2949319532205 EXTENDED TO NOVEMBER 15, 2018

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection and ending A For the 2017 calendar year, or tax year beginning B Check if applicable D Employer identification number C Name of organization BOYS & GIRLS CLUBS OF CENTRAL NH Address change NEW HAMPSHIRE Name change 02-0259874 Doing business as Initial Alumber and street for P.O. hov if mail is not delivered to street address?

	1990(2017) NEW HAMPSHIRE 02-0259874 Page 2
Pa	rt 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.
	TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US
	MOST, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND
	CARING CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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? Yes X No
	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
4a	(Code) (Expenses \$ 3,358,532. including grants of \$ 1,134,702.) (Revenue \$ 2,758,660.)
	THE BOYS AND GIRLS CLUBS OF CENTRAL NEW HAMPSHIRE PROVIDES AFTER SCHOOL
	SPORTS, GAMES, AND EDUCATIONAL ACTIVITIES, AS WELL AS SUMMER DAY CAMP
	INCLUDING DAY TRIPS FOR FUN AND EDUCATIONAL PURPOSES FOR CHILDREN AGES
	5 TO 18. THESE SERVICES ARE PROVIDED TO APPROXIMATELY 1,300 AREA
	CHILDREN. THE KINDERGARTEN ENRICHMENT PROGRAM IS A BEFORE AND AFTER
	SCHOOL PROGRAM THAT FOLLOWS THE NH KINDERGARTEN FRAMEWORK, DESIGNED TO
	ADDRESS ALL AREAS OF DEVELOPMENT: SOCIAL, EMOTIONAL, PHYSICAL AND
	INTELLECTUAL. THE ORGANIZATION'S LONG-TERM GOALS ARE TO INSPIRE AND
	ENABLE ALL YOUNG PEOPLE, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE,
	RESPONSIBLE, AND CARING CITIZENS.
	THE CHILD CHILD.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
-	/ (Arevailue 9 / (Arevailue 9 / (Arevailue 9 / Arevailue 9 / Arevailue 9 / Arevailue 9 / (Arevailue 9 / Arevailue
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 3,358,532.
	Form <b>990</b> (2017)

Form 990 (2017) NEW HAMPSHIRE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	'	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
44	i de la companya de			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
_	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	Ha		
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		х
_		11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	- T	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<b></b>	
	Schedule D, Parts XI and XII	12a	X	
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	46:		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<b>.</b>
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		3.5
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u>-</u> _	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	(2017)

Form 990 (2017) NEW HAMPSHIRE

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b    21				Yes	No
21 Did the organization report more than \$5,000 of grains or other assistance to any domestic organization or of domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grains or other assistance to or for domestic individuals on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 23 Did the organization newer "Yes" to Part IX, estonia A III is 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 Is the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No." go to line 25e 24a Did the organization nave at tax-exempt bond is sue 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 IX. If "No." go to line 25e 25b Did the organization naves in yerocedes of tax-exempt bonds beyond a temporary period exception? 25c Did the organization ministrian an escrow account other than a refunding escrow at any time during the year? 25d Did the organization ministrian an escrow account other than a refunding escrow at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a desqualified person during they are III "Yes, complete Schedule I., Part II" 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of in a proving a proper some different person of If "Yes, complete Schedule I., Part IV Did the organization report any amount on Part X, line 5, 6, or 22 for reconvables from or payables to any current or former officers, directors, trustee, is key employees, highest compensated employees, or disqualified persons? If "Yes, complete Schedule I., Part IV Did The organization provide a	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 2  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 2  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization surrent and former officers, director, instelles, key employees, and highest compensated employees? If "Yes," complete Schedule I and 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 I, Part II and III and	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 bd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, country (A), ner 2 if "Yes," complete Schedule I, Part I and III 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 officians, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 24 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 24 through 24d and complete Schedule K. If "No", go to line 25a 24b 24b 24b 25b 25chedule K. If "No", go to line 25a 25b 25b 25chedule K. If "No", go to line 25a 25b	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), the 27 if "Yes," complete Schedule I, Parts I and III 2  Did the organization aware "Yes" to Part IV, Section A, Ilina 3, 4 or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, 24  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 II, "No.", go to the 25e.  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Dd the organization and that it engaged in an exception and that the transaction with a disqualified person of unity period that the transaction with a disqualified person of unity period that the transaction has not been reported on any of the organizations proforms 990 or 990/CZ7 If "Yes, complete Schedule I, Part II of the organization provide a grant or other assistance to an officer, director, trustee, we employee or a family member of any of these persons? If "Yes, complete Schedule I, Part II of the organization provide a grant or other assistance to an officer, director, trustee, or key employees or a family member thereofy was an officer, director, trustee, or key employee? If "Yes, complete Schedule I, Part IV or An entity of which a current or former officer, director, trustee, or key employee? If "Yes, complete Schedule I, Par		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _
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 I sat day of the year, that was issued after December 31, 2002? If "Yes," arware rines 24b through 24d and complete Schedule II. If Yes, a to line 25s and the least day of the year, that was issued after December 31, 2002? If "Yes," arware rines 24b through 24d and complete Schedule II. If Yes, a to line 25s and y tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 10 dec 25s and y tax-exempt bonds outstanding at any time during the year? 24d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 I, "No", go to line 25s		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J 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  25a Section 501(c)(3), go to line 25a  26b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds  27c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds  27c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I "Eschedule L, Fart I "Eschedule L, Fart I "Eschedule L, Part I Part I "Eschedule L, Part I Pa	23	Did the organization answer "Yes" to Part VII, Section A, fine 3, 4, or 5 about compensation of the organization's current			i
240 Id 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 24th through 24d and complete Schedule K. If 'No', go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
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Schedule K. If *No**, go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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any tax-exempt bonds?  d Ddt the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I., Part I!  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-E27 If "Yes," complete Schedule I., Part I!  25a Dd 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 I., Part II!  27 Dd the organization party to a business transaction with one of the following parties (see Schedule L., Part IV)  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L., Part IV)  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV  29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L., Part IV  29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I. Part III  30 Dd the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule II, Part II  31 Dd the organization on the organization on the organization under Regulations sections 301 7701-2 and 301.7701-39 If "Yes," complete Schedule R., Part II  31 Dd the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R., Part II, III, or IV, and Part V, Inne 1  32 Dd the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Dd the organization have a controlled entity within the me					
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 1s 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-E27 If "Yes," complete Schedule I, Part I 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 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 II 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 IV instructions for applicable filing thresholds, conditions, and exceptions):  27			24c		X
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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-E2? If "Yes," complete Schedule L, Part II  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  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  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  28 Was the organization a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization liquidate, terminate, or dissolve and cease operations?  31 If "Yes," complete Schedule N, Part I  32 Did the organization in controlled entity dissense of the organization with a controlled entity within the meaning of section 512(b)(13)?  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, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of secti			25a		X
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Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O  38 X	54	- · · · · · · · · · · · · · · · · · · ·	34		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O  38 X	252	·		-	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O  38 X			334	<del>-</del>	<del>                                     </del>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	IJ		354		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36	- · · · · · · · · · · · · · · · · · · ·	330	<u> </u>	+
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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	30		26		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	27	·	36	<del> </del>	+
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	31		27		x
Note. All Form 990 filers are required to complete Schedule O	30		3/	<del>  -</del>	1
	30		30	×	
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Form **990** (2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	0/4		age o				
Fai	Check if Schedule O contains a response or note to any line in this Part V			$\Box$				
		· · · · · · · · · · · · · · · · · · ·	Yes	No				
4_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO				
1a	· · · · · · · · · · · · · · · · · · ·	1						
ь				,				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	40	X	l				
ο-	(gambling) winnings to prize winners?	1c						
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 157			ĺ				
L.	, , , , , , , , , , , , , , , , , , , ,							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	<del>                                     </del>				
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		x				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<del>                                     </del>				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		$\vdash -$				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a_		<u> </u>				
D	If "Yes," enter the name of the foreign country.			1				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	I		x_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_						
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del> -				
6a		C-		x				
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>				
Đ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL	İ	}				
_	were not tax deductible?	6b		-				
7	Organizations that may receive deductible contributions under section 170(c).	7a		x				
_	a 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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		<b></b> -				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7e	-	X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
, ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		† <del></del> -				
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del></del>						
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		$T^{-}$				
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	1						
11	Section 501(c)(12) organizations. Enter	1		1				
а	Gross income from members or shareholders		i					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	ì					
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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		Ì	1				
	organization is licensed to issue qualified health plans	1	1					
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>	<del></del>				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	;	1
	officer, director, trustee, or key employee?	2	i	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_	
	of officers, directors, or trustees, or key employees to a management company or other person?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- 1 -	-	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	Ī
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	х	l
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	Х	T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		$\mathbf{x}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b	-	
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
.5	statements available to the public during the tax year	- · · · · · · · ·		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHRISTOPHER EMOND, EXECUTIVE DIRECTOR - 603-224-1061			
	55 BRADIEV STREET CONCORD NH 03301			

NEW HAMPSHIRE

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Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

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

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

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		) than	nne	Reportable	Reportable	Estimated
	hours per	ьох	, unle	ss pe	rson	ıs bot	an	compensation	compensation	amount of
	week		peran	id a d	Irecto	or/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	100	8			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ruste	trus		8	npen		(W-2/1099-MISC)		organization and related
	below	lual	tiona	_	g ê	S es	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALFRED BRISARD	1.00	_	-		<u>                                     </u>					
DIRECTOR	0.00	X						0.	0.	0.
(2) CHRIS BROWN	1.00									
PRESIDENT	0.00	x		X				0.	0.	0.
(3) JOHN CIMIKOSKI	1.00									
DIRECTOR	0.00	x			ŀ			0.	0.	0.
(4) TOM COOK	1.00					Π				
SECRETARY	0.00	X		X				0.	0.	0.
(5) LESLIE DICK	1.00									
DIRECTOR	0.00	X				ļ	<u></u>	0.	0.	0.
(6) PAUL GAUDET JR.	1.00							_	_	
DIRECTOR	<del>-</del>	X		ļ	ļ	_		0.	0.	0.
(7) SCOTT KNOWLES	1.00	ļ								
DIRECTOR		X	ļ	<u> </u>	-	-		0.	0.	0.
(8) MARY MATTSON	1.00	<b>∤</b>								
DIRECTOR	0.00	X		<u> </u>	1	-	<u> </u>	0.	0.	0.
(9) NANCY MELLITT	1.00									
DIRECTOR	0.00	X	<u> </u>	_	├-	<b></b> -	ļ	0.	0.	0.
(10) ROBERT MOSES	1.00	<b> </b>				İ				
VICE-PRESIDENT	0.00	X	-	X	<b>├</b>	┼	┝	0.	0.	0.
(11) JOHN O'CONNOR	1.00	١.,								
DIRECTOR	0.00	X	$\vdash$		-	<del> </del>	-	0.	0.	0.
(12) TIMOTHY O'SHEA	1.00	٠,		l					0.	
DIRECTOR	0.00	X	-	├	⊢	+	$\vdash$	0.	0.	0.
(13) MICHAEL PERCY	$\begin{array}{r} 1.00 \\ \hline 0.00 \end{array}$	┧┰					ļ	0.	0.	0.
DIRECTOR	1.00	<u> </u>		╁	$\vdash$	+		ļ		
(14) PAUL PROVOST	0.00	· v	1					0.	0.	0.
DIRECTOR (15) FMILY DIGE	1.00	_	╁╌	+	1	+		- 0.	•	1
(15) EMILY RICE DIRECTOR	0.00			1				0.	0.	0.
(16) JON RUGGLES	1.00		T	t	$\top$	T		<u> </u>		
DIRECTOR	0.00	-						0.	0.	0
(17) SCOTT SCHERMERHORN	1.00	_	$\top$	T	1	1	T	<u> </u>		
DIRECTOR	0.00						1	0.	0.	. 0.
732007 11-28-17										Form <b>990</b> (2017

Se	ction B. Independent Contractors	<del></del>	
1	Complete this table for your five highest compensated independent contrathe organization. Report compensation for the calendar year ending with or		ompensation from
	(A) Name and business address NONE	(B) Description of services	(C) Compensation
			-
2	Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 0	e listed above) who received more than	

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Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 65,115. 1 a Federated campaigns 1a **b** Membership dues 1b <u>857,992.</u> c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 60,089. f All other contributions, gifts, grants, and similar amounts not included above 052,129 103,404. 9 Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ,035,325 Business Code 2 a MEMBERSHIP DUES 900099 1,802,310.1,802,310. Program Service Revenue ь CAMP FEES 805,755. 805,755. 900099 c OTHER PROGRAM FEES 900099 82,653. 82,653. d ANCILLARY SERVICES 900099 67,942. 67,942. f All other program service revenue 2,758,660. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25,118 other similar amounts) 25,118. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 33,842 6 a Gross rents b Less rental expenses 0. c Rental income or (loss) 33,842. d Net rental income or (loss) 33,842 33,842. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 857,992. of contributions reported on line 1c). See 35,135 Part IV, line 18 89,642. b Less. direct expenses -54,507c Net income or (loss) from fundraising events -54,5079 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 9,573 9,573. d All other revenue 9,573. e Total. Add lines 11a-11d 4,808,011.2,758,660. Total revenue See instructions. 14,026. Form 990 (2017) NEW HAMPSHIRE

### Part IX | Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, 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				· · · · · · · · · · · · · · · · · · ·					
	ındividuals. See Part IV, line 22	1,134,702.	1,134,702.		<u></u> '					
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	ındıviduals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	102,745.	25,686.	20,549.	56,510.					
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	Other salaries and wages	1,353,209.	1,061,605.	227,244.	64,360.					
8	Pension plan accruals and contributions (include	04 500	45 05:		4 600					
	section 401(k) and 403(b) employer contributions)	21,728.	17,974.	2,072.	1,682.					
9	Other employee benefits	130,591.	102,767.	13,408.	14,416.					
10	Payroll taxes	107,919.	82,159.	11,582.	14,178.					
11	Fees for services (non-employees):									
a	Management .									
b	Legal .	11 206	2 000	0.406						
С.	Accounting	11,286.	2,800.	8,486.						
d	Lobbying  Professional fundrations converse See Part IV line 17		- 17							
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				· · · · · · · · · · · · · · · · · · ·					
g	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	6,659.	5,146.	1,108.	405.					
13	Office expenses	22,433.	3,641.	15,195.	3,597.					
14	Information technology	22/1331	3/011.	13,133.	3/33/1					
15	Royalties		····							
16	Occupancy	251,077.	225,483.	24,328.	1,266.					
17	Travel	78,449.	75,866.	261.	2,322.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	17,892.	3,562.	10,010.	4,320.					
20	Interest	48,086.	47,712.	187.	187.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	247,946.	246,018.	964.	964.					
23	Insurance	69,183.	57,393.	11,145.	645.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	PROGRAM SUPPLIES	143,243.	143,127.	116.						
b	IN-KIND EXPENSES	103,254.	103,234.		20.					
С	MISCELLANEOUS	50,819.	17,359.	33,145.	315.					
d	DUES & FEES	16,739.	_565.	16,074.	100.					
е	All other expenses	21,958.	1,733.	16,870.	3,355.					
25	Total functional expenses Add lines 1 through 24e	3,939,918.	3,358,532.	412,744.	168,642.					
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)									
	A 41-39 17				Form <b>990</b> (2017)					

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 950. 756. Cash - non-interest-bearing 1 339,098. 417,718. 2 Savings and temporary cash investments ... 2 396,086. 881,080. 3 Pledges and grants receivable, net 3 47,592. 4 Accounts receivable, net 4 74,833. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 21,245. 28,728. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 7,655,691. basis. Complete Part VI of Schedule D 10a 6,198,450. 1,643,781. 6,011,910. b Less. accumulated depreciation 10b 10c 1,065,702. 1,447,961. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 31,986. 15 34,341. Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,103,464. 8,894,972. 16 124,131. 88,039. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 11,963. 2,555. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 1,175,779. 1,055,426. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 540,229. Complete Part II of Schedule L 22 17,077. 538,002. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,684,022. 1,869,179. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \ \ \ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,346,355. 5,118,136. Unrestricted net assets 522,856. 28 Temporarily restricted net assets 1,025,993. 28 593,293. 29 Permanently restricted net assets 29 838,602. 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 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 7,210,950. 6,234,285. Total net assets or fund balances 33 Total liabilities and net assets/fund balances 8,103,464. 8,894,972. 34

Form	990 (2017) NEW HAMPSHIRE	02-02	<u>59874</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del> , .</del>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,808		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,939		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>93.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,234		
5	Net unrealized gains (losses) on investments	5 _	108	<u>3,5</u>	<u>72.</u>
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		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	7,210	9,0	<u>50.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.                                    </u>		<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_		İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both:		İ		
	Separate basis Consolidated basis Both consolidated and separate basis				F1-46
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	.		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2017)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BOYS & GIRLS CLUBS OF CENTRAL NH 02-0259874 NEW HAMPSHIRE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

		<del></del>	<del></del>											
he	organ	zation is not a private found:	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).	4						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	In section	n 170(b)(1)(A)(iii). Enter	the hospital's name,						
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research org				d in conju	nction with a land-grant	college						
		or university or a non-land-g												
		university:		,										
10	$\mathbf{X}$	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from						
		activities related to its exem		-	-									
		income and unrelated busin												
		See section 509(a)(2). (Con		,		-	•							
11		An organization organized a		vely to test for public sa	fety. See s	section 50	9(a)(4).							
12		An organization organized a		-				purposes of one or						
		more publicly supported org												
		lines 12a through 12d that of												
a		Type I. A supporting orga						giving						
-		the supported organization												
		organization You must c						•						
ŀ		Type II. A supporting orga			tion with it	s supporte	ed organization(s), by ha	vina						
_		control or management of												
		organization(s). You must					ge							
		Type III functionally inte	•		in connect	tion with, a	and functionally integrate	ed with.						
		its supported organization	-					,						
		Type III non-functionally		•				zation(s)						
		that is not functionally into												
		requirement (see instructi												
6	. $\square$	Check this box if the orga	•	•										
		functionally integrated, or												
1	Ente	er the number of supported o	• •	, , , , , , , , , , , , , , , , , , , ,										
_ (		vide the following information	_	ed organization(s)										
	(	i) Name of supported	(a) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
_		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
			_											
				<del>-</del>										
		_	I	i '	1	ŀ	I	1						

	(Complete only if you checke fails to qualify under the tests			_	on failed to qualify	under Part III. If the	e organization
Se	ction A. Public Support				···-		<del>-/</del>
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(0) 20 14	(6) 2010	(4) 2010	(6)2011	/ (i) Total
2	Tax revenues levied for the organ- ization'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					/	
5	The portion of total contributions	:				N .	
	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				/ ~		
Sec	ction B. Total Support				/		
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	/ <b>(d)</b> 2016	(e) 2017	(f) Total
7	Amounts from line 4				./		
8	Gross income from interest,			/	<b>'</b>		
	dividends, payments received on						
	secunties 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		/				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, seçond, thii	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor		/				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) d	ıvıded by line 11, d	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, Jine 14			15	%
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies						<b>▶</b> []
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, an	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	, , ,					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circúmstan	ces" test, check t	his box and stop	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	ed organization		. ▶□
b	10% -facts-and-circumstances tes	t - <b>2016.</b> If the org	anization did not d	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	per facts and circu	mstances" test, c	heck this box and	l stop here. Explaii	n in Part VI how the	e
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨
					Soh	adula A (Farm 000	or 990-E7\ 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, pioago comp	.0.01 43.1.7								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1434295.	1109376.	2094240.	483,879.	2013325.	7135115.				
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	1363775.		2334127.	•	2758660.	9753885.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	2798070.	3030303.	4428367.	1860275.	4771985.	16889000.				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	25,000.	15,000.	96,666.	29,166.	165,600.	331,432.				
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						0.				
c	Add lines 7a and 7b	25,000.	15,000.	96,666.	29,166.	165,600.	331,432.				
8	Public support. (Subtract line 7c from line 6)						16557568.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
_	Amounts from line 6	2798070.	3030303.	4428367.	1860275.	4771985.	16889000.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,960.	47,090.	20,336.	21,475.	58,960.	166,821.				
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
c	: Add lines 10a and 10b	18,960.	47,090.	20,336.	21,475.	58,960.	166,821.				
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.)	20,776.	-28,677.	-44,292.	-45,715.	-44,934.	-142,842.				
13	Total support. (Add lines 9, 10c, 11, and 12)	2837806.	3048716.	4404411.	1836035.	4786011.	16912979.				
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organı	zation,				
	check this box and stop here										
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·					
	Public support percentage for 2017 (	•	-	column (f))		15	97.90 %				
	Public support percentage from 2016					16	<u>98.67</u> %				
	ction D. Computation of Inve					T I	00 %				
	Investment income percentage for 20			ne 13, column (f))	•	17	.99 %				
18	Investment income percentage from			on line 14 and lin	o 15 io mare than 1	18	.80 %				
19:	a 33 1/3% support tests - 2017. If the						17 is not ► X				
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the		-								
	line 18 is not more than 33 1/3%, che		-				<b>.</b>				
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

#### Schedule A (Form 990 or 990-EZ) 2017 NEW HAMPSHIRE

#### 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	<u>)                                    </u>
1	
1 1	
1 1 1	_
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3a	
3b	
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		<u>-025987</u>	4 Pa	age 5
Pa	rt IV   Supporting Organizations (continued)			
4.4	Lies the expensive appeared a gift or contributes from any of the fall-vision and any		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
_	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
			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,			i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			j
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization	2	•	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	<u> </u>	-
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	i		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<del> </del>	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ŀ		
	significant voice in the organization's investment policies and in directing the use of the organization's	İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u>Sac</u>	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3	l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	etione)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	Juoi13).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instruction:	s).	
2	Activities Test. Answer (a) and (b) below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
_ a	Standard H. H. Chan		1.00	110
	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	ļ		1
	that these activities constituted substantially all of its activities	2a -	1	1 -
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b	<u>L</u> .	L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Dilate and a state from the ground and a said the said th			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

	dule A (Form 990 or 990-EZ) 2017 NEW HAMPSHIKE			02-0259874 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain ın	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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	<u> </u>	
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		
Sect	ion 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)			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functiona	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Scned Par	t V Type III Non Experiencial Interreted 500	a)(2) Cunnating C		2-0255674 Page 7
		ajjoj Supporting Orga	mzauons (continued)	Current Vee
	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish exer	<del></del>		
	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt-use assets	o or oupported organizations		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			r.
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
_	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			<u></u>
•	and 4c.			
8	Breakdown of line 7:	•		
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 NEW HAMPSHIRE	02-0259874 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b, Part III, line 12; es 1 and 2; Part IV, Section C, ut V, Section B, line 1e; Part V,
	•	
		<u></u>
		<u></u>
		,

#### **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

BOYS & GIRLS CLUBS OF CENTRAL NH Name of the organization **NEW HAMPSHIRE** 

Employer identification number 02-0259874

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , ,	Yes No
Pa		panization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	[-1]
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
Pa	rt III Organizations Maintaining Collections o  Complete if the organization answered "Yes" on Form		tilei Siiliidi Assets.
			mont and balance about works of art
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Fait Airi,
	the text of the footnote to its financial statements that descr		t and balance shoot works of art, historical
Þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		<b>~</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		ol gain provide
2	If the organization received or held works of art, historical tre		a gain, provid <del>o</del>
_	the following amounts required to be reported under SFAS 1	TO (ASC 330) relating to these items:	<b>*</b> \$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	·	• • • • • • • • • • • • • • • • • • •
h	Assets included in Form 990 Part X		<b>&gt;</b> 3

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

	edule D (Form 990) 2017 NEW HAM			_			<u>02-02</u>			<u>ige 2</u>
	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessing	on, and other record	ls, check any of t	ne following tha	at are a s	significant	use of its	collection	items	3
	(check all that apply):									
а	Public exhibition	d	Loan or e	xchange progr	ams					
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tr	easures, or oth	er sımıla	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?				Yes		No_
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" or	n Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ions or other as	sets no	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII				• •••					,
	<b>3</b>							Amount		
С	Beginning balance					1c		7 0110 0111		
	Additions during the year	•	•			1d				
	Distributions during the year					1e				
f	Ending balance	•	• •			1f	-			—
-	Did the organization include an amount on Fo	orm 000 Part V lina	21 for operous of	oustadial sass	ount kab			Yes		No
	If "Yes," explain the arrangement in Part XIII						<u> </u>	_ 162	$\vdash$	] <b>NO</b>
Pai									ــــــــــــــــــــــــــــــــــــــ	<u> </u>
	Lindowille it and a complete it	Ĭ					بادمه المحمد		1	
4.	Posturator of very belonge	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y				
1a	Beginning of year balance	1,030,927.	1,011,19	1	5,858.	5	533,577.		515	208.
b	Contributions	287,379.	18.54		4,492.					
С.	Net investment earnings, gains, and losses	128,782.	28,73	6	4,256.		<u>-7,719.</u>		47,	<u>572.</u>
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	27,313.	27,54	8. 2	4,898.				27,	<u>531.</u>
f	Administrative expenses		···						1,	672.
g	End of year balance	1,419,775.	1,030,92		1,196.		25,858.	]	533	<u>577.</u>
2	Provide the estimated percentage of the curr		e (line 1g, columi	n (a)) held as						
а	Board designated or quasi-endowment	34.87	_%							
b	Permanent endowment ► 59.02	%								
С	Temporarily restricted endowment	<u>6.11     </u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	d and administe	ered for t	the organi	zation	_		
	by							,,	Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations .							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule	₹?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a	. See Form 99	0, Part X	, line 10				
	Description of property	(a) Cost or o	ther (b) Co	st or other	(c) A	Accumulate	ed	(d) Book	value	 ∍
		basis (investr	1	is (other)		preciation				
1a	Land .			56,565.				56	5,5	<del>65.</del>
b	Buildings		5.6	12,501.	1.	088,3	00.	4,524		
	Leasehold improvements			49,712.		292,3		1,157	_	
	Equipment			16,063.		$\frac{242,3}{242,3}$			3,7	
	Other			20,850.		20,8			· , ·	0.
	l. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. column (B) Im					6,011	9	$\frac{\overline{000}}{100}$
		4 c 000, r art	- 4 00:0::m (D), m)				Schedule			

Schedule D (Form 990) 2017 NEW HAMPSHIR	(E	02	-0259874 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ·			
(B)			
(C)		_	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		-	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<b>&gt;</b>	
Part X Other Liabilities.		-	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	;

<u>1.                                    </u>	(a) Description of liability	(b)	Book value
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	. ▶	

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

Schedule D (Form 990) 2017

PART X, LINE 2:

THE CLUB IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE. THE CLUB IS ALSO EXEMPT FROM STATE INCOME
TAXES BY VIRTUE OF ITS ONGOING EXEMPTION FROM FEDERAL INCOME TAXES.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

THE CLUB ADOPTED THE PROVISION OF FASB ASC 740, ACCOUNTING FOR UNCERTAINTY

NEW HAMPSHIRE Schedule D (Form 990) 2017 02-0259874 Page 5 Part XIII | Supplemental Information (continued) IN INCOME TAXES. ACCORDINGLY, MANAGEMENT EVALUATED THE CLUB'S TAX POSITIONS AND CONCLUDED THE CLUB HAD MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE CLUB IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2015. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 15,906 PART XI, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS 1,065,180 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 15,906 PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS 1,065,180

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

Department of the Treasury Internal Revenue Service **Supplemental Information Regarding Fundraising or Gaming Activities** 

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

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

NEW HAM BOYS &	GIRLS CLUBS OF CEN PSHIRE	TRA	L N	H	02-0259	874
	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I		
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-gi governising di ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					4-2-	
		i				
Fotal .			<u> </u>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from r	egistration
<u> </u>						<del></del>
						<del>-</del> .

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

Schedule G (Form 990 or 990 EZ) 2017 NEW HAMPSHIRE 02-0259874 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

0	2-	0	2	5	9	8	7	4	Page 2	
---	----	---	---	---	---	---	---	---	--------	--

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. Lis	t events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			ANNUAL			(d) Total events
			BREAKFAST	TV AUCTION	10	(add col. (a) through
m		·	(event type)	(event type)	(total number)	col. (c))
Revenue		•				
ě	1	Gross receipts	585,151.	101,341	206,635.	893,127.
ш						
	2	Less Contributions	585,151.	101,341	171,500.	857,992 <b>.</b>
_	3	Gross income (line 1 minus line 2)			35,135.	35,135.
	4	Cash prizes				
						ŀ
S	5	Noncash prizes				
nse		D. 4/	1 045		17 005	10.050
φe	6	Rent/facility costs	1,845.		17,205.	19,050.
Direct Expenses	7	Food and beverages	4,382.		2,235.	6 617
)Irec	′	rood and beverages	4,302.	<del></del>	4,233.	6,617.
Ы	8	Entertainment				
	9	Other direct expenses	11,723.	5,861	46,391.	63,975.
	10	Direct expense summary Add lines 4 through		37001	<u>., 40,351.</u>	89,642.
	11	-				-54,507.
Pa	rt l			n 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a				
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(a) Bingo	bingo/progressive bingo	(c) other garring	col (a) through col. (c))
Revenue						
_	1	Gross revenue	<u> </u>		<u> </u>	
es	2	Cash prizes				
ens	_	Magazakawa				
Direct Expenses	3	Noncash prizes				 
ect		Rent/facility costs	1			
۵	4	nembracinty costs	·	ł-		
	5	Other direct expenses				
	_	Cities and Corporitors	☐ Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
					1,	<u> </u>
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
			• ,	•		
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condi	ucts gaming activities _			
		he organization licensed to conduct gaming a		states?		Yes No
b	If "	No," explain				
	_			<del></del>		<del></del>
•-						
		ere any of the organization's gaming licenses re			x year? .	└─ Yes └─ No
þ	11 -	Yes," explain	<del>-</del>			
	_		<del></del> .			<u> </u>
					<u>.</u>	
		9-13-17			Sahadula G /Fo	rm 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 NEW HAMPSHIRE	02-0	2598	374	Page 3
11	Does the organization conduct gaming activities with nonmembers?				☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ Y		□ No
13	Indicate the percentage of gaming activity conducted in:	•	ш.	CS	
	The organization's facility		13a		%
ь	An outside facility		13b	_	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:			
	Name ▶		_	-	
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>□</b> Y	es	□ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue returned by the organization > \$ and the amount of gaming revenue returned by the organization > \$ and the amount of gaming revenue returned by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue revenue received by the organization of gaming revenue received by the organizati	ount			
_	of gaming revenue retained by the third party  \$  If "Yes," enter name and address of the third party:				
С	enter name and address of the third party:				
	Name >				
	Address				
16	Gaming manager information				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the			
_	organization's own exempt activities during the tax year ▶ \$				
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, li	nes 9, 9	b, 10	)b, 15b,
	100, 10, and 170, as applicable 7100 provide any additional information occurs instructions				
					<del> </del>
					<u>_</u>

# BOYS & GIRLS CLUBS OF CENTRAL NH Schedule G (Form 990 or 990-EZ) NEW HAMPSH Part IV Supplemental Information (continued) 02-0259874 Page 4 NEW HAMPSHIRE

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047	2017	Open to Public	Inspection
			•

Employer identification numbe 0.2 - 0.2 5 9 8 7 4			X Yes	t IV, line 21, for any		(h) Purpose of grant or assistance								
		istance, and the selec		es* on Form 990, Part		(g) Description of noncash assistance								
	General Inform	y for the grants or ass		anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)								
		grantees' eligibilit	States	Complete if the orgo	ded.	(e) Amount of non-cash assistance								
HN ,		s or assistance, the	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	c Governments.	ional space is need	(d) Amount of cash grant								
Name of the organization BOYS & GIRLS CLUBS OF CENTRAL NH NEW HAMPSHIRE		amount of the grants		zations and Domesti	be duplicated if addit	(c) IRC section (if applicable)								
		to substantiate the		stance? acedures for monito	stance? ocedures for monito	stance? poedures for monito	stance?	stance?	o Domestic Organia	\$5,000 Part II can	(b) EIN			
		Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	criteria used to award the grants or assistance?	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government								
Nam	Part	-	c	Pai	Į		}							

Schedule I (Form 990) (2017)

:

:

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

02-0259874

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed NEW HAMPSHIRE Schedule I (Form 990) (2017) Part III

(f) Description of noncash assistance FUITION REDUCTION (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information 1,134,702,FMV (d) Amount of non-cash assistance 0 (c) Amount of cash grant (b) Number of recipients 713 (a) Type of grant or assistance PART I, LINE 2: FINANCIAL AID

GRANTS ARE OFFERED AS A TUITION REDUCTION ONLY AND ARE NON-REFUNDABLE.

GRANT AWARDS CAN ONLY BE USED FOR THE PURPOSE OF PARTICIPATION THEREFORE,

IN CAMP AND CLUB SERVICES.

Schedule I (Form 990) (2017)

SCHEDULEK (Form 990)

2017 Open to Public

OMB No 1545-0047

Schedule K (Form 990) 2017 (g) Defeased (h) On behalf (i) Pooled Yes financing × Employer identification number ŝ ŝ Inspection 02-0259874 ŝ × of issuer Yes No Yes Yes Yes × ŝ å EXPENSES RELATED (f) Description of purpose Yes Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. FOR CAPITAL CONTINUATIONS ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Š 2  $\mathbf{\omega}$ Yes Yes 3,000,000 (e) Issue price 525 (F) 2,890,586 3,000,000 35,889 × × × S å 2014 73, (A) AND 09/05/13 (d) Date issued ⋖ Yes Yes X × 732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 6 FOR COLUMNS & GIRLS CLUBS OF CENTRAL NH (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, 02-0279866 SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? NEW HAMPSHIRE Has the final allocation of proceeds been made? AND AU Working capital expenditures from proceeds A EDUCATION FACILITIES NEW HAMPSHIRE HEALTH Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased BOYS Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use bond-financed property? Amount of bonds retired Other unspent proceeds Total proceeds of Issue Other spent proceeds Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service Proceeds Part II Part I 9 17  $\mathbf{\omega}$ ပ 2 9 6 5 Ŧ 5 5 4 5

OYS & GIRLS CLUBS OF CENTRAL NH EW HAMPSHIRE

Page 2 ŝ ፠ ፠ ፠ ጽ ŝ Yes 02-0259874 ሄ ጽ Ж Ж å Yes 8 % % % ŝ × Yes nt or service contracts relating to the financed property? it may result in private business use of bond-financed property? ization routinely engage bond counsel or other outside ization routinely engage bond counsel or other outside property used in a private business use as a result of 501(c)(3) organization since the bonds were issued? ntage of bond-financed property sold or disposed on of any of the bond-financed property to a nonial action taken pursuant to Regulations sections written procedures to ensure that all nonqualified )(3) organization or a state or local government In accordance with the requirements under reements relating to the financed property? property used in a private business use by y carried on by your organization, another vice contracts that may result in private /ate security or payment test? a state or local government 11.145-27 (panul

	A		В		J	O	٥	
Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	N <sub>o</sub>
, ¿e		X						
2 Aldae								
		X						
		×						
		×						
VI the date the rebate computation was								
sue?	×							
nmental issuer entered into a qualified sue?		×						

Schedule K (Form 990) 2017

Page 3

02-0259874

NEW HAMPSHIRE

Schedule K (Form 990) 2017

ŝ å ۵ Yes Yes ŝ å Yes Yes å ŝ NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY - SERIES 2013 8 DESCRIPTION OF PURPOSE: FOR CAPITAL EXPENSES RELATED TO BUILDING Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ટ ŝ × × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) (A) ISSUER NAME: b Name of provider section 1487 c Term of GIC regulations? (년 년 Schedule K (Form 990) 2017

# SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

BOYS & GIRLS CLUBS OF CENTRAL NH NEW HAMPSHIRE

Employer identification number 02-0259874

Pai	TI Lypes of Property		<del></del>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution		s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art · Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles		,			_	
7	Boats and planes						
8	Intellectual property						
9	Securities · Publicly traded					_	
10	Securities · Closely held stock				-		
11	Securities - Partnership, LLC, or			-			
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other		,				
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles .						
19	Food inventory .	X	52	100,534.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						<del> </del>
25	Other ► (SUPPLIES)	<u> </u>	7	2,870.	FMV		
26	Other • ()						
27	Other • ()						
28	Other ► (						
29	Number of Forms 8283 received by the organic	zatıon durın	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
					<del></del>	Yes	No
30a	During the year, did the organization receive by	y contributi	on any property rep	ported in Part I, lines 1 throu	igh 28, that it		
	must hold for at least three years from the date	e of the initi	al contribution, and	d which isn't required to be	used for	-	
	exempt purposes for the entire holding period	?			. 30:	<u>a</u>	X
b	If "Yes," describe the arrangement in Part II.					_	
31	Does the organization have a gift acceptance i	policy that r	equires the review	of any nonstandard contrib	utions? 31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncast	1		
	contributions?				32:	<u> </u>	X
b	If "Yes," describe in Part II.				-	-	
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is ch	ecked,		
	describe in Part II.				<u> </u>		<u> </u>

Schedule M	Supplemental Information. Provide the information required by Part Llines 30b, 32b, and 33:	02-0259874	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organiza ination of both. Also comp	tion plete
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**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

7174

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Inspection

Name of the organization

BOYS & GIRLS CLUBS OF CENTRAL NH NEW HAMPSHIRE

Employer identification number 02-0259874

FORM 99.0, PART VI, SECTION B, LINE 11B: THE FORM 990, EXCLUDING SCHEDULE B, IS REVIEWED BY THE FINANCE COMMITTEE IN DETAIL PRIOR TO FILING. QUESTIONS ARE ADDRESSED TO THE PREPARER AND RESOLVED IN A TIMELY MANNER. A FINAL DRAFT VERSION OF THE RETURN, EXCLUDING SCHEDULE B, IS PROVIDED TO THE FULL BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR BOARD MEMBERS AND OFFICERS OF THE CLUB ARE ASKED TO DISCLOSE IN WRITING TO THE BOARD AND TO MAKE A MATTER OF RECORD ANY POTENTIAL CONFLICT OF INTEREST. MEMBERS ARE ALSO ASKED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AT ANY TIME THROUGHOUT THE YEAR IF A SPECIFIC CONFLICT OF INTEREST ISSUE PRESENTS ITSELF. THE EXCECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL MAKE A DETERMINATION ABOUT WHETHER A CONFLICT OF INTEREST EXISTS. SHOULD A CONFLICT ARISE, THE BOARD MEMBER IS ASKED TO RECUSE HIMSELF FROM ALL DELIBERATION AND VOTING MATTERS RELATED TO THAT CONFLICT. FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS USED TO DETERMINE COMPENSATION IS THROUGH THE EXECUTIVE

Schedule O (Form 990 or 990-EZ) (2017)			Page 2	
Name of the organization BOYS & GIRLS CLUBS OF CENTRAL NH NEW HAMPSHIRE	Employer identification number 02-0259874			
POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS	ARE	AVAILABLE	FOR	
INSPECTION AT OUR PRIMARY BUSINESS LOCATION.				
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