Fort	. 99	0	Return of Organization Exempt From Income 1	ax	OMB No 1545-0047		
		_			. 2016		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made put		Open to Public		
Depa	artment of the	ne Treasury	Information about Form 990 and its instructions is at www.irs.gov/form9	1717	Inspection		
A				05/31	, 20 17		
В	Check if as		C Name of organization _BOYS & GIRLS CLUBS OF SOUTHEAST		er identification number		
	Address cl	1	Doing business as	7	72-0648695		
	Name char	· · ·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number		
	initial retur	n l	320 N Carrollton Ave Suite 102		504-566-0707		
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended i	return	New Orleans, LA, 70119	G Gross re	cerpts \$ 1,092,709		
	Application	pending	F Name and address of principal officer: Boys & Girls Clubs of Southeast Louisian Halls this a	group return for	subordinates? Yes 🗹 No		
	<u> </u>		120 N Carrollton Ave, Suite 102, New Orleans, LA 70119 H(b) Are a	Il subordinate	s included? Tes No		
	Tax-exemp	ot status.	∑ 501(c)(3)	ttach a list. (s	ee instructions)		
	Website:			p exemption	number >		
_			Corporation Trust Association Other ► L Year of formation 196	M State	of legal domicile. LA		
P	art I	Summa					
_	J		scribe the organization's mission or most significant activities: The mission of the				
nçe			Louisiana is to enable all young people, especially those who need us most, to reacl	their full p	ootential as		
Activities & Governance	,		e, caring, responsible citizens.	050/ (
ove	ı		s box Dif the organization discontinued its operations or disposed of more that	1 1			
Ğ	•		f voting members of the governing body (Part VI, line 1a)	. 3	11		
S			f independent voting members of the governing body (Part VI, line 1b)	. 4	11		
į	1		ber of individuals employed in calendar year 2016 (Part V, line 2a)	. 5	69		
Ę	1		ber of volunteers (estimate if necessary)	6	300		
≪	I .		lated business revenue from Part VIII, column (C), line 12	. 7a	0		
	b N	et unreia	atted business taxable income from Form 990-T, line 34	. 7b	Current Year		
			ons and grants (Part VIII, line 1h)				
ě	i		1,370,819				
Revenue	9 P	rogram s	service revenue (Part VIII, line 2g)	122,731	T		
Re	10 In	ivesimer	tt income (Part VIII, column (A), lines 3, 4, and 7d) 7. 2018	0	0		
	יין י	mei ieve	and (Part VIII, Column (A), lines 5, od, oc, ec, 10c, and 11e)	0	0		
			nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,493,550	1,092,709		
					0		
			aid to or for members (Part IX, column (A), line 4)	005 000			
Expenses			ther compensation, employee benefits (Part IX, column (A), lines 5–10) hal fundraising fees (Part IX, column (A), line 11e)	665,822	606,381		
Jen l	J		raising expenses (Part IX, column (D), line 25) > 39,749		U U		
Ä			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	610,587	615,935		
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,276,409	1,222,316		
			ess expenses. Subtract line 18 from line 12	217,141	-129,607		
- g		0101,001	Beginning of C		End of Year		
Net Assets or Fund Balances	20 T	otal asse	ets (Part X, line 16)	1,522,111	1,377,238		
Ass 18a	21 T		ities (Part X, line 26)	240,519	225,253		
Feet	22 N		s or fund balances. Subtract line 21 from line 20	1,281,592	1,151,985		
Pa			ıre Block	.,,,			
			, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of r	ny knowledge and belief, it is		
			te. Declaration of preparer (other than officer) is based on all information of which preparer has any kno		,		
			Elem to Folk	2	- 14-18		
Sig	ın 📙	Signa	ture of officer	Date			
He	1 '	Tho	mas Falgout, President/CEO				
			or print name and title				
Pa		Print/Typ	e preparer's name Preparer's signature Date	Chaek	PTIN		
				Check self-em			
	eparer	Firm's na	me ▶ Fi	rm's EIN ▶			
US	e Only	Firm's ad		hone no.			
May	y the IRS		this return with the preparer shown above? (see instructions)		Yes No		
			tion Act Notice, see the separate instructions. Cat. No. 11282Y		Form 990 (2016		

Form 99	90 (2016) Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The mission of the Boys & Girls Clubs of Southeast Louisiana is to enable all young people, especially those who need us most, to
	reach their full potential as productive, caring responsible citizens.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
^	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	□ 103 Ellio
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revende, it any, for each program service reported.
4a	(Code:) (Expenses \$ 174,716 including grants of \$ 150,160) (Revenue \$ 0)
та	(Code:) (Expenses \$ 174,716 including grants of \$ 150,160) (Revenue \$ 0) Academic Success - Includes two programs: Power Hour which helps club members to be more successful in school by providing
	homework help and tutoring and encouraging members to become self-directed learners. This program assist with the intellectual
	development of the child with assistance in homework coursework or any educationally related need. The program is geared to
	children ages six to high school. The programs has helped over 1,300 children across Southeast Louisiana. Project Learn, the
	goal of which is to help children improve overall academic success.
	god of anian 5 to hope anian an improve everal academic Juces 5.

	4-
	4
4b	(Code:) (Expenses \$ 559,092 including grants of \$ 114,937) (Revenue \$ 0)
-	Youth Mentoring Program: This program does to things. It assists over 400 kids by providing mentoring services to high risk
	populations that are underserved due to location, shortage of mentors, specific physical and/or mental challenges, or other needs
	identified by the community in need. Secondly, the program aims to help students gain transferrable life skills, learn about the
	importance of volunteerism and how to affectively communicate one's volunteer experience to potential employers through
	classroom learning and life experiences.

	######################################
4c	(Code:) (Expenses \$ 139,773 including grants of \$ 36,198) (Revenue \$ 0)
	Triple Play, BGCA's first comprehensive health and wellness program developed in conjunction with the U.S. Department Of
	Health and Human Services, strives to improve the overall health of club members ages 6 to 18 by improving their daily physical
	activity, teaching them good nutrition and helping them develop healthy relationships. The MIND component encourages young
	people to eat smart through the Healthy Habits program. This program covers the power of choice, calories, vitamins and minerals,
	the food pyramid and appropriate portion size. The BODY component boosts club's traditional physical activities to a higher level
	by providing sports and fitness activities for all youth. Body programs include 6 Daily Fitness Challenges; teen sports clubs
	focused on leadership development services and careers in athletics; and Triple Play Games Tournaments, inter-club sectional
	tournaments that involve multiple team sports. The SOUL component helps build positive relationships and cooperation among
	young people.

 -	
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 873.581
70	Total program service expenses 873,581

ABOD

Part	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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		1
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,			
6	Part III	5		✓
7	"Yes," complete Schedule D, Part I	6		1
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		1
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		1
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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	11e	✓	→
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
þ	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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		For	n 990	(2016

Form 99			F	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	√
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			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√ _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
		25a		1
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?			,
26	If "Yes," complete 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	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
	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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
50	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
32	Part I	31		/
JZ	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note, All Form 990 filers are required to complete Schedule O.	38	V	(2016)
		For	m メダし	# (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>
_		وسننه	Yes No
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC	*
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	_ ✓
b	If "Yes," enter the name of the foreign country: >		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
_	(FBAR)		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	- `-
_	gifts were not tax deductible?	6ь	1
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ì
	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	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?	7f 7g	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
_	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds,		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		
11	Section 501(c)(12) organizations. Enter:	1	
a	Gross income from members or shareholders	-	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1
120	against amounts due or received from them.)	12a	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans	i	
c	Enter the amount of reserves on hand		4
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	
		Form	n 990 (2016)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. S			
Sacti	Check if Schedule O contains a response or note to any line in this Part VI			<u>(1</u>
0000	on A. Governing body and Management		/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11		j	
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		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 1	į	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	_	<u>√</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>√</u>
6	Did the organization have members or stockholders?	6		✓
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?	1_1	1	,
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-+	<u> </u>
b	stockholders, or persons other than the governing body?	76	- 1	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
•	the year by the following:			
а	The governing body?	8a 、	7	
b	Each committee with authority to act on behalf of the governing body?	8b ,	7	
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		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever			
			res	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>√</u>
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 filling the form?	11a ,	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	/	
13	Did the organization have a written whistleblower policy?	_	7	
14	Did the organization have a written document retention and destruction policy?	14	/	
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		
b	Other officers or key employees of the organization	15b	√ .	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on 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 specially for public importance in additional property and the second states of the seco	n 501(c)(3)S	oniy)
	available for public inspection, Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terpet n	aliev	, and
	financial statements available to the public during the tax year.	roiear h	uncy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords	>	
	Boys & Girls Clubs of Southeast Louisiana, (504)566-0707			

Form 990 (2016)

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	s, Highest Compensate	ed Employees, a	nd
	Independent Contractors					

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

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

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

Check this box if neither the organization n	or any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				-	C)					
(A) Name and Title	(B) Average hours per	Position (do not check more than box, unless person is bot officer and a director/trus				is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Robert Bonnaffons	3									
Board Co-Chairman		✓_						о	0	0
Jonathan Kernion	3		[
Board Co-Chairman	0	<u> </u>	L.					0	0	0
Kimberly Fontenot	0.5]					-			
Board Vice Chairman	0	/			L			0	0	0
Jeremy Hunnewell	0.5				}					
Board Treasurer	0	✓		_	L		<u> </u>	0	0	0
Nichole Gray	0.5	}		1		l		}	l 	
Board Member	0	1	<u> </u>		L			0	0	0
Wallace Landry	0.5	1		1	1	1	1	}		
Board Member	0	✓	L		Ш		L	0	0	0
Judith Verges	7.00	1		1	}	1	1	}	}	
Secretary	0	✓_						0	0	0
Tommy Benasco	0.5	ļ	İ	l	ł	ì	l	1	1	
Slidell Club Liaison	0	1			L			0	0	0
Candace Watkins	0.5	1	1		l	1	ł			}
Board Member	0	✓				L		0	0	0
Nathan Hunter	0.5		1	l		1	1	}	}	
Board Member	0	/	<u> </u>			<u> </u>	<u> </u>	0	0	0
David Chaix	0.5	}	}	l	l	1	}	1	}	
Board Member	0	/	├-	\vdash	_	 	├	<u> </u>	0	
			-		<u> </u>		_			
		_	-	\vdash	\vdash		-			ļ
***************************************		1		1	1	1			1	

Par	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, a	nd F	fighe	st C	ompensated E	mployees (cont	nued)
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both officer and a director/truste					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			!								
					!						
							-		1		
								<u> </u>			
1b c	Sub-total		 п А	•	•	 	•	► ►	0		0
<u>d</u> 2	Total (add lines 1b and 1c)	not limited				_	above	<u>▶</u>	ho received m	ore than \$100,0	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct	tor, c	r tr	uste	 ee,	key e	emp	loyee, or high	est compensat	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp		ıch 4 ✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or individ	ual 5 √
Section	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Replyear.										
	(A) Name and business add	ress							(B) Description of s	services	(C) Compensation
None								E			
2	Total number of independent contractor							th		ove) who	
	received more than \$100,000 of compens	auon ironn	uid Ol	yan	ızat	iO(1			0		Form 990 (2016)

Form **990** (2016)

Par	t VIII	Statement of Reve							
		Check if Schedule O	contains	a res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a	32,993				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	22,168		İ		
Is, C	C	Fundraising events .		1c	0	ĺ	1	ĺ	
ija ij	d	Related organizations		1d	160,018	-	İ		
S E	е	Government grants (cont		10	183,152	l			
er S	f	All other contributions, gift						i	
혈	ļ	and similar amounts not inclu		<u> 1f</u>	558,049		1		
o at	g	Noncash contributions include			0			1	
	h	Total. Add lines 1a-1f	<u>· · · </u>	<u> </u>		956,380			
Program Service Revenue					Business Code				
e e	2a								
90	b								
Ž	C	***************************************							
Se	d	***************************************	******						
ran	e	A II							
Log .	f g	All other program servi Total. Add lines 2a-2f			▶	136,329	136,329	0	0
	3	Investment income (i	ncluding	dwd.	ends interest	136,329			
		and other similar amou							
	4	Income from investment	-						
	5	Royalties		•	·				
		Γ	(i) Real		(ii) Personal				
	6a	Gross rents					į		
	b	Less. rental expenses							
	C	Rental income or (loss)		0	0		1	ł	
	d	Net rental income or (lo	oss) .		·				
	7a	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory					1		
	b	Less' cost or other basis							í
		and sales expenses .			1		1		1
	С	Gain or (loss)		0	0				
	ď	Net gain or (loss)			>				
		- , ,							
evenue	8a	Gross income from fur	ndraising]	j	}		
Ķ		events (not including \$		0		1			
CC		of contributions reported	d on line 1	c).			İ		
Other		See Part IV, line 18 .							
₹	b	Less: direct expenses		. b			ļ		
		Net income or (loss) fro			events . 🕨	0		0	
	9a	Gross income from gan							
		See Part IV, line 19 .		· a			}		
		Less: direct expenses							
		Net income or (loss) fro			vities ▶			<u> </u>	
	10a	Gross sales of inv			1				
		returns and allowances							
		Less: cost of goods so							L
	<u> </u>	Net income or (loss) from Miscellaneous Re		יאחו זכ					<u> </u>
	44=	viiscelianeous Re	venue		Business Code				
	11a	***************************************							<u> </u>
	b				<u> </u>				
	C	All other revenue							ļ
	di	All other revenue . Total. Add lines 11a-1							
	12	Total revenue. See ins				1.092.709	136 329	0	0
		TO COLLUST OF THE CASE OF THE	34 ないけいけん		1	1.097.7091	1.50.4741		. 1)

D	N Statement of Francis and Francis	"			
	Statement of Functional Expenses		NII athas accesses the	on must accordate as	dump (A)
Secuc	on 501(c)(3) and 501(c)(4) organizations must con				
D	Check if Schedule O contains a respon				
8b, 9t	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			27	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	510,708	295,994	214,714	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits	45,741	27,789	17,952	
10	Payroll taxes	49,932	34,629	15,303	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		error carrie	WATER STATE	
f g	Investment management fees				
12	Advertising and promotion			-·	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	18,000	13,860	4,140	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	109,845	109,845		
23	Insurance	82,876	72,669	10,207	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If	in the second se			
	line 24e amount exceeds 10% of line 25, column	i.			
	(A) amount, list line 24e expenses on Schedule O.)	2	* / 1		<u> </u>
a	Program Supplies	188,313	175,379		0
b	Technology Expenses	39,741	35,763		0
C	Utilities Printer Prin	43,236	43,236	0	0
d e	Building Maintenance All other expenses	22,362	22,362	0 70 700	
25	Total functional expenses. Add lines 1 through 24e	111,562	42,055	29,758	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	1,222,316	873,581	308,986	39,749

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 295,280 1 207,511 2 2 3 3 Pledges and grants receivable, net 4 4 45,371 22,774 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Inventories for sale or use Prepaid expenses and deferred charges . . 17,372 9 36,500 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | 3,047,315 10b **b** Less: accumulated depreciation 1,164,088 10c 1,110,453 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 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,522,111 1,377,238 17 Accounts payable and accrued expenses 69,897 17 21,534 18 18 0 19 19 126,071 20 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Liabilities 22 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 . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 170,622 77.648 Total liabilities. Add lines 17 through 25 240,519 26 26 225,253 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,225,649 27 27 1,145,985 Temporarily restricted net assets 28 55,943 28 6.000 29 0 29 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 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 Ret 33 1,281,592 33 1,151,985 Total liabilities and net assets/fund balances 1,522,111 34 1,377,238 Form 990 (2016)

orm 9	90 (2016)			Pa	ige 12				
Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1,092,709							
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,22	2,316				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,28	1,592				
5	Net unrealized gains (losses) on investments	5			0				
6	Donated services and use of facilities								
7	Investment expenses	7			0				
8	Prior penod adjustments	8			0				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		1,15	1,985				
Part	XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	· . · · · ·	<u> </u>					
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 1	ļ					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n						
_	Schedule O.								
2a	The same of the sa			✓					
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ollea c	r						
	reviewed on a separate basis, consolidated basis, or both								
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
Ь	The trib organization of married distributed by an independent described in		. 2b	/					
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on	a	ļ					
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oreich							
G	of the audit, review, or compilation of its financial statements and selection of an independent account			1	}				
	If the organization changed either its oversight process or selection process during the tax year, ex			V					
	Schedule O.	Piani	'	1					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n a						
Ja	the Single Audit Act and OMB Circular A-133?		. _{3a}	(1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		+-	 				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		36		{				
			For	- QQ(2016				

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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.

Open to Public

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Inspection 72-0648695

BOY	S & G11	RLS CLUBS OF SOUTHEAST					72-064	18695
Pai	rt I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The	organiz	ation is not a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		church, convention of churc	hes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	74
2	□ A :	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3		nospital or a cooperative hos		•				<i>O V</i>
4		medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
_		spital's name, city, and state						
5	Se	organization operated for ction 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	=							
8		community trust described in			Part II.)			
9		agricultural research organi				erated in	conjunction with a la	and-grant college
	or un	university or a non-land-gra iversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receives: (1) more than 33½% 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 33½% 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.)							
11	☐ An	organization organized and	l operated exclus	sively to test for public	safety. S	See sec ti	ion 509(a)(4).	
12		organization organized and						
		one or more publicly support eck the box in lines 12a thro						
а		Type I. A supporting organ	ization operated	l. supervised, or contr	olled by r	ts suppo	rted organization(s).	typically by giving
		the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t	-	
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of organization(s). You must				persons	that control or mana	age the supported
_		Type III functionally integ	•	•		onnection	with and functions	ally integrated with
С	ш	its supported organization(ary integrated with,
d		Type III non-functionally integration that is not functionally integrated requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribi	ition requirement an	
е		Check this box if the organ functionally integrated, or T						e II, Type III
f	Ente	r the number of supported of	organizations .					
g	Prov	ide the following information	n about the supp	orted organization(s).				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docui	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				<u> </u>	Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
=				The second liverage of the second liverage of			 	

Par	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						any under
Sect	ion A. Public Support	y quality diluc	7 110 10313 113	ted below, p	icase compie	to r are in.,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	775,655	587,200	1,518,441	1,493,550	1,092,709	5,467,555
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	775,655	587,200	1,518,441	1,493,550	1,092,709	5,467,555
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,467,555
	on B. Total Support				15.0015		
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	775,655	587,200	1,518,441	1,493,550	1,092,709	5,467,555
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,467,555
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Canti	organization, check this box and stop her on C. Computation of Public Suppor			<u></u>		<u></u>	· · ► []
3ecu 14				1(0)		14	100 9/
15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch	• • • • • • • • • • • • • • • • • • • •	_			15	100 % 100 %
16a	331/3% support test—2016. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	nd line 14 is 33	31/3% or more,	check this
b	331/2% support test—2015. If the organiths box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organi	ieck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization is a supported organization in the control organization in the control organization is a supported organization in the control organization in th	ition meets the	e "facts-and-o	circumstances" stances" test.	' test, check The organizati	this box and to on qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec		

Part	III Support Schedule for Organiz	ations Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked to						der Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	11.)	
	ion A. Public Support						<u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ļ		ļ			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<u>"</u>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			<i>J</i>			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						-
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u></u>			ear as a section	
	on C. Computation of Public Suppor			 			
15	Public support percentage for 2016 (line to					15	<u>%</u>
16 Secti	Public support percentage from 2015 School D. Computation of Investment In					16	<u>%</u>
17	Investment income percentage for 2016 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2015			•		18	
19a	331/3% support tests—2016. If the organ						
/	17 is not more than 331/2%, check this box						
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this	ation did not o	check a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng			
by			
Oy			
	1	,	
tus			
1			
ed			
	2	}	
ver			
	الجميد		
	3a		
nd	,		
he			
110			
	3b	l	
(B)		1	
` ′	3c		
) If		3 34	
	4a		
gn			,
on			:
	4b		
on			
ed			
(B)			:
	4.		
	4c		
s, "			
:IN			
on;	í -		
on			
	5a	1	
ر داست	-		
dy			
i	5b	!	
	5c		
	متند		
to			
ed			
or			
_			
	6		
tor			
nth			
	7		
77			
	8		[
		1	
ore			
ore ed			
ed	9a		
	9a		
ed ich			
ed ich	9a		
ed	9a 9b		
ed ch efit	9a		
ed ch efit	9a 9b		
ed sch efit	9a 9b		
ed sch efit	9a 9b 9c		
efit	9a 9b		
ed sch efit	9a 9b 9c		
efit	9a 9b 9c		

Pag	e	٤

Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	,	
h	below, the governing body of a supported organization?	11a 11b
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	on B. Type I Supporting Organizations	1.1.0
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	THE REAL PROPERTY.
2		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	
0000	on b. All Type in Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	STORY WAY
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	第41 字章
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2
•	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\$
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
Ь	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.	26
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b
о 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.	3a
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u></u>	<u></u>
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		,
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
ее	From 2015			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)		<u> </u>	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
a	4			
<u>ь</u>	Excess from 2013		<u></u>	
c	Excess from 2014			
d	Excess from 2015			
e_	Excess from 2016			

	Page	8
--	------	---

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

BOYS	& GIRLS CLUBS OF SOUTHEAST		72-0648695
Pai	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
U	only for charitable purposes and not for the bene		
		· · · · · · · · · · · · · · · · · · ·	
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	·
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hie easement on the last day of the tax year.	eld a qualified conservation contribution	On in the form of a conservation Held at the End of the Tax Year
_	Total number of conservation easements		
a b	Total acreage restricted by conservation easemen		2a 2b
G	Number of conservation easements on a certified		
ď	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
			1 1
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of
^	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	iting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	as handling of violations, and enforcing	concentation ecomente during the year
•	> \$	ig, handling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
_	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	ing to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		> S

Par	t III Organizations Maintaining	Colle	ections of	Art, His	torical	Treasures	, or Ot	her Similar A	ssets (c	ontine	Jed)
3	Using the organization's acquisition, collection items (check all that apply).	acces									
а	☐ Public exhibition			ď	☐ Loar	or exchang	je progi	rams			
b	Scholarly research			e	☐ Othe	er					
C	☐ Preservation for future generation:										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par				" an Ca-	000	David IV dias	-0		maunt a	- Ear	
	Complete if the organization 990, Part X, line 21.	answ	vered tes	On For	m 990,	Part IV, Ime	3 9, Or	reported an ai	nount o	11 1-011	111
1a		custo	odian or oth	ner intern	nediary f	or contribut	ions or	other assets n	ot		
	included on Form 990, Part X?								_	es [l No
b	If "Yes," explain the arrangement in P										•
			•		J			Α	mount		
C	Beginning balance						10				
d	Additions during the year						1d				
e	J ,						<u>1e</u>				
f	Ending balance						1f				
2a	Did the organization include an amount										jNo ¬
Par	If "Yes," explain the arrangement in P Endowment Funds.	art XIII	. Cneck ner	e ir tne e	xpianatic	n nas been	provide	ed on Part XIII .			
	Complete if the organization	answ	vered "Yes	" on For	m 990	Part IV line	a 10				
			Current year	,	or year	(c) Two year		(d) Three years bac	k (e) Fou	ır years	back
1a	Beginning of year balance			 					 		
b	Contributions	·····	·	<u> </u>					1		·
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs					<u> </u>					
f	Administrative expenses			Ļ		<u> </u>					
g	End of year balance			L.,		Ļ					
2	Provide the estimated percentage of t Board designated or quasi-endowner		rent year er		e (line 1	g, column (a	i)) held a	as:			
a b	Permanent endowment	" ► "		%							
c	Temporarily restricted endowment ▶		%								
•	The percentages on lines 2a, 2b, and			00%.							
3a	Are there endowment funds not in the				zation th	at are held	and ad	ministered for th	he		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related o								3b	Щ_	<u> </u>
4	Describe in Part XIII the intended uses			on's endo	owment t	unds.	 				
Part	VI Land, Buildings, and Equip Complete if the organization			" on For	000	Davi IV lin.	. 11.	Saa Farm 000	Dort V	liaa -	10
	Description of property	answ	(a) Cost or o			or other basis		Accumulated		ok valu	
			(investr	nent)		other)		epreciation			
1a	Land	.		92,360		0					2,360
b	Buildings , , , , , , ,	. }		1,996,512	 	0		1,089,604		90	6,908
c d	Equipment	,		639.443		0		527 259		11	0
e	Other	<u> </u>		638,443 320,000		0	<u> </u>	527,258 320,000			1,185
	Add lines 1a through 1e. (Column (d) n	nust e	gual Form 9)c.)	320,000		1.11	0,453
											

Part VII	Investments - Other Securities		rm 000) Do+ 1\/ !	a 11h Saa Farm	QQQ Part V line 12
	Complete if the organization ans (a) Description of security or categor			Book value		hod of valuation
	(including name of security)	у	(0)	DOOK VAIUE		of valuation of year market value
(1) Financial						
	neld equity interests		<u></u>			
(3) Other					<u></u>	
(A)	**-*		<u> </u>		·	
(B)						
(C)						····
(D)						
(E) (F)						
(G)						
(H)			 			
	b) must agual Corm 000, Ond V and (O) inc. 101 b					······································
Part VIII	b) must equal Form 990, Part X, col. (B) line 12) Investments—Program Related		L			
Fait Vill	Complete if the organization ans		m 000) Dort IV line	a 11a Saa Earm	000 Part V line 13
	(a) Description of investment	Weled les on rul		Book value		hod of valuation
	(a) Description of investment		(0)	Book value		of-year market value
(1)			 			
(2)			 			
(3)			 		 	
(4)			-			
(5)	······································	······································				
(6)		······································	 			······································
(7)						······································
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13.)				۲	
Part IX	Other Assets.					
	Complete if the organization ans	wered "Yes" on Fo	rm 990), Part IV, line	e 11d. See Form	
	·(;	a) Description				(b) Book value
_(1)						
(2)						
(3)						
(4)		 				
(5)						
<u>(6)</u>				· ·		<u></u>
(7)						<u></u>
(8)						
Total (Colu	mn (b) must equal Form 990, Part X, c	ol (R) line 15)				
Part X	Other Liabilities.	oi. (b) line 13.7	·	· · · ·		<u> </u>
I GICA	Complete if the organization ans	wered "Ves" on Fo	rm 991) Part IV lin	e 11e or 11f Se	e Form 990 Part X
	line 25.	TO COLOR	550	, r carriv, 101	16 OF 111. OE	o i onni ooo, i aitiA,
1.	(a) Description of liability	(b) Book value	 -T			
(1) Federal in						
(2) Due To			21,722			
	Payroll Liabilities		37,169			
	urrent Liabilities		18,757			
(5)						
(6)						
(7)						
(8)						
(9)		Ī				
	b) must equal Form 990, Part X, col. (B) line 25.)		77,648			
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footr	note to			
	s liability for uncertain tax positions unde					

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990,			r Ret	urn.
1	Total	revenue, gains, and other support per audited financial statements			11	1 002 700
		-		· · · · ·		1,092,709
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	ا ده ا			
a		nrealized gains (losses) on investments	2a		0	
b		ted services and use of facilities	2b		0	H
C		veries of prior year grants			0	B
d		(Describe in Part XIII.)			0	
9		ines 2a through 2d			20	
3		act line 2e from line 1		· · · · · ·	3	1,092,709
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	} }			A
а		· · · · · · · · · · · · · · · · · · ·	4a		0	ž.
b		(Describe in Part XIII.)			0	.
C		nes 4a and 4b				0
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part	XII	Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses p	er R	eturn.
		Complete if the organization answered "Yes" on Form 990, I	Part IV, lii	ne 12a.		
1	Total	expenses and losses per audited financial statements			1	1,222,316
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25			F	
а	Dona	ted services and use of facilities	2a		0	H
b	Prior	year adjustments	2b		0	A
c		losses			0	
d		(Describe in Part XIII.)			0	
e		nes 2a through 2d			2e	٠ .
3	Subtr	act line 2e from line 1			3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a		tment expenses not included on Form 990, Part VIII, line 7b	4a		0	Ħ
b		(Describe in Part XIII.)			0	<u> </u>
c		nes 4a and 4b				0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,222,316
		Supplemental Information.	 			1,222,310
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
						.4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

20**16**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
BOYS & GIRLS CLUBS OF SOUTHEAST	72-0648695
Form 990, Part VI, Section B, Line 11b - Approval is requested from the finance comm	

Form 990, Part VI, Section B, Line 12c - Board meets monthly and discusses all perti	nent matters.

Form 990, Part VI, Section B, Line 15 - These items are brought to the finance commi	ttee for the board of directors where they are
discussed and voted on.	
Form 990, Part VI, Section C, Line 19 - Items are made available upon request.	
1 orni 330, Part VI, Section C, Line 13 - Iterits are made available upon request.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4
***************************************	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
A	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	**************************************
	4,
***************************************	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
***************************************	·
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	


	~==~=~

Schedule O, Statement 1	BOYS & GIRLS CLUBS OF SOUTHEAS
Form: Form 990 (2016)	EIN 72-064869
Page 1	Header Section
Reaso	nable Cause Explanations
Explanation	
Annroved extension	