

Mailed 7-9-92

Mailed Listing of Board of Directors

9109

OMB No 1545-0047

1990

Form

990

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

Note You may have to use a copy of this return to satisfy state reporting requirements. See instruction E

Department of the Treasury
Internal Revenue Service

For the calendar year 1990, or fiscal year beginning

10/1

1990, and ending

9/30, 1991

Use IRS label. Otherwise, please print or type.	PT 59-2973927 9109 07 03 15 3 18	A Employer identification number (see instruction S2)
	BOYS AND GIRLS CLUB OF PERRY TAYLOR	59-2973927
	JAMES JACKSON	B State registration number (see instruction E)
	PO BOX 1474	
	PERRY	C If application for exemption is pending, check here <input type="checkbox"/>
	FL 32347	

D Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) charitable trust (see instruction C7 and question 92)

E Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐

F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed _____
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) ☐

H Check box if address changed ☐

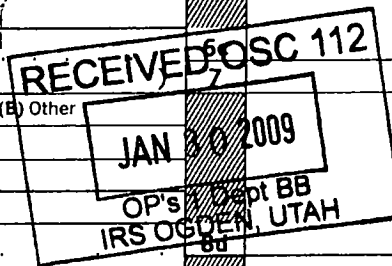
I Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS, but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A5). Some states require a completed return.

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	39,277
b	Indirect public support BOYS & GIRLS CLUB OF AMERICA	1b	8,748
c	Government grants	1c	100,000
d	Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	148,025
2	Program service revenue (from Part VII, line 93)	2	12,250
3	Membership dues and assessments (see instructions)	3	5,775
4	Interest on savings and temporary cash investments	4	2,157
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (line 6a less line 6b)		
7	Other investment income (describe <input type="checkbox"/>)		
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a
b	Less: cost or other basis and sales expenses		8b
c	Gain or (loss) (attach schedule)		8c
d	Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B))	(B) Other	
9	Special fundraising events and activities (attach schedule—see instructions):		
a	Gross revenue (not including \$_____ of contributions reported on line 1a)	9a	
b	Less: direct expenses	9b	
c	Net income (line 9a less line 9b)	9c	
10a	Gross sales less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) (line 10a less line 10b) (attach schedule)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	168,207
13	Program services (from line 44, column (B)) (see instructions)	13	111,486
14	Management and general (from line 44, column (C)) (see instructions)	14	27,319
15	Fundraising (from line 44, column (D)) (see instructions)	15	5,884
16	Payments to affiliates (attach schedule—see instructions)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	144,689
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	23,518
19	Net assets or fund balances at beginning of year (from line 74, column (A))	19	40,322
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	63,840



SCANNED MAR 24 2009

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	—	—		
23 Specific assistance to individuals	—	—		
24 Benefits paid to or for members	—	—		
25 Compensation of officers, directors, etc.	—	—	—	—
26 Other salaries and wages	78,342	62,473	12,696	13,173
27 Pension plan contributions	3,308	1,489	1,654	165
28 Other employee benefits	6,673	5,484	1,081	108
29 Payroll taxes	7,028	5,604	1,139	285
30 Professional fundraising fees	—			—
31 Accounting fees	2,000	—	2,000	—
32 Legal fees	—	—	—	—
33 Supplies	17,724	16,360	1,091	273
34 Telephone	1,193	537	537	119
35 Postage and shipping	704	35	528	141
36 Occupancy	6,151	5,965	186	—
37 Equipment rental and maintenance	—	—	—	—
38 Printing and publications	1,697	718	717	262
39 Travel	4,196	2,098	2,098	—
40 Conferences, conventions, and meetings	—	—	—	—
41 Interest	325	146	146	33
42 Depreciation, depletion, etc. (attach schedule)	5,327	3,711	1,334	282
43 Other expenses (itemize): a. SWIM TEAM	3,043	3,043	—	—
b. INSURANCE	2,557	1,906	651	—
c. LICENSES & PERMITS	166	—	166	—
d. DUES	1,009	584	425	—
e. AWARDS	746	—	—	746
f. MISCELLANEOUS	2,500	1,333	870	297
44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	144,689	111,486	27,319	5,884

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Expenses
(optional for some organizations—see instructions)

a	PROVIDE SERVICES TO THE YOUTH OF TAYLOR COUNTY AND THE CITY OF PERRY. THE CLUB SERVICES OVER 800 MEMBERS WITH AN AVERAGE DAILY ATTENDANCE OF 95-100 MEMBERS. (Grants and allocations \$)	111,486
b	 (Grants and allocations \$)	
c	 (Grants and allocations \$)	
d	 (Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total (add lines a through e) (should equal line 44, column (B)).	111,486

Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets				
45	Cash—noninterest-bearing	15,291	45	37,417
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47c	
b	Less allowance for doubtful accounts			
48a	Pledges receivable		48c	
b	Less allowance for doubtful accounts			
49	Grants receivable	8,342	49	1,250
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51c	
b	Less allowance for doubtful accounts			
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	1,353	53	1,506
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis		55c	
b	Less accumulated depreciation (attach schedule)			
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	32,427	57c	30,476
b	Less accumulated depreciation (attach schedule)	6,951		
58	Other assets (describe ►)		58	
59	Total assets (add lines 45 through 58)	45,602	59	70,649
Liabilities				
60	Accounts payable and accrued expenses	2,871	60	5,285
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ► LONG-TERM LEASE)	2,409	65	1,524
66	Total liabilities (add lines 60 through 65)	5,280	66	6,809
Fund Balances or Net Assets				
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund	22,115	67a	36,402
b	Current restricted fund		67b	
68	Land, buildings, and equipment fund	18,207	68	27,438
69	Endowment fund		69	
70	Other funds (describe ►)		70	
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (see instructions)	40,322	74	63,840
75	Total liabilities and fund balances/net assets (see instructions)	45,602	75	70,649

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
ALL OFFICERS AND DIRECTORS SERVED WITHOUT COMPENSATION. SEE ATTACHED SCHEDULE FOR LISTING.	ASSEMBLED	- 0 -	- 0 -	- 0 -

Part VI Other Information



	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," have you filed a tax return on Form 990-T , Exempt Organization Business Income Tax Return, for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions	81a	
b Did you file Form 1120-POL , U S Income Tax Return for Certain Political Organizations, for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II See instructions for reporting in Part III.	82b	
83a Did anyone request to see either your annual return or exemption application (or both)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did you solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85a Section 501(c)(5) or (6) organizations — Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," enter the total amount spent for this purpose	85b	
86 Section 501(c)(7) organizations — Enter		
a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities (See instructions)	86b	
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	
87 Section 501(c)(12) organizations — Enter amount of.		
a Gross income received from members or shareholders	87a	
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 Public interest law firms — Attach information described in the instructions.		
89 List the states with which a copy of this return is filed		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91 The books are in care of <u>MEBROUCH & DAVES, CPAs</u> Telephone no. <u>904.584.2727</u> Located at <u>530 S. JEFFERSON ST. PERRY, FL 32347</u>		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041 , U S Fiduciary Income Tax Return. — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Enter gross amounts unless otherwise indicated.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

mailed
copy signed
by Dale
Dickert

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
			Date <u>7-9-92</u>
Paid Preparer's Use Only	Signature of officer _____		Title <u>President</u>
	Preparer's signature  CPA		Date <u>7/7/92</u>
	Firm's name (or yours if self-employed) and address <u>YARBROUCH & DAVIS, CPAs</u> <u>530 S. JEFFERSON ST PLEASANT, FL</u>		Check if self-employed <input type="checkbox"/> ZIP code <u>32347</u>

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust
Supplementary Information

► Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1990

Name

BOYS & GIRLS CLUB OF PERRY / TAYLOR COUNTY

Employer identification number

59-2973927

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
JAMES JACKSON - PERRY, FLA	EXEC. DIRECTOR 40 + HOURS	31,739	3,308	- 0 -
Total number of other employees paid over \$30,000	- 0 -			

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
NONE IN EXCESS of \$ 30,000	—	—
Total number of others receiving over \$30,000 for professional services ▶	- 0 -	

Part III Statements About Activities

Yes (1) No (2)

- 1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$

Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.

- 2 During the year, have you, either directly or indirectly, engaged principal officer, or creator of your organization, or any taxable affiliated as an officer, director, trustee, majority owner, or partner in:

- a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses) to any individual?
e Transfer of any part of your income or assets?

If the answer to any question is "Yes," attach a detailed statement.

- 3 Do you make grants for scholarships, fellowships, student loans, or other educational purposes?
4 Attach a statement explaining how you determine that individuals in furtherance of your charitable programs qualify to receive payments.

For Paperwork Reduction Act Notice, see page 1 of the Instructions to Form 990.

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)The organization is not a private foundation because it is (please check only **ONE** applicable box):

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 3)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete Support Schedule)
- 12 ☐ An organization that normally receives (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3)

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above

- 14-
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a)	(b)	(c)	(d)	(e)
	1989	1988	1987	1986	Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	117,574				117,574
16 Membership fees received	5,623				5,623
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	10,877				10,877
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	—				
19 Net income from unrelated business activities not included in line 18	—				
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf	—				
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	—				
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	405				405
23 Total of lines 15 through 22	134,479				134,479
24 Line 23 minus line 17	123,602				123,602
25 Enter 1% of line 23	1,345				
26 Organizations described in box 10 or 11.					
a Enter 2% of amount in column (e), line 24					2,472
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ►					28,450

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.) N/A**27 Organizations described in box 12, page 2**

- a** Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1989) (1988) (1987) (1986)

- b** Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1989) (1988) (1987) (1986)

- 28** For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire**(To be completed ONLY by schools that checked box 6 in Part IV)** N/A

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance? (See instructions)		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement		
35 Do you certify that you have complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)		

Part VI Lobbying Expenditures by Public Charities (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ **a** If the organization belongs to an affiliated group (see instructions)
 Check here ☐ **b** If you checked **a** and "limited control" provisions apply (see instructions)

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations										
36 Total (grassroots) lobbying expenses to influence public opinion	36												
37 Total lobbying expenses to influence a legislative body	37												
38 Total lobbying expenses (add lines 36 and 37)	38												
39 Other exempt purpose expenses (see Part VI instructions)	39												
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)	40												
41 Lobbying nontaxable amount Enter the smaller of \$1,000,000 or the amount determined under the following table—													
<table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000	\$225,000 plus 5% of the excess over \$1,500,000	41		
If the amount on line 40 is—	The lobbying nontaxable amount is—												
Not over \$500,000	20% of the amount on line 40												
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000												
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000												
Over \$1,500,000	\$225,000 plus 5% of the excess over \$1,500,000												
42 Grassroots nontaxable amount (enter 25% of line 41)	42												
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)													
43 Excess of line 36 over line 42	43												
44 Excess of line 38 over line 41	44												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45–50 for details.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Form 990 - 9/30/91

PART II LINE 42; PART III LINE 57(a)

FEI# 59-2973927

BOYS & GIRLS CLUB
05/27/92 06:13 pmBOYS & GIRLS CLUB OF PERRY
Book Group Summary Report

Period 10/01/90 - 9/30/91

Client: 5109
Page 1

Grp #	Group Description	COST				DEPRECIATION			
		Beginning	Acquisitions	Disposals	Ending	Prior	Additions	Reductions	Ending
1	FURNITURE & FIXTURE	3,687.33	351.24	0.00	4,038.57	269.13	675.80	0.00	944.93
2	EQUIPMENT	8,326.74	8,114.05	0.00	16,440.79	562.77	2,144.98	0.00	2,707.75
3	RECREATIONAL EQUIPMENT	6,245.26	1,711.99	0.00	7,957.25	397.99	1,276.04	0.00	1,674.03
4	DATA PROC. EQUIP & ACCESS	3,980.16	3,697.61	0.00	7,677.77	392.85	1,165.80	0.00	1,558.65
5	BUILDING IMPROVEMENTS	0.00	1,312.62	0.00	1,312.62	0.00	65.63	0.00	65.63
BOYS & GIRLS CLUB Totals		<u>22,239.49</u>	<u>15,187.51</u>	<u>0.00</u>	<u>37,427.00</u>	<u>1,622.74</u>	<u>5,328.25</u>	<u>0.00</u>	<u>6,950.99</u>
Grand Totals		<u>22,239.49</u>	<u>15,187.51</u>	<u>0.00</u>	<u>37,427.00</u>	<u>1,622.74</u>	<u>5,328.25</u>	<u>0.00</u>	<u>6,950.99</u>

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns**OMB No 1545-0148
Expires 10-31-92▶ **File a separate application for each return.**Please type or
print. File the
**original and one
copy** by the due
date for filing
your return. (See
instructions on
back.)

Name

BOYS & GIRLS CLUB OF PERRY/TAYLOR COUNTY

Number and street (or P.O. box no. if mail is not delivered to street address)

Apt. or suite no.

P.O. Box 1474

City, town, or post office, state, and ZIP code (for foreign address, see instructions)

PERRY, FL 32347

Employer identification number

59-2973927

Note: Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use **Form 7004** to request an extension of time to file.Partnerships, REMICs, and trusts (except those that file Form 990-T) must use **Form 8736** to request an extension of time to file.1 An extension of time until 8/15/92 is requested in which to file (check only one):

- | | | | | |
|---|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 706GS (D) | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706GS (T) | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 1042S | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8804 |

If organization does not have an office or place of business in the United States, check this box ☐2a For calendar year 19 10/1/90, or other tax year beginning 10/1/90 and ending 9/30/91b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No4 State in detail why you need the extension AVOID OF FINANCIAL STATEMENTS
HAS NOT BEEN COMPLETED - AVOIDED FINANCIAL
STATEMENT INFORMATION WILL BE USED TO COMPLETE FORM 990

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804, enter the tentative tax, less any nonrefundable credits. (See instructions.) \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (See instructions.) \$ - 0 -**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Jo E. [Signature] CPA

Date ▶

2/14/92**File original and one copy. IRS will show below whether or not your application is approved and will return the copy.****Notice to Applicant—To Be Completed by IRS**

- ☐ We **HAVE** approved your application. (Please attach this form to your return.)
- ☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.
- ☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)
- ☐ We cannot consider your application because it was filed after the due date of your return.
- ☐ Other _____

Director

Date

By

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please
Type
or
Print

Name

Number and street (or P.O. box no. if mail is not delivered to street address)

Apt. or suite no.

City, town, or post office, state, and ZIP code (for foreign address, see instructions)