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)			0
bei	b Total fur	ndraising expenses (Part IX, column (D), line 25)			
ũ	17 Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,938	2,947,809
	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>0,739</u>	9,983,654
	19 Revenue	e less expenses Subtract line 18 from line 12		8,562	286,739
Net Assets or	<u> </u>	-	Beginning of Cu		End of Year
sset	ਰੂ 20 Total as	sets (Part X, line 16)		8,383 3,485	12,370,392 788,755
et A	21 Total lia	bilities (Part X, line 26)		4,898	11,581,637
		ets or fund balances Subtract line 21 from line 20	11,23	74,090	11,301,031
		ignature Block f perjury, I declare that I have examined this return, including accompanying schedules and statement	anta and to the l	bost of my ki	rowledge and helief it is
t	Under penaities of true correct and a	r perjury, I declare that I have examined this return, including accompanying scriedules and staterily complete Declaration of preparer (other than officer) is based on all information of which preparer is	has any knowled	ige	lowledge and belief, it is
_		,			
Si	gn	Signature of officer		Date	
	ere	LAURA COOPER EXECU	THVE DI	RECTO	R 5/10/17
• • • •		Type or print name and title			
_	Print/Ty	pe preparer's name Preparer's signature	Date	Check	ıf PTIN
Pa	id	BOLES JOHN BOLES	05/1	0/17 self-e	mployed P01353646
Pr	eparer Firm's n	DADELET D MEDDLY CHANG CMTTH II		Firm's EIN	46-1498870
Us	se Only	2002 YARBROUGH DRIVE			
	Firm's a	. ODELTYN NI 26001		Phone no	334-749-3449
Ma		uss this return with the preparer shown above? (see instructions)			Yes No
_	·	duction Act Notice, see the separate instructions.			Form 990 (2015)

Part IV Checklist of Required Schedu	art IV	Checklist o	f Required	Schedules
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			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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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
0	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
1	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			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"			Ī
u	complete Schedule D, Part Vi	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
r	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
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 <u>d</u>		х
е	D. M. D. C. M. D. D. C. M. D. D. C. M.	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
٠	the organization's separate of consolidated limitions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	1	x
h	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	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	- · · · · · · · · · · · · · · · · · · ·			
_	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		ì	
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u>L</u>	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	<u>L.</u> .	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19	<u></u>	X
		Fo	rm 99	0 (2015

Form 990 (2015) LEE COUNTY YOUTH DEVELOPMENT CENTER 23-7078903 Page 4 Part IV Checklist of Required Schedules (continued) No Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 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 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 X 22 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 X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х through 24d and complete Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 X 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 X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

X

X

38

Part VI

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2015) LEE COUNTY YOUTH DEVELOPMENT CENTER 23-7078	903		P	age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
	,	ا ما		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 61			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 299			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	- 1			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?	1	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		1	ĺ
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				ŀ
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		\vdash
10	Section 501(c)(7) organizations. Enter	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	المما			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	445			
12-	against amounts due or received from them)	11b	420		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b 12	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	 	
а	Is the organization licensed to issue qualified health plans in more than one state?		134		
L	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	13c	1		
142	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	100	14a	 	x
14a	Did the organization receive any payments for indoor tarming services during the tax year?				+

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "I	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See	ınstru	iction	ıs
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	ion A. Governing Body and Management	· 		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		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,	- I		х
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		1,,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coc	de)		T
			Yes	_
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ
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		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	L	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	1	
500	tion C. Disclosure			
17	List the states with which a copy of this form cooks required to be more			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O)			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20_	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AURA COOPER 1101 SPRING DRIVE	-7/	19-	299
0	PELIKA AL 36801 334		<u> </u>	<u></u>

Form 990 (2015)	LEE	COUNTY	HTUOY	DEVELOPMENT	CENTER	23-7078903
01111 000 (2010)			TOOTIL		CENTER	Z.J = 1 U 1 U 3 U.J

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

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

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

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

K 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	bo: off	x, unle icer a	Pos check ess pe nd a d	rson	than one is both an or/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-III/30)	organization and related organizations
(1) EMILY JONES										
	1.00				Ì			_		
BOARD MEMBER	0.00	X	ļ			 	_	0	0	0
(2) DR. ANNE PENNEY	1 00						-			
DD 0.4 DD 0.0	1.00	.,				1 1	-	^	^	0
PRESIDENT (3) SHERIFF JAY JONI	0.00	X		X		++	\dashv	0	0	
(3) SHERIFF DAI JONI	1.00					1				
IMMEDIATE PAST PRES	0.00	x						0	o	0
(4) GEORGE ERVIN	0.00	┼^	 		╁─	+++				
(4) 626162 21(121)	1.00				İ					
BOARD MEMBER	0.00	$ \mathbf{x} $						0	O	0
(5) RICHARD MOREMAN			ļ							
, ,	1.00						- 1			
BOARD MEMBER	0.00	X			İ			0	0	0
(6) ROBERT SMITH										
	1.00	1					- (
TREASURER	0.00	X		X	<u> </u>		_	0	0	0
(7) MIKE FELLOWS						1				
	1.00							_		
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	 	 -	_	. 0	0	0
(8) KENNETH BURTON	1 00				1		ļ		j	}
	1.00				1			0		o
BOARD MEMBER	0.00	X		 	╁	+			0	0
(9) SUSIE GOGUE	1.00				ļ					
BOARD MEMBER	0.00	x					ĺ	0	l o	0
(10) SHARLENE MCDANI		├ ^	+		\vdash	+++	\dashv			<u> </u>
(10) SHAKLENE MCDANI.	1.00						Ì			
BOARD MEMBER	0.00	x						0	l o	0
(11) JERRY BENTLEY	1	†**	†	T	1	1	7			
	1.00									
VICE PRESIDENT	0.00	$ \mathbf{x} $	1	x				0	<u> </u>	
DAA										Form 990 (2015)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) (C) Average hours per week (list any hours for					s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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-211039-MI3C)	or a	from the rganizati and relati ganizatio	ion ed	
(12) HENRIETTA THO	1.00												
BOARD MEMBER (13) LARRY PATTERS	0.00	X						0	0	<u> </u>			0
(13) MARKI PALIERS	1.00												
BOARD MEMBER	0.00	x	ĺ					0	o				0
(14) ISAAC NUNN													
20122 1010	1.00												^
BOARD MEMBER (15) DIANNE CARLTO	0.00	X				-	-	0	0	 			_0
(15) DIRINE CARLL	1.00]								
BOARD MEMBER	0.00	X						0	0	-			0
							:						
		<u> </u>											
1b Sub-total		1	1	1		1							
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion <i>i</i>	Ą			>						
Total number of individuals (ir reportable compensation from				thos	se lis	ted a	abov	ve) who received more than	\$100,000 of				
3 Did the organization list any fo				trus	tee,	key e	emp	loyee, or highest compensa	ated			Yes	No
employee on line 1a? If "Yes," For any individual listed on lin organization and related orga	ie 1a, is the sum	of re	eport	able	con	npen:	satio	on and other compensation	from the		3		X
individual										-	4		X
5 Did any person listed on line for services rendered to the o	rganization? If "								r individual ————————————————————————————————————		5		x
Complete this table for your fi compensation from the organ	ive highest comp	ens	ated	ınde	pend for t	dent	cont	tractors that received more	than \$100,000 of	/ear			
	(A) d business address							Descrip	(B) otion of services		Con	(C) npensati	on
-													
	 	-											
			_										
	_, ,												
2 Total number of independent received more than \$100,000								ose listed above) who	0				
DAA				_							Form	n 990	(2015

lft Vi	Check if Schedule	O contains	a response or	note to any line in	this Part VIII		
	· Oneskii Goneduc	O CONTAINIO		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
:1	Membership dues	1b					
c	Fundraising events	1c					
, d	Related organizations	1d					
ě	Government grants (contributions)		0,263,566				
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	3,663				
	Noncash contributions included in lines 1						
h	Total. Add lines 1a-1f		•	10,267,229			
			Busn Code				
2a							
ь							
C							
d							
e							
f	All other program service rev	/enue					
g	Total. Add lines 2a-2f				<u></u>		
3	Investment income (including	g dividends, in	terest,				2.16
	and other similar amounts)		>	3,164			3,16
4	Income from investment of ta	ax-exempt bor	nd proceeds ▶				
5	Royalties						
	(i) Real		(II) Personal				
6a	Gross rents						
b	Less rental exps						
C	Rental inc or (loss)	_					
d							
7a	Gross amount from (i) Securiti	ies	(II) Other				
	sales of assets other than inventory						
b	Less cost or other			ĺ			
	basis & sales exps						
C	Gain or (loss)						
d	Net gain or (loss)		> _				
	a Gross income from fundraising e	events	1				
<u> </u>	(not including \$						
	of contributions reported on line	1c)					
	See Part IV, line 18	a					
į t	Less direct expenses	b					
٠ (Net income or (loss) from fu		nts 🕨				
98	a Gross income from gaming activ						
	See Part IV, line 19	a					
	Less direct expenses	b					
	c Net income or (loss) from g		es > _				
10	 a Gross sales of inventory, le 						
	returns and allowances	a					
	b Less cost of goods sold	b		{			
<u> </u>	c Net income or (loss) from s						
<u> </u>	Miscellaneous Rever	nue	Busn Code	1			
11			-	 			
'	b		<u> </u>	 			
	C			 		 	
'	d All other revenue						
	e Total. Add lines 11a-11d		>	10,270,393		0	0 3,1
12	2 Total revenue. See instruc	ctions		10,210,333		<u> </u>	Form 990 (2

Part IX Statement of Functional Expenses

DAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 826,941 6,035,256 5,208,315 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 146,238 417,283 563,521 Other employee benefits 374,148 62,920 437,068 Payroll taxes 10 Fees for services (non-employees) a Management 27,064 27,064 b Legal Accounting C d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 28,736 426,614 397,878 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 30,735 242,779 212,044 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 123,222 123,222 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 86,224 86,224 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 55,400 395,716 340,316 22 Depreciation, depletion, and amortization 464 290,589 291,053 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 242,711 242,711 FOOD 229,547 REPAIRS & MAINTENANCE 229,547 b 391 224,690 225,081 PROGRAM SUPPLY & EXP C 207,386 207,386 UTILITIES d 15,921 434,491 450,412 All other expenses 0 1,167,746 8,815,908 9,983,654 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) Form 990 (2015) Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Part X	· - ·		
		•		(A)		(B)
	1			Beginning of year		End of year
	1	Cash—non-interest bearing	-	4,281,288	1	4,608,473
	2	Savings and temporary cash investments	}-	400,000	_ 2	400,007
	3	Pledges and grants receivable, net	-	007 400	_3	040.000
	4	Accounts receivable, net	ļ	887,199	4	842,829
	5	Loans and other receivables from current and former off	[
		trustees, key employees, and highest compensated emp	ployees			
		Complete Part II of Schedule L	ļ.		5	
	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
	l	sponsoring organizations of section 501(c)(9) voluntary	· •			
ets		organizations (see instructions) Complete Part II of Sch	edule L		6	
Assets	7	Notes and loans receivable, net	_		7	
⋖	8	Inventories for sale or use	[8	
	9	Prepaid expenses and deferred charges	r 1	37,621	9	37,621
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 11,650,415			
	b	Less accumulated depreciation	10b 5,183,923	6,447,327	10c	6,466,492
	11	Investments—publicly traded securities	_		_11	
	12	Investments—other securities See Part IV, line 11	<u> </u>	7,114	12	7,136
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets	<u> </u>		14	
	15	Other assets See Part IV, line 11		7,834	15	7,834
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	12,068,383	16	12,370,392
	17	Accounts payable and accrued expenses		310,931	17	<u>326,556</u>
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Š	22	Loans and other payables to current and former officers	, directors,			
Liabilities		trustees, key employees, highest compensated employe	ees, and			
abi		disqualified persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables t	r			
		parties, and other liabilities not included on lines 17-24)	Complete Part X))	
		of Schedule D		462,554	25	462,199
	26	Total liabilities. Add lines 17 through 25		773,485	26	788,755
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
Ses	1	complete lines 27 through 29, and lines 33 and 34.				
au	27	Unrestricted net assets	Į	11,294,898	27	11,581,637
Bal	28	Temporarily restricted net assets			28	
Fund Balances	29	Permanently restricted net assets			29	
Ţ	ł	Organizations that do not follow SFAS 117 (ASC 958	B), check here ▶ 📋 and			
9		complete lines 30 through 34.				
Net Assets or	30	Capital stock or trust principal, or current funds]		30	
488	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
et	32	Retained earnings, endowment, accumulated income, of			32	
Z	33	Total net assets or fund balances	1	11,294,898	33	11,581,637
	34	Total liabilities and net assets/fund balances		12,068,383		12,370,392

orm	990 (2015) LEE COUNTY YOUTH DEVELOPMENT CENTER 23-7078903				Pag	je 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10),2	70,:	393
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	9,98	33,0	654
3	Revenue less expenses Subtract line 2 from line 1	3		28	36,'	739
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	1,29	94,8	398
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	11	L,58	31,	637
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					'
	the Single Audit Act and OMB Circular A-133?			3a_		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	İ	

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEE COUNTY YOUTH DEVELOPMENT CENTER

Employer identification number 23-7078903

	arl F			Status (All organizations i				19					
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box							
1		A church, con	nvention of churches, or asso	ociation of churches described ii	n section	170(b)(1))(A)(i).						
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ))							
3		A hospital or a	a cooperative hospital servic	e organization described in sec	tion 170(b)(1)(A)(i	ι).						
4			,	I in conjunction with a hospital d	lescribed i	n sectior	n 170(b)(1)(A)(iii). Enter the ho	ospital's name,					
5			on operated for the benefit o	f a college or university owned o	or operate	d by a go	vernmental unit described in						
			b)(1)(A)(iv). (Complete Part										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9													
•	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
				d unrelated business taxable in									
		• •	•), 1975 See section 509(a)(2).									
10			•	exclusively to test for public safe									
11	H	•	•	exclusively for the benefit of, to p	•			ses of					
• •	Ш			ons described in section 509(a									
а	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g												
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b	\Box	-		used or controlled in connection	with its si	ipported	organization(s), by having						
	ш			organization vested in the same									
			s) You must complete Par		o polocino		or or manage the cappenda						
С	\Box	•	•	orting organization operated in o	connection	with an	d functionally integrated with.						
·				tions) You must complete Par									
d				supporting organization operate									
ŭ	Ш			janization generally must satisfy									
				t complete Part IV, Sections A									
е		•	•	d a written determination from t									
٠	ш			nctionally integrated supporting)						
f	Fn	-	r of supported organizations	ionomany intograted dapporting	0.94	•							
g			ving information about the su	upported organization(s)									
	ı) Nam	ne of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(IV) Is the o	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
(A)					1								
(B)						'							
(C)													
(D)													
(E)					ļ								
Tot	al												

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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,221,314	9,564,692	9,898,233	10,566,127	10,267,229	49,517,595
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,221,314	9,564,692	9,898,233	10,566,127	10,267,229	49,517,595
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						49,517,595
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	9,221,314	9,564,692	9,898,233	10,566,127	10,267,229	49,517,595
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3,174	3,164	6,338
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						49,523,933
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax yea	ir as a section 501	(c)(3)	
	organization, check this box and stop her	e					•
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2015 (line 6	, column (f) divided	by line 11, colum	ın (f))		14	99.99%_
15	Public support percentage from 2014 Sch	edule A, Part II, line	e 14			15	99.99%
16a	33 1/3% support test—2015. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	3 1/3% or more, o	check this	
	box and stop here. The organization qual	•					▶ X
b	33 1/3% support test—2014. If the organ check this box and stop here. The organi				5 is 33 1/3% or m	ore,	▶ 🗆
17a b	10%-facts-and-circumstances test—20' 10% or more, and if the organization mee Part VI how the organization meets the "fa organization 10%-facts-and-circumstances test—20'	ts the "facts-and-cil acts-and-circumstal	rcumstances" test nces" test The or	, check this box an ganization qualifies	d stop here. Expl as a publicly sup	ain in ported	▶ □
-	15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	meets the "facts-a eets the "facts-and	ind-circumstances -circumstances" te	s" test, check this b est. The organization	ox and stop here on qualifies as a p	ublicly	▶ [
18	Private foundation. If the organization di instructions	d not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee	>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

Sec	tion A. Public Support	quality under the	ne tests listed t	below, please c	ompiete Part II	1)	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(0) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2011	(b) 2012	(6) 2013	(d) 2014	(e) 2015	(f) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support			, 			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			<u></u>	<u> </u>	ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	11(c)(3)	
	organization, check this box and stop her			···			<u> </u>
Sec	tion C. Computation of Public Su	upport Percer	ntage		 		
15	Public support percentage for 2015 (line 8	• • •	•	nn (f))		15	%
16	Public support percentage from 2014 Sch					16	
	tion D. Computation of Investme				·· 	147	
17	Investment income percentage for 2015 (I			3, column (f))		17	<u>%</u>
18	Investment income percentage from 2014			- 44 and line 45.	a mara than 22 4"	18 1	<u>%</u>
19a	33 1/3% support tests—2015. If the orga						▶ □
h	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2014. If the orga						F L.
b							▶ [
20	line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV **Supporting Organizations**

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

Sectior	1 A. A	All Si	pporting	Organ	izations
	. ~. ~	··· •	3 P P O I LII 1 1 4	VIMAII	IIZaliVIIŞ

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	'	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	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		<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			1
	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	ļ	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	 	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
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	1	

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

	. ule A (Form 990 or 990-EZ) 2015 LEE COUNTY YOUTH DEVELOPMENT CENTER 23-707890	3		Page 5
Par	t IV Supporting Organizations (continued)	Т		
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	1	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ĺ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2]
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ons)		
2	Activities Test Answer (a) and (b) below.	······	Yes	No
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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	ļ
b	· · · · · · · · · · · · · · · · · · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	ļ	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	ļ
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	ŀ	1

Schedule A (Form 990 or 990-EZ) 2015 LEE COUNTY YOUTH DEVELOP			3903 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
Check here if the organization satisfied the Integral Part Test as a qualifying trust of			11
other Type III non-functionally integrated supporting organizations must complete s	Sections A thro	ugh E	T 12: 2 1:
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally-inte	egrated Type III	supporting organization	n (see

instructions)

Schedi	lle A (Form 990 or 990-EZ) 2015 LEE COUNTY YOUTH	DEVELOPMENT CE	ENTER 23-7078	903 Page 7
Pari				
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	oported organizations		
_ 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 organ	ization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	- 		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c		1	
8	Breakdown of line 7			
a				
b		ŀ	1	1

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

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 D (Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

LEE	COUNTY YOUTH DEVELOPMENT CENTER	 		78903
Part I	Organizations Maintaining Donor Advised F		Accounts	3.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6		
_		(a) Donor advised funds	(b)	Funds and other accounts
	al number at end of year			
	regate value of contributions to (during year)			
	regate value of grants from (during year)			
Agg	regate value at end of year		<u> </u>	
5 Did	the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised		
fund	is are the organization's property, subject to the organization's e	xclusive legal control?		Yes N
Did	the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used		
only	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose		
	ferring impermissible private benefit?			Yes N
Part II		5 000 D 404 7		
	Complete if the organization answered "Yes" or			
	pose(s) of conservation easements held by the organization (che			
_	Preservation of land for public use (e.g., recreation or education	` }	•	area
-	Protection of natural habitat	Preservation of a certified histo	ric structure	
	Preservation of open space			
	nplete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a con-		
	ement on the last day of the tax year			leld at the End of the Tax Ye
a Tota	al number of conservation easements		2a	
b Tota	al acreage restricted by conservation easements		2b	·
c Nur	nber of conservation easements on a certified historic structure i	ncluded in (a)	2c	
d Nur	nber of conservation easements included in (c) acquired after 8/	17/06, and not on a		
hist	oric structure listed in the National Register		_2d	
3 Nur	nber of conservation easements modified, transferred, released,	extinguished, or terminated by the organiz	zation during	the
tax	year ▶			
1 Nur	nber of states where property subject to conservation easement	is located ▶		
5 Doe	s the organization have a written policy regarding the periodic m	ionitoring, inspection, handling of		
viol	ations, and enforcement of the conservation easements it holds?	•		∐ Yes ∐ N
6 Sta	ff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements	during the year
7 Am	ount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation eas	ements durir	ng the year
▶ \$				
8 Doe	es each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(B)(1)	
and	section 170(h)(4)(B)(ii)?			Yes N
9 In F	Part XIII, describe how the organization reports conservation easi	ements in its revenue and expense statem	ent, and	
bala	ance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements tha	t describes t	ne
org	anization's accounting for conservation easements			
Part II			r Similar <i>i</i>	Assets.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 8		
1a Ifth	e organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sh	eet
Wor	ks of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fui	therance of	
pub	lic service, provide, in Part XIII, the text of the footnote to its fina	incial statements that describes these item	าร	
	e organization elected, as permitted under SFAS 116 (ASC 958	••		
wor	ks of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of	
pub	lic service, provide the following amounts relating to these items	i e		
(1)	Revenue included on Form 990, Part VIII, line 1		>	\$
(iı)	Assets included in Form 990, Part X		•	\$
2 If th	e organization received or held works of art, historical treasures	, or other similar assets for financial gain,	provide the	
	owing amounts required to be reported under SFAS 116 (ASC 99)			
	venue included on Form 990, Part VIII, line 1		•	\$
b Ass	sets included in Form 990, Part X		>	\$

		TI TOUTH DE								Page Z
	rt III Organizations Maintaining								(continued	<u> </u>
3	Using the organization's acquisition, accessicallection items (check all that apply)	on, and other record	s, check	any of the foll	owing that a	re a signifi	cant use of	its		
а	Public exhibition	d 🗍	Loan or e	exchange prog	grams					
b	Scholarly research		Other		-					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further the o	organization's	s exempt r	ourpose in F	Part		
	XIII	· · · · · · · · · · · · · · · · · · ·		,						
5	During the year, did the organization solicit of	r receive donations	of art. his	torical treasur	es, or other:	sımılar				
	assets to be sold to raise funds rather than t								Yes	No
Pa	rt IV Escrow and Custodial Arr									
	Complete if the organization 990, Part X, line 21	-	" on Fo	rm 990, Pa	rt IV, line 9	or rep	orted an a	amount o	on Form	
1a	Is the organization an agent, trustee, custod	an or other intermed	liant for c	ontributions o	r other accet	e not				
	included on Form 990, Part X?	ian or other intermed	ilaly ioi c	onthibutions o	i Other asset	.5 1101			Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able						
	in res, explain the arrangement in Part XIII	and complete the lo	nowing ta	able					Amount	
_	Beginning balance						10		741104111	
	J									
	Additions during the year						1			
	Distributions during the year						1			
	Ending balance						1	<u> </u>		
	Did the organization include an amount on F					_			Yes	No
	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n nas been pr	ovided on Pa	art XIII		·		
ra	#t V Endowment Funds.		" - -	000 D-	m4 11 / 1 mm - 4	10				
	Complete if the organization								1 435	11-
	 	(a) Current year	(p)	Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four yea	rs back
	Beginning of year balance		-					-	ļ	
þ	Contributions									
C	Net investment earnings, gains, and				j					
	losses									
d	Grants or scholarships		ļ							
е	Other expenditures for facilities and				!					
	programs	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
f	Administrative expenses								ļ	
9	End of year balance		l						J	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1ç	g, column (a))	held as					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held and	administere	d for the				
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment f	unds						
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organization	n answered "Yes	on Fo	rm 990, Pa	rt IV, line	11a See	Form 99	0, Part	X, line 10	
	Description of property	(a) Cost or other	basis	(b) Cost or o	other basis	(c)	Accumulated		(d) Book valu	10
		(investment))	(oth		<u> </u>	epreciation			
1a	Land			4	17,643				417	,643
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			11,2	32,772	5	,183,9	23	6,048	,849
	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	rt X, colu	mn (B), line 1	0c)			•	6,466	,492
				-						

Schedule D (F	orm 990) 2015 LEE COUNTY YOUTH DEVE Investments—Other Securities.	LOPMENT CENTER	23-7078903	Page 3
1 210 211	Complete if the organization answered "Yes" on	Form 990 Part IV line	11b See Form 990. P	art X. line 12
-	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	1	Cost or end-of-yea	
(1) Financial o	derivatives	 		
	eld equity interests			
(3) Other	and a state of the			
(A)				
(B)			····	
(C)		 		
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)		T	 	
(2)		 		
(3)		 	· · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d See Form 990, F	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f See Form	990, Part X,
1.	line 25 (a) Description of liability	(b) Book value		
	income taxes			
	ORTION OF ACCRUED ANNUAL LEAVE	462,199		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

462,199

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

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

00110	COORTI TOOTH BEVERENT	CHRIER 25 /0/0	<i>3</i> 03	raye
Pε	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	10,270,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,270,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u>.</u> .	5	10,270,393
P٤	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	r Return	ı .
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	9,983,654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
C	Other losses	2c	_	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,983,654
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ĺ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	9,983,654

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

PART X - FIN 48 FOOTNOTE

THE CENTER IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN THE LIMITS PRESCRIBED BY THE CODE. THE CENTER RECOGNIZES ALL UNCERTAIN TAX POSITIONS FOR ITS OPEN TAX YEARS THAT IT DOES NOT BELIEVE WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF SEPTEMBER 30, 2016, THE CENTER HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

23-7078903

Name of the organization

LEE COUNTY YOUTH DEVELOPMENT CENTER

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT PROVIDING OUTREACH, CORRECTIONAL, PSYCHOLOGICAL, EDUCATIONAL, AND TRANSITIONAL SERVICES TO LEE COUNTY YOUTH.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC