Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

	A F	or the	2015 calendar year, or tax year beginning C	OCT 1, 2015 and	ending S	EP 30, 20	16					
	Во	heck if pplicable	C Name of organization			D Employer ider	ntification number					
			BOYS AND GIRLS CLUB									
		Address change	OF ST LUCIE COUNTY, IN	IC								
		Name change	Doing business as			65	-0505369					
	<u>_</u>]initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nun						
	<u></u>	Final return/	3104 AVE J			772-460-9918						
	_	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	4,069,935.					
	<u>_</u>	Amende	FT PIERCE, FL 34341			H(a) is this a grou						
	Ц.	Applica- tion pending	- "	L ARMSTEAD		for subordinates? Yes X No						
			same as C above			H(b) Are all subordina						
			npt status: X 501(c)(3) 501(c)(or 527	1	ch a list (see instructions)					
			: ▶ BGCOFSLC.ORG			H(c) Group exem						
	K Form of organization: X Corporation											
	0	1 B	nefly describe the organization's mission or mos	significant activities TO I	NSPIRE	AND ENAB	LE ALL YOUNG					
	Activities & Governance		EOPLE, ESPECIALLY THOSE				ES, TO					
	Ľ	2 0	heck this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its ne	et assets					
	o o	3 N	umber of voting members of the governing body	(Part VI, line 1a)			3 16					
	9	4 N	umber of independent voting members of the go	verning body (Part VI, line 1b)			4 16					
	sa S	5 T	otal number of individuals employed in calendar	year 2015 (Part V, line 2a)		. \	5 179					
	Viti	6 T	otal number of volunteers (estimate if necessary)				6 15					
	cti	7 a T	otal unrelated business revenue from Part VIII, co	olumn (C), line 12			7a 0.					
ı		bΝ	et unrelated business taxable income from Form	990 - Jine-341 /			7b 0.					
				100		Prior Year	Current Year					
R	و `	8 C	ontributions and grants (Part VIII, line 1h)			2,172,82						
2017	Revenue	9 P	rogram service revenue (Part VIII, line 2g)	FEB 1 5 2017	\	1,373,76						
	ev.		vestment income (Part VIII, column (A), line <mark>s 3,4</mark>	and Zd)		18						
භ		11 C	ther revenue (Part VIII, column (A), lines 5, od, 80	OCOPENIUT -	ļ	157,98						
	_	12 T	otal revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		3,704,75						
MAR		13 G	rants and similar amounts paid (Part IX, column	(A), lines 1-3)	L		0.					
~~~		14 B	enefits paid to or for members (Part IX, column (	4), line 4)			0. 0.					
	es	15 S	alaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		1,894,46						
SCANNED	Expenses		rofessional fundraising fees (Part IX, column (A),				0. 0.					
	ď		otal fundraising expenses (Part IX, column (D), lin		91.							
S	ш	l .	ther expenses (Part IX, column (A), lines 11a-11d	•		1,671,75						
$\mathcal{G}$	l		otal expenses. Add lines 13-17 (must equal Part			3,566,21						
-0	- 6	19 R	evenue less expenses. Subtract line 18 from line	12		138,54						
	Net Assets or Fund Balances				Be	ginning of Current Ye						
	Ssel	20 T	otal assets (Part X, line 16)	•	<u> </u>	980,05						
	ag ag	21 T	otal liabilities (Part X, line 26)	•	<b> </b>	942,88						
			et assets or fund balances Subtract line 21 from	line 20		37,17	0. 54,039.					
			Signature Block	<del></del>			<del></del>					
			es of perjury, I declare that I have examined this return				of my knowledge and belief, it is					
	true,	correct,	and complete Declaration of preparer (other than office	er) is based on all information of wi	nich preparer	nas any knowledge.						
		1	Gignature of officer			I Date	<del></del>					
	Sigr	1.		מאספמדת פתו		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	18/2017					
	Here	e	WILL ARMSTEAD, EXECUTI Type or print name and title	VE DIRECTOR		<i>u</i>						
			<del></del>	December of polymers		Date / Check	PTIN					
	Paid		Print/Type preparer's name	Preparer's sylnature	,	12/17 1	mployed P00770426					
	Prep	<u> </u>	.W. GAINES irm's name ▶ BERGER, TOOMBS,	ELAM GAINES &	FRANK	Firm's EIN						
	Use	<b>—</b>	irm's address 600 CITRUS AVENU		TVVIIV	LIIII S EIN	<u> </u>					
	035	`y	FT. PIERCE, FL 3			Phone no	(772)461-6120					
	May	the IRS	6 discuss this return with the preparer shown abo			17 Hone no.	X Yes No					

LHA For Paperwork Reduction Act Notice, see the separate instructions. 532001 12-18-15 See Schedule O for Organization Mission Statement Continuation

Form 990 (2015)

532002 12-16-15

Form 990 (2015)

## BOYS AND GIRLS CLUB

Form 990 (2015) OF ST LUCIE COUNTY, INC
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			t
	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,	_		77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
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		<u>X</u>
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	Ŧ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	!	'	ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			}
	Part VI	11a	X	
p	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
4	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		<u>X</u>
þ	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 assistance to			v
<b></b> -	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,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	X	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Δ	
19	complete Schedule G, Part III	19		X
	complete scriedule G, Fait III		990	(2015)

65-0505369 OF ST LUCIE COUNTY. Page 4 Form 990 (2015) Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 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 X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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. X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete <u>X</u>_ 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 Х Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .. . . . . Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a 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 Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X_ If "Yes," complete Schedule N, Part I 31 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 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2015)

Note, All Form 990 filers are required to complete Schedule O

	990 (2015) OF ST LUCIE COUNTY, INC 65-0505	369	Р	age 5
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	] .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ī	(gambling) winnings to prize winners?	1c		
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 179	]		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
٠	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
44	, -	40		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	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)	ا ہا		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		. {	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	}		
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		. {	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ĺ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		·
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1	}	
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	-	
11	Section 501(c)(12) organizations. Enter:		- 1	
а	Gross income from members or shareholders	[	[	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	}	}	
	amounts due or received from them.)	]	}	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	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.			
h	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			
_	Enter the amount of reserves on hand	}	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	145		

532005 12-16-15

Form **990** (2015)

#### BOYS AND GIRLS CLUB

65-0505369 Page 6

Form 990 (2015) OF ST LUCIE COUNTY, INC 65-0505369 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mile da, ou, or the below, dead is directional fire construction, proceedings of the second of the construction of the cons							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
		<del></del>	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 16			1				
	If there are material differences in voting rights among members of the governing body, or if the governing	<b>'</b>		1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		}					
Ь	<u> </u>			ł				
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_		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		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			}				
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	{		{				
а	The governing body?	8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			}				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u></u> _	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						
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								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b		12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1				
	in Schedule O how this was done .	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>				
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	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	}		{				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ				
	exempt status with respect to such arrangements?	16b		<u> </u>				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None							
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) and 990-T (Section 501(c)(3)s only) are	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	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	d finan	cıal					
	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:							
	WILL ARMSTEAD - 772-460-9918							
	3104 AVE J, FT PIERCE, FL 34947							

#### Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do				than (	one	Reportable	Reportable	Estimated
	hours per	ьох	, unie:	ss pe	rson	s boti	h an	compensation	compensation	amount of
	week	-	er au	a a u	recit	17003	100)	from	from related	other
	(list any hours for	frecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50	est.		1	satec		(W-2/1099-MISC)	(***-271039-141100)	organization
	organizations	Individual trustee or director	institutional trustee		e ,	шре		(** 2. 7000 *********************************		and related
	below	dua	utton	<b>7</b>	Кеу етріоуев	est co	5			organizations
	line)		Instit	Officer	Çe,	Highest compensated employee	Former			
1) CHARLES CANGIANELLI	2.00									
VICE PRESIDENT		X						0.	0.	_0
2) DOUG FARRELL	1.00	]								
SOARD MEMBER		X						0.	0.	0 .
3) CLARICE TOUHEY	2.00	]								
SECRETARY		X			_	L.		0.	0.	0.
4) JAY MCBEE	2.00	ļ	}		}			_	_ ,	_
TREASURER		X		X	<u> </u>			0.	0.	0
5) NATE SPERA	2.00				ł					
PRESIDENT		X		X		_		0.	0.	0
(6) MICHAEL PIAZZA	1.00	}								
BOARD MEMBER		X				<u> </u>		0.	0.	0 .
7) ANGELIQUE LYONS	1.00						1			0
SOARD MEMBER	1 00	X		_	-			0.	0.	0.
(8) SEAN BALDWIN	1.00				ĺ				<u> </u>	
SOARD MEMBER	2 00	X						0.	0.	0.
9) RICHARD DEL TORO	2.00	x		x		}		0.	0.	0 .
VICE PRESIDENT	1.00	^	<b>-</b>	Δ	-	-	-	ļ <u>U•</u>	0.	
10) CHARLES CUOMO	1.00	X			j			0.	0.	0
BOARD MEMBER	1.00	^					_	<del>-</del>	0.	
11) CHARLIE D'AGATA	1.00	X				}		0.	0.	0
SOARD MEMBER	1.00	Λ	-		_		-	<u>.</u>	<u></u>	0,
12) JASON HOFFMAN BOARD MEMBER	1.00	х						0.	0.	0.
13) CHARLES SCUVOZZO	1.00					П			<u></u>	<del></del>
SOARD MEMBER		x				1 1		0.	0.	0.
14) SHANNON MARTIN	1.00									
SOARD MEMBER		X						0.	0.	0.
15) LELIE KRISTOFF	1.00	Ţ								
BOARD MEMBER		X						0.	0.	0,
16) JEAN SCOTT	1.00									
SOARD MEMBER		X						0.	0.	0.
17) WILLIAM ARMSTEAD	40.00									i
XECUTIVE DIRECTOR		ļ	1	X	1	1		36,400.	0.	0.

OF ST LUCIE COUNTY, INC

(A) Name and title	(B) Average hours per week (list any	box,	not cl unies	ss pe	nore rson	than is bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		an	(F) timate nount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	pensa om the anizat d relate inizate	e ion ed
				- 1									
			-										
									<del></del>				
				_	. :								
				_									
			_										
								36,400.	<del> </del>	0.			
to Sub-total c Total from continuation sheets to Part VI	l, Section A			•	•	1	<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	 00V6	e) wh	o re	36,400. eceived more than \$100	,000 of reportabl				
compensation from the organization	<del></del>									 [		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	che	dule	J f	or such individual	-		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elate	ed organization or indivi	dual for services		5		Х
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mpensated inc	depe	nde	nt c	ontr	acto	rs th	hat received more than	\$100,000 of com	pensa	ation f	rom	
the organization. Report compensation for (A)		ear e	ndır	ng w	uth o	or w	thin	(B)			(0	;)	<del></del>
Name and business	address	ŊĊ	NE	<u> </u>			$\dashv$	Description of s	ervices		omper	nsatio	n
							+						
							+	<del></del>					
<del></del>				<del></del>			+	<del> </del>					
	<del></del>						$\dashv$						
Total number of independent contractors (in	ncluding hit n	ot lin	nıter	i to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz					(	_		,					

65-0505369 OF ST LUCIE COUNTY Form 990 (2015) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 21,897 **b** Membership dues 1b c Fundraising events 10 d Related organizations ... 1d 997,988 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 438,403 similar amounts not included above 153,978. Q Noncash contributions included in lines 1a-1f \$ 458,288 Total. Add lines 1a-1f Business Code 624410 1,473,919.1,473,919 2 a KIDSTOP/CLUBHOUSES Program Service Revenue f All other program service revenue 473,919 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 167 167. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See a 134,371 Part IV, line 18 29.947. b Less: direct expenses 104,424 104,424. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ... b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 624410 3,190. 3,190. d All other revenue 3,190 e Total. Add lines 11a-11d

532009 12-18-15

104,591. Form 990 (2015)

Total revenue, See instructions.

039,988.1,477,

### Form 990 (2015) Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<del> </del>
2	Grants and other assistance to domestic			j	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Ì	
	organizations, foreign governments, and foreign			-	
	individuals. See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members			<del></del>	
5	Compensation of current officers, directors,	25 422	24 700	4 500	
	trustees, and key employees	36,400.	31,780.	4,620.	
6	Compensation not included above, to disqualified	, li		Ì	
	persons (as defined under section 4958(f)(1)) and	]		Ì	
_	persons described in section 4958(c)(3)(B)	1 755 276	1 420 400	220 027	00 040
7	Other salaries and wages	1,755,376.	1,438,400.	228,927.	88,049
8	Pension plan accruals and contributions (include	Į			
_	section 401(k) and 403(b) employer contributions)	212,840.	174,528.	27,670.	10,642
9	Other employee benefits	414,640.	1/4,340.	21,010.	10,042
10	Payroll taxes Fees for services (non-employees).	<del></del>		<del></del>	
11		1			
a b	land.			· · · · · · · · · · · · · · · · · · ·	
c	· · · · ·	<del></del>		<del></del>	<del></del>
d					
e	D. ( )				
f	Investment management fees				
g					
•	column (A) amount, list line 11g expenses on Sch O.)	74,150.	63,027.	11,123.	
12	Advertising and promotion	262,353.	127,470.	6,424.	128,459
13	Office expenses	17,797.	7,297.	6,763.	3,737
14	Information technology				
15	Royalties				<del> </del>
16	Occupancy .	837,883.	753,982.	82,276.	1,625
17	Travel .	66,637.	42,647.	23,990.	
18	Payments of travel or entertainment expenses	Ì			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,369.	3,865.	7,390.	114
20	Interest	36,485.	14,594.	21,891.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,549.	42,795.	4,754.	
23	Insurance	136,452.	132,359.	4,093.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HOOD	152,250.	143,115.	1,522.	7,613
b	PROGRAM SUPPLIES	82,674.	81,020.		1,654
С	FIELD TRIPS	78,855.	78,067.	788.	
d	MISCELLANEOUS	45,690.	18,277.	22,844.	4,569
е	All other expenses	168,359.	131,162.	37,168.	29
25	Total functional expenses. Add lines 1 through 24e	4,023,119.	3,284,385.	492,243.	246,491
26	Joint costs. Complete this line only if the organization	{	1		
	reported in column (B) joint costs from a combined	ì	1		
	educational campaign and fundraising solicitation.	1	}		
	Check here if following SOP 98-2 (ASC 958-720)			<u>., , ,</u>	Form <b>990</b> (201

#### BOYS AND GIRLS CLUB OF ST LUCIE COUNTY, INC

Form 990 (2015)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	<del> </del>	<del></del>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	41,440.	1	49,490
2	Savings and temporary cash investments .	166,223.	2	76,867
3	Pledges and grants receivable, net .	116,176.	3	140,407
4	Accounts receivable, net	979.	4	
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		! !	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
y2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8 3	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	15,134.	9	32,137
10a				
	basis. Complete Part VI of Schedule D 10a 1,129,176.			
ь	Less: accumulated depreciation 10b 451,329.	640,100.	10c	677,847
11	investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	980,052.	16	976,748
17	Accounts payable and accrued expenses	208,526.	17	205,830
18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
19	Deferred revenue	17,350.	19	44,285
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		{	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	717,006.	23	672,594
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	942,882.	26	922,709
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္က	complete lines 27 through 29, and lines 33 and 34.		Ì	
27	Unrestricted net assets	<4,266.	>27	9,677
e   28	Temporarily restricted net assets	38,936.	28	41,862
29	Permanently restricted net assets	2,500.	29	2,500
5	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	
Net Assets or Fund balances	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	37,170.	33	54,039
34	Total liabilities and net assets/fund balances	980,052.	34	976,748
				Form <b>990</b> (201

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>						
		}						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,0	39,	988.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,0	23,	<u>119.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	869.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,	<u>170.</u>			
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			<u>0.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	<del></del>	54,	<u> </u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			ι	Yes	No			
1	Accounting method used to prepare the Form 990.				1			
	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?		_2	a	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	İ		1			
	separate basis, consolidated basis, or both:		]	1				
	Separate basis Consolidated basis Both consolidated and separate basis		}		}			
þ	Were the organization's financial statements audited by an independent accountant?		2	b	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		į			
	consolidated basis, or both.				1			
	Separate basis Consolidated basis Both consolidated and separate basis		}	1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	í	}				
	review, or compilation of its financial statements and selection of an independent accountant?		_2	<u>c                                    </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		I					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	<b>I</b>		- T			
	Act and OMB Circular A-133?		3	a	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au		. [				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>_</u> 3		<u></u>			
			Fo	rm <b>99</b> 0	(2015)			

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BOYS AND GIRLS CLUB 65-0505369 OF ST LUCIE COUNTY, INC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J 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. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes Nο

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 OF ST LUCIE COUNTY, INC 65-0505: [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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		·	:	ł		
	include any "unusual grants.")	1049530.	1588071.	1239977.	1242009.	1554310.	6673897.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	İ			1	ļ	
	or expended on its behalf	<u> </u>					
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge	1207767.	1052634.	918,735.	930,819.	903,378.	5013333.
4	Total. Add lines 1 through 3	2257297.	2640705.	2158712.	2172828.	2457688.	11687230.
5	The portion of total contributions						
	by each person (other than a		•		,		
	governmental unit or publicly	ļ			!		
	supported organization) included						,
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ļ				!	
	column (f)					L	
	Public support. Subtract line 5 from line 4			 			11687230.
Sec	ction B. Total Support	<del>,</del>				<del>, </del>	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2257297.	2640705.	2158712.	2172828.	2457688.	11687230.
8	Gross income from interest,	!	ļ				
	dividends, payments received on	Į .					
	securities loans, rents, royalties	1					
	and income from similar sources	2,847.	1,490.	351.	181.	167.	5,036.
9	Net income from unrelated business	ļ	į				
	activities, whether or not the	!					
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital			:			}
	assets (Explain in Part VI)	153,115.	252,987.	72,564.	157,981.		744,261.
11	Total support. Add lines 7 through 10	<u> </u>	<u> </u>				12436527.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	<u>,847,688.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	here ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2015 (I			olumn (f))		14	93.98 %
	Public support percentage from 2014		•	.,,		15	94.15 %
	33 1/3% support test - 2015. If the o		•	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						►X
ь	33 1/3% support test - 2014. If the c		-		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual					·	▶ □
17a	10% -facts-and-circumstances tes	• •	• • •	•	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						•
	meets the "facts-and-circumstances"				•	3	▶□
b	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		=				s <b>&gt;</b>
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 OF ST LUCIE COUNTY, INC

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

Ра	rt III Support Schedule for C	•		•			
	(Complete only if you checked			rganization failed t	to qualify under Pa	art II. If the organiza	ation fails to
Sec	qualify under the tests listed better A. Public Support	elow, please com	piete Part II.)		<del></del>	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	Taj zo. i	(6) 2012	(0) 2010	(0)2514	(6) 20.0	(i) rotar
•	membership fees received. (Do not	1			j	Ì	
	include any "unusual grants.")				}	1	
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in any activity that is related to the				ļ	ļ.	
	organization's tax-exempt purpose		<u> </u>		<del> </del>		
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-	}	ł	•		l .	
	iness under section 513	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del></del>
4	Tax revenues levied for the organ-	1	<u> </u>		}	}	
	ization's benefit and either paid to	ļ	•				
_	or expended on its behalf		<del> </del>			<del> </del>	
5	The value of services or facilities	ļ	}		Ì	}	
	furnished by a governmental unit to the organization without charge		}	i			
8	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		<del> </del>			<del> </del>	
	3 received from disqualified persons		ļ			}	
ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	}				<u> </u>	
	amount on line 13 for the year		<u> </u>			<u> </u>	
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>
	ction B. Total Support		<del></del>	<del>,</del>	<del>,</del>	<del></del>	₁
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6 Gross income from interest,	<u> </u>	<del> </del>	<del></del>	<del> </del>	<del> </del>	
เบล	dividends, payments received on	1				}	
	securities loans, rents, royalties and income from similar sources		}			}	
h	Unrelated business taxable income	}	1				<del></del>
-	(less section 511 taxes) from businesses	j					
	acquired after June 30, 1975		}		ļ	}	
c	Add lines 10a and 10b						
	Net income from unrelated business		1				
	activities not included in line 10b, whether or not the business is				}		
	regularly carned on	ļ 	<u></u>				 
12	Other income. Do not include gain or loss from the sale of capital				ļ	<b>j</b>	
	assets (Explain in Part VI.)		ļ	<u> </u>	<u> </u>	<del> </del>	 <del> </del>
	Total support. (Add lines 9, 10c, 11, and 12)	L	L	L	l <u> </u>	L	<u> </u>
14	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
<u>Sac</u>	check this box and stop here stion C. Computation of Publ	ic Support Pa	rcentage		<del></del>	<del></del>	
	Public support percentage for 2015 (			column (f))		15	%
	Public support percentage from 2014		· ·	oldilir (i))		16	%
	tion D. Computation of Inves			<del></del>		1-19-1	<u>~~</u>
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2015. If the	-		on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the	•	_				and
	line 18 is not more than 33 $1/3\%$ , che		-				▶□
20_	Private foundation, If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

## Schedule A (Form 990 or 990-EZ) 2015 OF ST LUCIE COUNTY, INC

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.)

Sec	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)  tion A. All Supporting Organizations			
060	aton A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	J	163	110
•	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	} '	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	[	<b>!</b>	1
	organization was described in section 509(a)(1) or (2).	2	) '	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	1	
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	ļ		
	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	Ĺ	Ì
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	<u> </u>	
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		1
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	Ì	{	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		·	1
	purposes.	4c	<u> </u>	L
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;	İ	1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	1	1	
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	ļ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		}	1
	designated in the organization's organizing document?	5b	<u> </u>	<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		}	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	l		Ì
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	(	·	1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	[		1
	Part VI.	6	ļ	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	{	Ì	ł
	(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	<u> </u>	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	}	} .	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<del> </del>	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		'	1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	}	'	1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	├	<del> </del>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<del> </del>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<del> </del>	<del> </del> -
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	ł	}	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	<del> </del>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	ł

Schedule A (Form 990 or 990-EZ) 2015

determine whether the organization had excess business holdings)

- The organization is the parent of each of its supported organizations. Complete line 3 below b
- ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

Activities Test. Answer (a) and (b) below.

- a 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 how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- 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

Schedule A (Form 990 or 990-EZ) 2015

Yes

2a

2b

<u>3a</u>

No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E	<del></del>
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<del> </del>
3 (	Other gross income (see instructions)	3		<del> </del>
4 /	Add lines 1 through 3	4		<del>                                     </del>
5 (	Depreciation and depletion	5		<u> </u>
6 F	Portion of operating expenses paid or incurred for production or			
(	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		<u> </u>
7 (	Other expenses (see instructions)	7		
8_ /	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
ľ	nstructions for short tax year or assets held for part of year)			
a /	Average monthly value of securities	1a		,
b /	Average monthly cash balances	1b		
	air market value of other non-exempt-use assets	1c		
d?	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		<u></u>	
f	actors (explain in detail in Part VI).	İ		
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Inter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		1
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-function		1.75	

Schedule A (Form 990 or 990-EZ) 2015

Sche	BOYS AND GIR		•	55-0505369 Page 7
Par				<u> </u>
	on D - Distributions	olajioj oupportg org	11124110110 100//(//1000)	Current Year
1	Amounts paid to supported organizations to accomplish ex	rempt purposes	<del></del>	- Odrient rear
2	Amounts paid to perform activity that directly furthers exen	<del> </del>	· <del></del>	<del> </del>
_	organizations, in excess of income from activity	inproperty companies		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization		<del> </del>
4	Amounts paid to acquire exempt-use assets	500 01 00pp 01.00 01 gar201101	<del> </del>	<del> </del>
_ <del></del> _	Qualified set-aside amounts (prior IRS approval required)		<del></del>	<del> </del>
6	Other distributions (describe in Part VI) See instructions	<del> </del>	<del></del>	<del> </del>
7	Total annual distributions. Add lines 1 through 6.			
_ <del>.</del>	Distributions to attentive supported organizations to which	the organization is responsive	<del> </del>	
_	(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			
	on 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			<del> </del>
	Underdistributions, if any, for years prior to 2015	<u> </u>	<del></del>	<del> </del>
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			<del> </del>
a	Excess distributions carryover, it arry, to 2010.		<del></del>	· <del> </del>
<u>a</u> b		<del>                                     </del>	<del></del>	<del> </del>
c			<del></del>	<del> </del>
	From 2013	<del>                                     </del>	<del></del>	<del> </del>
	From 2014	<del> </del>		<del> </del>
	Total of lines 3a through e	<del>                                     </del>	<del></del>	<del> </del>
	Applied to underdistributions of prior years		<del></del>	<del>                                     </del>
	Applied to 2015 distributable amount	<del></del>		<del> </del>
	Carryover from 2010 not applied (see instructions)	+		<del>                                     </del>
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	+		<del> </del>
L 4	Distributions for 2015 from Section D,	<del> </del>		<del>                                     </del>
4	line 7:		,	
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	<del> </del>		<del> </del>
	Remainder Subtract lines 4a and 4b from 4		<del> </del>	<del> </del>
	Remaining underdistributions for years prior to 2015, if	<del> </del>		<del> </del>
5				
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	+		<del> </del>
6	Remaining underdistributions for 2015 Subtract lines 3h	1		
	and 4b from line 1 (if amount greater than zero, see	1		
	instructions).	+		<del> </del>
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c.	<del> </del>		<del> </del>

Schedule A (Form 990 or 990-EZ) 2015

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

#### BOYS AND GIRLS CLUB

Schedule A	(Form 990 or 990	-EZ) 2015	OF S	r LUCIE	COUNTY,	INC	65-0505369 Pag
Part VI	Supplement Part IV, Section line 1: Part IV. Se	<b>al Infori</b> A, lines 1, ection D. I	<b>mation.</b> 2, 3b, 3c, lines 2 and	Provide the e 4b, 4c, 5a, 6, 3: Part IV. Se	xplanations requ 9a, 9b, 9c, 11a, ection E. lines 1c	iired by Part II, line 11b, and 11c; Pa . 2a. 2b. 3a and 3l	o 10, Part II, line 17a or 17b, Part III, line 12, rt IV, Section B, lines 1 and 2, Part IV, Section C, b, Part V, line 1, Part V, Section B, line 1e; Part V, his part for any additional information.
	(See instructions	s.)					
	·····						
		-					
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32028 09-23-1							Schedule A (Form 990 or 990-EZ) 2

#### **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.lrs.gov/form990.

Inspection

Name of the organization

BOYS AND GIRLS CLUB

Employer identification number

	OF ST LUCIE COUNTY	Y, INC			6.	<u>5-05053</u>	69
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fun	ds or A	ccounts.c	Complete if th	e
	organization answered "Yes" on Form 990, Part IV, III	ine 6					
			onor advised funds	(1	b) Funds and	other accou	nts
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		<del></del>	<del>                                     </del>			
5	Did the organization inform all donors and donor advisors in	wating that th	se assets held in donor ac	lvised fun	de		
3				141360 1011	03	Yes	□ No
_	are the organization's property, subject to the organization's	_		bo used s	anh.	res	INO
6	Did the organization inform all grantees, donors, and donor						
	for chantable purposes and not for the benefit of the donor	or donor advis	or, or for any other purpo	se conten	nng		
Pai	impermissible private benefit?			0.0-+.1/	l.== 7	Yes	L No
				u, Part IV,	line /		<del></del>
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a h				
	Protection of natural habitat		Preservation of a c	ertified his	storic structu	re	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	lified conserva	tion contribution in the fo	rm of a co	nservation ea	asement on t	he last
	day of the tax year.				Held a	t the End of the	e Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic st	tructure include	ed ın (a)		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic stru	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, extino	uished, or terminated by	the organ	zation dunne	the tax	
_	year▶		•	ŭ	•	•	
4	Number of states where property subject to conservation ea	asement is loca	ated >				
5	Does the organization have a written policy regarding the pe			of			
Ŭ	violations, and enforcement of the conservation easements					Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting		iolations, and enforcing c	onservatio	on easement:		
Ū		,,	g -			g ,	
7	Amount of expenses incurred in monitoring, inspecting, han	adling of violation	ons, and enforcing conse	rvation ea	sements dur	no the vear	
•	S	idining of violation	one, and emoreing conce		oomonto aan	ing ino your	
8	Does each conservation easement reported on line 2(d) abo	ave esticfy the	requirements of section 1	70/h)/4)/P	1/61		
0		ove salisty the	requirements or section 1	10(1)(-1)(0	7(1)	Yes	☐ No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			an eteton	acet and bal		
9							
	include, if applicable, the text of the footnote to the organization	ation's financia	ii statements that descho	es the org	janization s a	ecounting for	
Pa	conservation easements. t III Organizations Maintaining Collections of	of Art Histo	orical Treasures or	Other 9	Similar Ac	eate	
1 41	Complete if the organization answered "Yes" on Form	=		Outer C	Jilliidi As	JC 13.	
				tomont or			
ıa	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public ex			erance or	public servic	e, provide, in	Part XIII,
	the text of the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements the footnote to its financial statements the footnote to its financial statements the footnote to its financial statements the footnote that described the footnote the footnote the footnote the financial statement is statement.						
Ь	If the organization elected, as permitted under SFAS 116 (A						
	treasures, or other similar assets held for public exhibition, e	education, or re	esearch in furtherance of	public ser	vice, provide	the following	amounts
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	easures, or oth	ier similar assets for finan	cial gain, i	provide		
	the following amounts required to be reported under SFAS	116 (ASC 958)	relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$		
ь	Assets included in Form 990 Part X				\$		-

Schedule D (Form 990) 2015

532051 11-02-15

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		155,623.		155,623.
<b>b</b> Buildings		694,860.	276,549.	418,311.
c Leasehold improvements		88,076.	59,081.	28,995.
d Equipment		172,045.	98,803.	73,242.
e Other		18,572.	16,896.	1,676.
Total. Add lines 1a through 1e (Column (d) must equa	677,847.			

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 OF ST LUCI	E COUNTY, INC		65-0505369 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security,	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives		· <del></del>	<del></del>
(2) Closely-held equity interests		 <del></del>	<del></del>
(3) Other		 <del> </del>	<del></del>
_(A)		·	
(B)			
(C)		<del></del>	
(D)	<del></del>	<del></del>	
<u>(E)</u>	<del></del>	<del></del>	
_(F)			
(G)		<del></del>	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del></del>	<del></del>	
Part VIII Investments - Program Related.	<u> </u>	<del></del>	<del></del>
Complete if the organization answered "Yes	" on Form 000 Part IV line 1	11c See Form 000 Part Y line	12
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(4)		
(2)	·		<del></del>
(3)	+		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line	
(a	a) Description		(b) Book value
(2)			
(3)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			<del></del>
(7)	<del> </del>		
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) I	lmo 15 )		
Part X Other Liabilities.	me 13.j		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	11e or 11f See Form 990, Part	X. line 25.
1. (a) Description of liability		b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2015

532053 09-21-15

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

∖ਜਾ .	2ጥ	LUCTE	COUNTY.	TNO

Pa	t XI Reconciliation of Revenue per Audited Financial Statem		per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	<del></del>	<del></del>
1	Total revenue, gains, and other support per audited financial statements	•	1	4,039,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of pnor year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,039,988.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	_ <del></del>	5	4,039,988.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expense:	s per Retui	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total expenses and losses per audited financial statements		1	4,023,119.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		[ [	
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d	1	
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1		3	4,023,119.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	4,023,119.
Pa	t XIII Supplemental Information.			- <del></del>
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par	t 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 add	ditional information.		
		<del></del>		
	•			
<u>Pa:</u>	ct X, Line 2:			<del></del>
TH	E CLUB'S TAX FILINGS ARE SUBJECT TO AUDIT	BY VARIOUS TA	XING AU	JTHORITIES.
			0005 5	
TH.	E CLUB'S FEDERAL INCOME TAX RETURNS FOR 20	109, 2008 AND	2007 RI	EMAIN OPEN
TO	EXAMINATION BY THE IRS. IN EVALUATING THE	CLUB'S TAX E	ROVISIO	ONS AND
<u>AC(</u>	RUALS, MANAGEMENT BELIEVES THAT THE ESTIM	MATES ARE APPE	ROPIATEL	JY BASED ON
CUI	RENT FACTS AND CIRCUMSTANCES.			
		<del> </del>		

532054 09-21-15

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

	UCIE COUNTY, INC	,			65-0505	369
	- Complete if the organization an		es" o	n Form 990, Part IV,		
1 Indicate whether the organization rais a	sed funds through any of the foll  e Soli  f Soli  g Spe  or oral agreement with any individuals or entities (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) providuals (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (fundraisers) (	citation of icitation of ecial fundra dual (inclu- ith profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					·	
Fotal		<del>_</del> -	<u> </u>			
3 List all states in which the organization or licensing	on is registered or licensed to sol	icit contrib	utions	s or has been notified	d it is exempt from re	egistration
HA For Paperwork Reduction Act Not	ice, see the Instructions for Fo	rm 990 or	990-I	Z. S	Schedule G (Form 9	90 or 990-EZ) 2015

532081 09-14-15

			D GIRLS CLUB			
		le G (Form 990 or 990-EZ) 2015 OF ST L	UCIE COUNTY,	INC		0505369 Page 2
Pa	ırt l	Fundraising Events. Complete if the of fundraising event contributions and gr	_			
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	is greater than \$5,000.
			CRUISIN FOR	(5) 240111 #2	None	(d) Total events
			THE CAUSE/ O		140116	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			(0.0)	(**************************************	(4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
346	1	Gross receipts	134,371.			134,371.
æ	'				<del> </del>	
	2	Less Contributions				
	_					
	3	Gross income (line 1 minus line 2)	134,371.			134,371.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
oeu	6	Rent/facility costs				
Ä						
5	7	Food and beverages				
۵						
	8	Entertainment	20 047	<del></del>		20 047
	9	Other direct expenses	29,947.			29,947.
	10		* *			29,947. 104,424.
Do	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization is	ne 3, column (a)	000 Dest IV less 10 est		104,424.
				990. Partiv. line 19. or i	renorted more than	
Fa			answered res off offi	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a		<del></del>		(d) Total gaming (add
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
				(b) Pull tabs/instant		
Revenue	1			(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a  Gross revenue		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a  Gross revenue		(b) Pull tabs/instant		
Expenses Revenue	1	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes		(b) Pull tabs/instant		
Expenses Revenue	1	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes		(b) Pull tabs/instant		
Revenue	2	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs		(b) Pull tabs/instant		
Expenses Revenue	2	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	2 3 4	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	(a) Bingo Yes% No 15 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	(a) Bingo Yes% No 15 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash pnzes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No  15 in column (d)  from line 1, column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	
<b>©</b> Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash pnzes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes% No  1 5 in column (d)  from line 1, column (d)  icts gaming activities.	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	
<b>b c</b> Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entils t	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash pnzes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	(a) Bingo  Yes %  No  15 in column (d)  from line 1, column (d)  icts gaming activities.  ctivities in each of these	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	col (a) through col (c))
<b>b c</b> Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entils t	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduction organization licensed to conduct gaming and	(a) Bingo  Yes %  No  15 in column (d)  from line 1, column (d)  icts gaming activities.  ctivities in each of these	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	col (a) through col (c))
<b>b c</b> Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entils t	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduction organization licensed to conduct gaming and	(a) Bingo  Yes %  No  15 in column (d)  from line 1, column (d)  icts gaming activities.  ctivities in each of these	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	col (a) through col (c))
g w 6	1 2 3 4 5 6 7 8 Entitle If "	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduction organization licensed to conduct gaming and	Yes% No  15 in column (d)  from line 1, column (d)  acts gaming activities.  ctivities in each of these	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	col (a) through col (c))
d a G Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entit if "	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming at No," explain:	Yes% No  15 in column (d) from line 1, column (d) icts gaming activities. ctivities in each of these	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	Col (a) through col (c))

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

#### BOYS AND GIRLS CLUB

Schedule G (Form 990 or 990-EZ) 2015 OF ST LUCIE COUNTY, INC	65-0505369 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	rmed
to administer chantable gaming?	. Yes No
13 Indicate the percentage of gaming activity conducted in:	, ,
a The organization's facility	13a %
b An outside facility	13ь %
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount
of gaming revenue retained by the third party > \$	
c 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 Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make chantable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and	(v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	
_	
532083 09-14-15 SG	chedule G (Form 990 or 990-EZ) 2015

Cabadala	O (T 000 000 FT)	BOYS	AND	GIF	RLS CLU	IB	C	65.0505360 p	
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation	Continu	CIE	COUNTY	1111	<del></del>	65-0505369 P	age 4
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									,

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Employer identification number

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

BOYS AND GIRLS CLUB

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

Inspection

	OF ST LUCIE	65-	65-0505369							
Pai	rt I Types of Property		, INC							
			(b) Number of contributions or items contributed	(c) Noncash control amounts repor Form 990, Part Vi	ted on	Method of	(d) Method of determining oncash contribution amounts		:s	
1	Art - Works of art			<u> </u>						
2	Art · Historical treasures	<u> </u>	<u> </u>							
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods			<u> </u>						
6	Cars and other vehicles									
7	Boats and planes	 		<u></u>						
8	Intellectual property									
9	Securities - Publicly traded			· · · · · · · · · · · · · · · · · · ·		ļ				
10	Securities - Closely held stock									
11	Securities · Partnership, LLC, or					į				
	trust interests ,	ļ		<del></del>		<del></del>				
12	Securities - Miscellaneous		<del> </del>	<del></del>		<del></del>				
13	Qualified conservation contribution -									
	Historic structures	<del> </del>	ļ <del>-</del>			<u> </u>				
14	Qualified conservation contribution - Other	ļ								
15	Real estate - Residential	<del></del>								
16	Real estate - Commercial	<del></del>		<del></del>		<del> </del>				
17	Real estate - Other	<del> </del>	<del> </del>			<del> </del>				
18	Collectibles	ļ	<del> </del>	<del></del>		<del> </del>	<del></del>			
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidemy	L	<del> </del>	<del> </del>						
22	Historical artifacts	<b> </b>	<del> </del>	<del></del>		-				
23	Scientific specimens	<del></del>	<del> </del>							
24 25	Archeological artifacts Other ► (IN KIND RENT)	X	1	903	,978.	FMV				
26	Other (IN KIND ADVER)	X	1		,000.					
27	Other ( IN RIVER)		<del> </del>		7000.					
28	Other ( )		<del> </del>	<del></del>						
29	Number of Forms 8283 received by the organi	zation dunn	g the tax year for o	ontributions		<del></del>				
20	for which the organization completed Form 82				29					
	io miori die organization complete a com ez			,				Yes	No	
30a	During the year, did the organization receive b	v contributio	on anv property rei	oorted in Part I, line	es 1 throu	gh 28, that it				
	must hold for at least three years from the dat	-	* *				}	Ì	İ	
	exempt purposes for the entire holding period						30a	1	X	
b	If "Yes," describe the arrangement in Part II.			•						
31								) ]	X	
	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?								X	
b	If "Yes," describe in Part II.	•	• •				32a		[	
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colun	nn (a) is ch	necked,		]		
	describe in Part II.			·				<u> </u>		
LHA										

# BOYS AND GIRLS CLUB Schedule M (Form 990) (2015) OF ST LUCIE COUNTY, INC 65-0505369 Page 2 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.

Schedule M (Form 990) (2015)

532142 08-21-15

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No 1545-0047

Name of the organization

BOYS AND GIRLS CLUB

Employer identification number

OF ST LUCIE COUNTY, INC	65-0505369								
Form 990, Part I, Line 1, Description of Organization Mis	sion:								
REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND CARING									
CITIZENS									
Form 990, Part VI, Section B, line 11:									
A DRAFT OF THE 990 IS REVIEWED BEFORE FILING.									
Form 000 Down WT Continue Date 12g.									
Form 990, Part VI, Section B, Line 12c:									
REQUIRES DISCLOSURE AS SOON AS POSSIBLE OF THE EXISTANCE									
POTENTIAL CONFLICTS OF INTEREST SO THAT SAFEGUARDS CAN BE	ESTABLISHED TO								
PROTECT ALL PARTIES.									
Form 990, Part VI, Section B, Line 15:									
COMPENSATION FOR TOP OFFICILAS AND OFFICERS ARE APPROVED BY THE BOARD OF									
DIRECTORS.									
Form 990, Part VI, Section C, Line 19:									
AS REQUESTED									