

APPROPRIATIONS CONTRACT

THIS CONTRACT is signed on _____, by the City of Pompano Beach (“City”) and BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2022-2023 (October 1st through September 30th), the sum of \$10,000 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2022 and ending September 30, 2023; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own; and

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit A, “Recipients Requirements, Contractual Responsibilities and Program Description”; Exhibit B, “Payment Schedule”; and Exhibit C, “Insurance Requirements” attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2022 and ending September 30, 2023.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit B.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be LaResia Golden or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: LaResia Golden
Grant Administrator
877 NW 61st St
Fort Lauderdale, FL 33309-2022
Office: (954) 537-1010
Email: lgolden@bgcbc.org

If to City: Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit C throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within 120 days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

1. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

2. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

A. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

CITY CLERK

100 W. Atlantic Blvd., Suite 253

Pompano Beach, Florida 33060

(954) 786-4611

RecordsCustodian@copbfl.com

21. *Governing Law.* Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

Attest:

CITY OF POMPANO BEACH

ASCELETA HAMMOND, CITY CLERK

By: _____
REX HARDIN, MAYOR

(SEAL)

By: _____
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

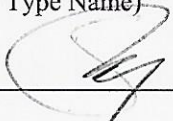
"RECIPIENT"

BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC.
(Print or type name of company here)

Witnesses:



HENRY ESTRADA
(Print or Type Name)



Shanny Tozzi
(Print or Type Name)

By: 

Print Name: Chris Gentile

Title: CO-CEO

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 1 day of September, 2022, by CHRISTOPHER GENTILE as CO-CEO of BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC., a Florida non for profit corporation. He is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:




NOTARY PUBLIC, STATE OF FLORIDA

Marsha L. Williams
(Name of Acknowledger Typed, Printed or Stamped)

HH 105016
Commission Number

Exhibit "A"

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Contract; and
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
 - c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
 - e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
 - f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
 - g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal
 - iv. Pre-award costs
 - v. Out-of-state travel; non-local travel expenses
 - vi. Gift cards
 - vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
 - viii. Rentals – one day only (written justification and approval needed for additional time)

- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager’s Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st

2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st

3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st

4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC.

Program Funded: College and Career Readiness

Amount Funded: \$10,000.00

Program Description: College and Career Readiness encourages higher education and the pursuit of advance careers. More than 3,000 Broward County teens have learned through real world, hands-on learning experiences and received the tools to begin their professional journeys. The Workforce Development Initiative is designed to progress critical employment skills among youth through research-informed youth development practices, training and experiential learning opportunities. Teens, who learn interview skills, dress for success tips and more, become employable individuals. Most earn their first jobs, and all begin planning their career paths.

Form Name:	City of Pompano Beach Nonprofit Sponsorship Application
Submission Time:	April 18, 2022 9:48 am
Browser:	Chrome 100.0.4896.75 / Windows
IP Address:	8.20.22.51
Unique ID:	954323415
Location:	35.6206, -80.4029

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2022-2023

Full Name of Nonprofit: Boys & Girls Clubs of Broward County

Mission of Nonprofit: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Brief Overview of Nonprofit: Chartered by Boys & Girls Clubs of America (BGCA) in 1965, Boys & Girls Clubs of Broward County (BGCBC) annually services more than 12,000 young people, ages 6-18, across its 12 locations. Clubs provide Broward County's youth safe, nurturing environments to enjoy after school and during out-of-school time, when many children are left unsupervised. Members receive academic assistance, have healthy snacks and hot meals and experience workforce development opportunities. The organization's goal to provide a world-class experience that ensures success is within reach of every young person who walks through its doors inspires transformative programming. Staff empower members to; graduate high school with plans for their futures, demonstrate good character and citizenship through leadership training and community service and engage in nutrition education and physical fitness activities.

Nonprofit Website: <https://www.bgcbc.org/>

Which Funding Priority Does Your Nonprofit Qualify For: Education

Type of Organization - select the one that best applies: Human Services

Executive Summary of How Nonprofit will use City of Pompano Beach Funding: The organization intends to use funding to improve members' experiences, expand their academic interests and expose them to career opportunities throughout the County.

How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?

Boys & Girls Clubs of Broward County provides Pompano Beach's underserved youth valuable programs that satisfy their needs and enthusiasms. Caring and responsible staff guide and encourage members and offer support in their post-graduation pursuits. BGCBC prioritizes: Academic Success, Good Character and Citizenship and Healthy Lifestyles. Programs include homework help and tutoring, mentorship and leadership development and college and career readiness efforts. Members who pursue College and Career Readiness programming complete SAT prep, tour schools, research majors and seek scholarships. Teens also explore careers in the STEM (Science, Technology, Engineering and Mathematics), culinary arts, media, aviation and construction industries. Many find employment through BGCBC initiative.

Statement of Need:

Clubs, intentionally located in areas where 74% of the population are low to moderate income earners, service underserved youth who need effective after school and out of school time programs as they are important to their mental, physical and socio-emotional development. Research shows youth who participate in quality programs are less likely to engage in harmful activities like smoking or drinking. They fare better academically than those who don't, are more likely to graduate high school and acquire soft skills that are pertinent to work successes. BGCBC's culture impacts growth and heartens youth to establish foundations for their futures. Programs inspire youth to live productively. Staff instill a sense a belonging and ensure physical and emotional safety. Members experience caring relationships with adults, enjoy positive recognition and have age-appropriate fun. Program managers maintain the organization's solid track record of implementing valuable curricula.

The Workforce Development Initiative, modeled after BGCA's 2025 Great Futures Strategic Plan, informs and advances employability. It includes career exploration, mentorship, opportunities to earn credentials and technical training. Research-informed practices and experiential learning ready teens for their first jobs and allow planning for postsecondary education and careers.

Include a Description of the Geographic Area You Serve:

Clubs, intentionally located in areas where 74% of the population are low to moderate income earners, service underserved youth who need effective after school and out of school time programs as they are pertinent to their mental, physical and socio-emotional development. Research shows youth who participate in quality programs are less likely to engage in harmful activities like smoking or drinking. They fare better academically than those who don't, are more likely to graduate high school and acquire soft skills that are essential to work successes. BGCBC's culture impacts growth and heartens youth to establish foundations for their futures. Programs inspire youth to live productively. Staff instill a sense a belonging and ensure physical and emotional safety. Members experience caring relationships with adults, enjoy positive recognition and have age-appropriate fun. Program managers maintain the organization's solid track record of implementing valuable curricula.

The College and Career Readiness initiative, modeled after BGCA's 2025 Great Futures Strategic Plan, informs and advances employability. It includes career exploration, mentorship, opportunities to earn credentials and technical training. Research-informed practices and experiential learning ready teens for their first jobs and allow planning for postsecondary education and careers.

About Your Board of Directors

Board Disabled	0
Board Minorities	16
Board Seniors	12
Total Board Members	60

Program/Event Information #1

Will your organization be hosting an event on City property?	No
Which are you applying for? (Program/Event)	Program
Program/Event Name	College and Career Readiness
Type of Program/Event	Nonprofit Program/Seminar/Workshop

Describe the program/event succinctly: College and Career Readiness encourages higher education and the pursuit of advance careers. More than 3,000 Broward County teens have learned through real world, hands-on learning experiences and received the tools to begin their professional journeys. The Workforce Development Initiative is designed to progress critical employment skills among youth through research-informed youth development practices, training and experiential learning opportunities. Teens, who learn interview skills, dress for success tips and more, become employable individuals. Most earn their first jobs, and all begin planning their career paths.

Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?

The College and Career Readiness program parallels the organization's Workforce Development Initiative to provide opportunities for professional development. The following activities support efforts to expand youth's academic interests, advance employability and improve members' experiences:

- Money Matters' interactive curriculum teaches financial literacy, and its educational resources reveal useful management skills.
- Career Launch employs mentorship and a variety of career exploration activities to encourage teens' decision-making, problem-solving and critical-thinking abilities.
- Bring Your "A" Game is a customer service program that teaches a range of soft skills.
- Annual Career Day allows members to interact with employers of various industries, learn about opportunities and understand hiring requirements.
- Generals Club Construction Program introduces members to trades.
- College Corner provides members hands on assistance with college related tasks like applying for scholarships or picking a major.
- SAT Prep includes classes designed to help members with the test's math and english curriculums.

COPB funding would help cover supplies, transportation and other expenses associated with events and activities like tours, job coaching and more.

What are the outcomes of your program/event?

Members at the Stephanis Club are models of academic excellence. Here are a few of their FY2020-21 accomplishments:

- 26,154 visits
- 79,950 hours
- 96% of members progressed to the next grade level
- 100% (19) of seniors graduated high school
- 53% of those senior members went to college and received BGCBC scholarships

Estimated # of Attendees at the Program/Event (select the one that best applies)	51-150
Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:	150
Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.	Of the current 412 Thomas D. Stephanis membership; 57% of families earn less than \$20,000 annually, 76% live in a single parent headed household and 94% qualify for free or reduced school lunch. Eighty three percent of members attend a Title I school. The Stephanis Club members are 53% male and 47% female. Ninety one percent of members are African American, 4% are Hispanic, 4% are multi-racial and 1% are white.
Start Date of Program/Event:	Oct 01, 2022
End Date of Program/Event:	Sep 30, 2023
Does your program/event have a start time/end time?	No
Name of Program/Event Venue:	College and Career Readiness/Thomas D. Stephanis Boys & Girls Club
Address of Program/Event Venue Location:	212 NW 16th St Pompano Beach, FL 33060
Attire of Program/Event (select the one that best applies):	Casual
List any Benefits or Amenities the City of Pompano Beach Receives:	None.
Amount Requested:	12126
Are you applying for a second Program/Event?	No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)	No
--	----

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.

With a four-star rating from Charity Navigator for the 11th consecutive year, BGCBC has a proven track record of fiscal responsibility and is recognized as a leading advocate for youth; providing girls and boys with a range of proven programs and services that instill a sense of competence, usefulness, belonging and influence. Serving south Florida youth for over 50 years, BGCBC has successfully administered many grants awarded by local, state and federal agencies, including Community Development Block Grants, municipal allotments, federal pass-through funding, and private foundation grants. Our organization has an outstanding history of successful grant administration. As a recipient of several grants from the federal Office of Justice Programs, BGCBC achieved all outcomes, managed all funds and met reporting requirements. With support from the City of Pompano Beach, BGCBC with continue to offer academic success programs that provide youth and teens opportunities to improve their grades, develop critical soft skills and gain valuable certifications that will lead to internships and gainful employment.

Any other information you wish to share?

NA

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

Yes

If yes, when was the most recent year?

2021-2022

What was the name of program/event funded?

College and Career Readiness

How much was the funding for this program/event?

10000

Requested Budget Information

What is the total value your nonprofit is applying for?

12126

If you are not awarded the full funding requested for your event/program, will you be able to complete your project?

Yes

Are you including the following: Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
W9 = Yes
IRS Letter = Yes
List of Board of Directors = Yes
Articles of Incorporation = Yes
Most Recent 990 Form = Yes

Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted. <https://www.formstack.com/admin/download/file/12586666639>

W9 <https://www.formstack.com/admin/download/file/12586666641>

IRS Letter <https://www.formstack.com/admin/download/file/12586666643>

List of Board of Directors <https://www.formstack.com/admin/download/file/12586666645>

Articles of Incorporation <https://www.formstack.com/admin/download/file/12586666647>

Most Recent 990 Form <https://www.formstack.com/admin/download/file/12586666650>

Upload your documents: Matching Gift Documentation

Does Your Organization Receive Matching Funds? Yes

Please indicate one or more matching gift options below: One or more donors match general contributions to our organization.

Matching Gift Documentation Supporting Your Organization <https://www.formstack.com/admin/download/file/12586666656>

Primary Nonprofit Contact

Name LaResia Golden

Title Grant Administrator

Email lgolden@bgcbc.org

Phone Number (954) 537-1010

Mailing Address (If awarded, your payment will be mailed to this address) 877 NW 61st St
Fort Lauderdale, FL 33309-2022

Secondary Nonprofit Contact

Name Karriem Edwards

Title VP of Development

Email kedwards@bgcbc.org

Phone Number (954) 537-1010



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0255881252
Jan. 28, 2021 LTR 4168C 0
59-1108790 000000 00
00010979
BODC: TE

BOYS & GIRLS CLUBS OF BROWARD
COUNTY
% MICHELE CLARKE
877 NW 61ST STREET
FORT LAUDERDALE FL 33309

JAN 25 2021



011836

Employer ID number: 59-1108790
Form 990 required: Y

Dear Taxpayer:

We're responding to your request dated Jan. 21, 2021, about your tax-exempt status.

We issued you a determination letter in 1965/08, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0255881252
Jan. 28, 2021 LTR 4168C 0
59-1108790 000000 00
00010980

BOYS & GIRLS CLUBS OF BROWARD
COUNTY
% MICHELE CLARKE
877 NW 61ST STREET
FORT LAUDERDALE FL 33309

local time, Monday through Friday (Alaska and Hawaii follow Pacific
time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager
Operations 3-CIN

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Boys & Girls Clubs of Broward County

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Non-Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

877 NW 61st Street

6 City, state, and ZIP code

Fort Lauderdale, FL 33309

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					

or

Employer identification number									
5	9	-	1	1	0	8	7	9	0

Part II Certification

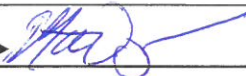
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶



Date ▶

2/2/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

State of Florida

Department of State

I certify from the records of this office that BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC. is a corporation organized under the laws of the State of Florida, filed on April 8, 1965.

The document number of this corporation is 708775.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on March 25, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fifth day of March,
2022*



Ronald R. Lee
Secretary of State

Tracking Number: 3643532446CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

BOYS & GIRLS CLUBS OF BROWARD COUNTY

BOARD OF DIRECTORS

2021-2022

- 1.) **Almonte, Moises** (2020)
PNC Wealth Management
200 E. Broward Blvd. Suite 920
Fort Lauderdale, FL 33301
(O) 954-745-1406
(F) 954-745-4365
(C) 917-991-7705
moises.almonte@pnc.com
- 2.) **Anderson, Colonel Nichole** (2019)
BSO
2601 W Broward Blvd
Ft. Lauderdale, FL 33312
(O) 954-831-8139
(M) 954-498-1985
nichole_anderson@sheriff.org
Assistant: Sharon Haynes
sharon_haynes@sheriff.org
- 3.) **Assunto, Michael** (2021)
Dex Imaging
2500 N Andrews Ave Ext.
Pompano Beach, FL 33064
(O) 561-948-6363
(M) 561-252-1657
michael.assunto@deximaging.com
- 4.) **Audenier, Irlande** (2020)
The Hartford
1600 SW 80th Ter.
Plantation, FL 33324
(O) 954-595-5164
Irlande.ausenier@thehartford.com
- 5.) **Barsoum, Wael** (2020)
2950 Cleveland Clinic Blvd
Weston, FL 33331
216-312-5078
wkbarsoum@gmail.com
- 6.) **Bennett, Donnell** (2020)
(M) 954-816-9311
Dbennett3032@gmail.com
- 7.) **Boos, Kyle** (2020)
Morgan Stanley Wealth
Management
350 Las Olas Blvd, Suite 1200
Fort Lauderdale, FL 33301
(O) 954-267-5642
(F) 954-446-1983
(M) 954-551-0143
kyle.boos@morganstanley.com
- 8.) **Brandt, Jeff** (2019)
HSBC
1000 S. Pine Island Rd. Suite 444
Plantation, FL 33324
(M) 954-655-8062
(F) 212-642-4085
jeffrey.w.brandt@us.hsbc.com
- 9.) **Brown, Rob** (2018)
Premierseats.com
(O) 954-868-7798
Breeze1200@aol.com
- 10.) **Buccilli, Linda** (2016)
Northwestern Mutual
1200 N. Federal Hwy, Suite 300
Boca Raton, FL 33432
(O) 561-948-1765
(M) 561-445-2645
Linda.Buccilli@nm.com
- 11.) **Burns, Brent** (2010)
JM Family Enterprises, Inc.
100 Jim Moran Blvd.
Deerfield Beach, FL 33442
(O) 954-420-4648
(M) 954-609-2478
(F) 954-596-7436
brent.burns@jmfamily.com
Assistant: Julie Sanscrainte
julie.sanscrainte@jmfamily.com
- 12.) **Case, Bob** (1990)
The Case Team
3315 NE 15th Street
Fort Lauderdale, FL 33304
(C) 954-557-2299
bobcase@thecaseteam.com
Spouse: Debi Davis-Case
- 13.) **Case, Raquel** (2020)
Rick Case Automotive Group
14500 W Sunrise Blvd
Sunrise, FL 33323
(O) 954-377-7400
(M) 954-646-0716
raquelcase@rickcase.com
- 14.) **Christian, Jack** (2019)
SunTrust
777 Brickell Ave, 9th Floor
Miami, FL 33131
(O) 305-442-303
(M) 954-804-7282
(F) 305-476-1914
Jack.Christian@SunTrust.com
- 15.) **Curtis, Joe** (2021)
Seltzer Mayberg
10750 NW 6th Court
Miami, FL 33168
(O) 305-444-1565
(M) 786-860-2905
joe@smfirm.com
- 16.) **Daniel, Brad** (2019)
America's ATM
brad@americanatm.com
- 17.) **Davis-Case, Debi** (1999/2010)
The Case Team
3315 NE 15th Street
Ft. Lauderdale, FL 33304
(M) 954-415-6260
(O) 800-221-1186
(F) 954-783-5911
Spouse: Bob Case
debidavis@thecaseteam.com
- 18.) **Dholakia, Swati** (2016)
JetBlue
10627 Plainview Cir
Boca Raton, FL 33498
(O) 954-233-4717
(M) 561-843-7371
Swati.Dholakia@jetblue.com
- 19.) **Evans, John** (2019)
Azorra Aviation/Jetscape
350 SW 34th St.
Ft. Lauderdale, FL 33315
Assistant: Janet Colarusso
jcolarusso@azorra.com
(O) 954-332-9776
- 20.) **Fischler, Michael A.** (1985)
Fischler & Friedman, P.A.
1000 S Andrews Ave
Ft Lauderdale, FL 33316
(O) 954-763-5778
Michael@FFPA-law.com
Spouse: Dr. Anita
FFPA@bellsouth.net
- 21.) **Fratarcangeli, Nicole** (2021)
Philanthropist
(M) 248-755-9969
nicolefratarcangeli@gmail.com

BOYS & GIRLS CLUBS OF BROWARD COUNTY

BOARD OF DIRECTORS

2021-2022

- 22.) Gary, Peter (2011)**
Pinnacle Advertising &
Marketing Agency
1515 S. Federal Hwy, Suite 406
Boca Raton, FL 33432
(O) 561-338-3940
(C) 561-948-6396
pfg@pa-mg.com
Assistant: Jennifer Ciccone
jiccone@pinnacleadgroup.com
- 23.) Godart, Thomas (2016)**
Godart Florida Real Estate
Investments
401 E. Las Olas Blvd Suite 1400
Ft Lauderdale, FL 33301
(M) 954-609-4983
tom@godartflorida.com
- 24.) Gonzalez, Isabel (2021)**
Broward College
111 E Las Olas Blvd.
Ft. Lauderdale FL 33301
(O) 954-201-7072
igonzal2@broward.edu
- 25.) Hagan, Roderick (2017)**
McDonalds
3580 Sanctuary Dr
Coral Springs, FL 33065
(M) 954-394-0235
Roderickhagan77@gmail.com
- 26.) Hart, Josephine (2011)**
101 Plaza Real South, #713
Boca Raton, FL 33432
(M) 770-880-5309
josephinehartm@yahoo.com
- 27.) Holtz, Diane (2020)**
2110 N. Ocean Blvd.
15E Tower 2
Fort Lauderdale, FL 33305
(M) 954-770-5557
diane@caperingcow.com
- 28.) Hilal, Eli (2019)**
Williams, Hilal, Wigand, Grande
PLLC
633 SE 3rd Ave #301
Fort Lauderdale, FL 33301
(M) 954-463-2065
elias@whwlegal.com
- 29.) Infante, Marc (2016)**
Wells Fargo Advisors
450 S. Australian Ave, 6th FL
West Palm Beach, FL 33401
(M) 561-350-5874
(W) 561-417-5581
marc.infante@wellsfargo.com
- 30.) Khan, Andre (2019)**
TD Bank
2130 Centrepark West Drive
West Palm Beach, FL 33409
(M) 561-312-5040
Andre.Khan@td.com
- 31.) Koenig, Andrew (2020)**
City Furniture
6701 Hiatus Rd.
Tamarac, FL 33321
andrewk@city-furniture.com
Assistant: Lisa Alvarez-Curbelo
Lisaa@CITY-FURNITURE.com
- 32.) Lapointe, Mark (2020)**
Pillsbury Law
305-804-6020
786-913-4805
Markenzy.lapointe@pillsburylaw.com
- 33.) Laurie, Dr. Doug (2003)**
American Heritage School
12200 W. Broward Blvd
Plantation, FL 33325
(O) 954-472-0022
dlaurie@ahschool.com
Assistant: Carol Gedan
carol.gedan@ahschool.com
- 34.) Lender, Carl (2018)**
Hotwire Communication
(O) 954-628-7020
(M) 305-970-2598
clender@hotwirecommunication.com
Assistant: Kindley Desir
Kdesir@hotwirecommunication.com
- 35.) Little, Bilal (2019)**
BlackRock
1300 S. Miami Ave. Unit 5209
Miami, FL 33130
(M) 310-299-6569
bilal.little@blackrock.com
- 36.) Lopez, Paul (2012)**
Tripp Scott
110 SE 6th Street, Suite 1500
Ft. Lauderdale, FL 33301
(O) 954-760-4921
(F) 954-761-8475
pol@TrippScott.com
Assistant: Sylvia Colon
sxc@trippscott.com
- 37.) Marino, Lois (2016)**
BBX Capital
1872 NW 109th Ave
Plantation, FL 33322
(O) 954-940-6373
(M) 954-558-5543
lmario@bbxcapital.com
- 38.) McCaffrey, Sean (2018)**
Florida Panthers
1 Panther Parkway
Sunrise, FL 33323
(O) 954-835-7717
(M) 203-253-9201
mccaffreys@floridapanthers.com
- 39.) Mecias-Murphy, Annie (2019)**
JA & M Contractors
15800 Pines Blvd. #311
Pembroke Pines, FL 33027
(M) 754-204-6449
annie@jamcontractors.com
- 40.) Moise, Dr. Rudolph (2020)**
Comprehensive Health Center
and Physician Access Urgent
Care Group
(M) 305-219-3582
rmoise@phpgfl.com
- 41.) Mominey, Mike (2020)**
NSU
7301 SW 36th St.
Davie, FL 33314
mominey@nsu.nova.edu
- 42.) Morse III, Teddy (2017)**
Ed Morse Automotive Group
2850 S Federal Highway
Delray Beach, FL 33483
(O) 561-455-1111
teddymorse@edmorse.com
Assistant: Margaret Anderson
MargaretAnderson@edmorse.com
- 43.) Noble, Rebecca (2020)**
Ubii
1000 E. Hillsboro Blvd. #105
Deerfield Beach, FL 33441
(M) 954-600-7510
rebecca@ubii.com
Rebecca@digdev.com

BOYS & GIRLS CLUBS OF BROWARD COUNTY

BOARD OF DIRECTORS

2021-2022

44.) Oldbury, Peter (2020)

Fifth Third Bank
(O) 954-233-8813
(C) 954-461-8788
Peter.oldbury@53.com

45.) Perez, Leon (2019)

Enterprise
lperez618@gmail.com

46.) Reitman, Dr. Harold S. (1995)

PCE Media, LLC.
3471 N Federal Hwy, Suite 309
Fort Lauderdale, FL 33306-1052
(O) 954-452-0156
(M) 754-422-8357
hackie003@gmail.com

47.) Robertson, James (2007)

AmeriCrane USA
5954 NW 74th Terrace
Parkland, FL 33067
(M) 954-275-5241
jimrobertsonusa@outlook.com
jrobertson@americraneusa.com

48.) Roland, Patti (2017)

Jersey Mike's Subs
7011 N State Rd 7
Parkland, FL 33073
(M) 954-608-0651
pattiroland.jm@gmail.com

49.) Ruiz, Dr. Eddie (2019)

Charter Schools USA
800 Corporate Drive Suite 700
Ft. Lauderdale, FL 33334
(M) 407-808-1696
(O) 954-202-3500
eruiz@charterschoolsusa.com

50.) Seymour, Ryan (2016)

Best Buy
7910 NW 7th Ct
Plantation, FL 33324
(O) 954-564-7733
(M) 954-591-2729
ryan.seymour@bestbuy.com

51.) Slade, Jeff (2018)

Slade Construction
(M) 954-847-0633
(O) 954-764-6550
jslade@sladeconstruction.com

52.) Spechler, Brent (2000)

Worknet Network
917 N. Northlake Drive
Hollywood, FL 33019
(O) 954-922-2402
(M) 954-683-3888
(F) 954-862-6610
Spouse: Gisele
brent@worknetnetwork.com

53.) Stampler, Harry (2018)

5412 Stirling Rd
Davie, FL 33314
(O) 954-921-8888
(M) 954-821-8900
harry@stamplerauctions.com

54.) Terrell, Ty (2019)

(M) 954-816-7026
tyterrell68@gmail.com

55.) Tokesky, Kristene (2018)

Lank Oil
2203 W. McNab Road
Pompano Beach, FL 33069
(C) 954-214-2265
(O) 754-800-8349
ktokesky@lankoil.com

56.) Tuffin, Brian (2020)

Atlas Strategic Advisors LLP
(M) 954-552-0245
brian@btuffcapitalventures.com

57.) White, Chris (2014)

Planned Growth
424 SW 12th Ave
Deerfield Beach, FL 33442
(O) 954-617-6000
(M) 754-234-1525
cwhite@plannedgrowth.com

58.) Wild, Michael (2018)

WFP Law
1250 South Pine Island Road,
Suite 200
Plantation, Florida 33324
(M) 954-944-2855
mwild@wfplaw.com

59.) Woolf, Peter (2001)

1208 NE 1st Street
Ft Lauderdale, FL 33301
(M) 954-494-1892

(H) 954-761-8490

(F) 954-719-3770

Spouse: Fran Saavedra-Woolf
woolfp@gmail.com

60.) Wurtele, Andrew (2012)

717 N. Rio Vista Blvd
Ft Lauderdale, FL 33301
(O) 954-873-8982
alwurtele@gmail.com

61.) Zuniga, Giancarlo (2018)

BB&T
110 E Broward Blvd, 21st Floor
Fort Lauderdale, FL 33301
(O) 954-233-0407
(M) 954-608-8701
gzuniga@bbandt.com

BOYS & GIRLS CLUBS OF BROWARD COUNTY

BOARD OF DIRECTORS

2021-2022

Lifetime Board Members

- 1.) **Bergeron, Ron** (1996)
Bergeron Land Development
19612 SW 69th Place
Fort Lauderdale, FL 33332
(O) 954-680-6100
(F) 954-680-3976
Assistant: Kali Parrish
kparrish@bergeroninc.com
- 2.) **Case, Rick** (1986) ***In Memoriam
Rick Case Automotive Group
14500 W Sunrise Blvd
Sunrise, FL 33323
(O) 954-377-7400
(M) 954-234-1022
(F) 954-587-7916
Assistant: Carol Barbour
rickcase@rickcase.com
- 3.) **Case, Rita** (2002)
Rick Case Automotive Group
14500 W Sunrise Blvd
Sunrise, FL 33323
(O) 954-377-7400
(M) 954-817-8826
ritacase@rickcase.com
- 4.) **Goldberg, Alan** (1993)
Diversified Realty Development
Co.
6300 NE 1st Ave., Suite 100
Fort Lauderdale, FL 33334
(O) 954-776-1005
(M) 954-325-7146
(H) 954-571-2914
(F) 954-935-0822
Spouse: Becky
alan@DiversifiedCos.com
- 5.) **Hierholzer, Christy** (2012)
Pura Botanica
1715 Banks Road
Margate, FL 33063
(O) 954-933-3725
(M) 954-818-0329
Spouse: Larry
christyhierholzer@icloud.com
- 6.) **McDonald, Tom** (1994)
Craven Thompson
3563 NW 53rd Street
Fort Lauderdale, FL 33309
(O) 954-739-6400
(C) 954-296-3999
(F) 954-739-6409
tmcdonald@craventhompson.com
- 7.) **Miniaci, Al** (1997)
Paramount Vending
1411 SW 31st Ave
Pompano Beach, FL 33069
(O) 954-978-0500, x 218
(M) 954-325-6600
(F) 954-978-1878
Spouse: Beatriz
Assistant: Lori Jerpi
albertm@paramountocs.com
- 8.) **Rotella, William J.** (1989)
The Rotella Group, Inc.
3300 N Federal Hwy, #200
Ft Lauderdale, FL 33306
(O) 954-568-9015
(M) 954-494-2649
(H) 954-564-8752
(F) 954-568-9597
Spouse: Maureen
Assistant: Olivia Territo
wjr@rotellagroup.com
- 9.) **Von Allmen, Douglas** (2008)
9 Isla Bahia Drive
Fort Lauderdale, FL 33316
(H) 954-463-7699
(C) 954-232-1941
(F) 954-463-7738
Spouse: Linda
Assistant: Cindy
DVonAllmen1941@aol.com
- 10.) **Von Allmen, Linda** (2001)
9 Isla Bahia Drive
Fort Lauderdale, FL 33316
(H) 954-463-7790
(C) 954-383-1943
(F) 954-463-7738
Spouse: Douglas
Assistant: Cindy
lvonallmen324@aol.com
- 11.) **Wendt, Gary** (2010)
Deerpath Capital Management
3055 Harbor Drive
Fort Lauderdale, FL 33316
(H) 954-523-2945
(M) 203-253-3186
(H) 203-629-6273
mrgwendt@optonline.net

BOYS & GIRLS CLUBS OF BROWARD COUNTY

BOARD OF DIRECTORS

2021-2022

Emeritus

1.) **Bamond**, Joseph "Chip" (2007)
10761 NW 14th Street, #286
Plantation, FL 33322
(M) 954-383-2639
Spouse: Delores
josephbamond@gmail.com

2.) **Berry**, Julie (1996)
Marina, Resort and Office
Properties-Stiles Realty Group
P.O Box 4460
Fort Lauderdale, FL 33338
(O) 954-627-9400
(M) 954-562-3270
(F) 954-627-9070
Spouse: Bryan Berry
julie.berry@stiles.com

3.) **Gilmore**, Wayne (2014)
801 S. Federal Hwy, #421
Pompano Beach, FL 33062
(M) 954-303-6607
Donaldgilmore123@comcast.net
d.wayne.gilmore@us.hsbc.com
Assistant: Ana Castillo
Ana.m.castillo@us.hsbc.com

4.) **Hart**, John (1981)
Hart Consulting Group
2925 Meadow Lane
Weston, FL 33331
(H) 954-349-8267
(F) 954-728-8928
Spouse: Elizabeth
johnphart@msn.com

5.) **Marrinson**, Ralph (1998)
1701 NE 26th Street
Ft Lauderdale, FL 33304
(O) 954-566-8353
(F) 954-563-3939
rmarrinson@marrinson.com

6.) **Mastriana**, Ron (1998)
Mastriana & Christiansen
1500 N Federal Hwy, #200
Ft Lauderdale, FL 33304
(O) 954-566-1234
(M) 854-600-0280
(F) 954-564-5636
Spouse: Alexandra
ron@m-c-law.com

7.) **Medalie**, Donald B. (1976)
Medalie & Medalie, PA
800 E Broward Blvd., #301
Ft Lauderdale, FL 33301
(O) 954-522-5303
(M) 954-253-4394
(F) 954-522-1527
Spouse: Jo Ann
Assistant: Cathy Guerin
dmedalie@medalielaw.com

8.) **Miller**, Tom (1989)
Miller Construction Company
5750 Powerline Road
Ft Lauderdale, FL 33309
954-764-6550 x 218
954-764-5418
Spouse: Ginny
Assistant: Peggy
tmiller@millerconstruction.com

9.) **Norton**, Jim (2001)
304 Indian Trace, #246
Weston, FL 33326
(O) 954-217-1165
(M) 954-600-5896
(H) 954-389-5896
(F) 954-252-4432
Spouse: Candy
jim@jimnortonpa.com

10.) **Perry**, Frederick (1999)
6847 NW 28th Way
Ft. Lauderdale, FL 33309
(M) 954-873-1544
Spouse: Maureen
losperrys@yahoo.com

61 Governance Board Members**
11 Lifetime Board Members*
10 Emeritus Board Members
82 Total Members

**=Important, have vote and need to be called if no response.

*= Have vote, not as important to come to meeting

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

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable:	C Name of organization <u>BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.</u>	D Employer identification number <u>59-1108790</u>
<input type="checkbox"/> Address change	Doing business as	E Telephone number <u>(954) 537-1010</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>877 NW 61ST STREET</u>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <u>FORT LAUDERDALE, FL 33309</u>	G Gross receipts \$ <u>24,318,196.</u>
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: <u>MATTHEW ORGAN</u> <u>877 NW 61ST STREET, FORT LAUDERDALE, FL 33309</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
J Website: <u>WWW.BGCBC.ORG</u>		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1965</u> M State of legal domicile: <u>FL</u>

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: <u>SOCIAL, RECREATIONAL, AND EDUCATIONAL YOUTH SERVICES.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	81.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	81.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	442.
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	1,341.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,917,314.	11,488,953.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,037,532.	746,983.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	688,002.	889,994.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,642,848.	13,125,930.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,500.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,424,345.	7,274,045.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>873,008.</u>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,166,646.	6,599,885.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,617,491.	13,926,924.
	19	Revenue less expenses. Subtract line 18 from line 12	1,025,357.	-800,994.
	20	Total assets (Part X, line 16)	52,470,258.	52,153,041.
	21	Total liabilities (Part X, line 26)	2,095,533.	2,741,988.
22	Net assets or fund balances. Subtract line 21 from line 20	50,374,725.	49,411,053.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer <u>MATTHEW ORGAN</u> Type or print name and title CO-CEO	Date <u>5/17/2021</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>ALBERT KREDI CPA</u>	Preparer's signature 	Date <u>05/17/2021</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01343407</u>
	Firm's name <u>BDO USA, LLP</u>	Firm's EIN <u>13-5381590</u>	Phone no. <u>305-381-8000</u>		
	Firm's address <u>100 SE 2ND STREET, SUITE 1700 MIAMI, FL 33131</u>				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

- 1 Briefly describe the organization's mission: SINCE 1965, IT HAS BEEN THE MISSION OF THE BOYS & GIRLS CLUBS OF BROWARD COUNTY TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING AND RESPONSIBLE CITIZENS.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
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 \$ 1,316,447. including grants of \$) (Revenue \$)
K.I.S.S. (KEEP IT SIMPLE SERVICE) - DOH (DEPARTMENT OF HEALTH) - OBJECTIVE- TO PROVIDE HEALTHY AND NUTRITIOUS SNACKS TO FLORIDA'S YOUTH UPON ARRIVAL TO THE CLUBS AFTER SCHOOL. THE PROGRAM SERVED 283,641 SNACKS AND 287,744 SUPPERS. CONDUCTED 2 STAFF TRAINING SESSIONS RELATED TO THE FOOD PROGRAM.

4b (Code:) (Expenses \$ 677,148. including grants of \$) (Revenue \$)
CSC - M.O.S.T. (MAXIMIZING OUT OF SCHOOL TIME) - OBJECTIVES- (1) CHILDREN WILL REMAIN AND NOT EXPERIENCE SERIOUS INJURIES (2) TO IMPROVE BASIC READING SKILLS (3) TO INCREASE ACTIVITY LEVELS AND IMPROVE ABILITY TO MAKE HEALTHY NUTRITION CHOICES (4) TO IMPROVE SOCIAL SKILLS AND INTERACTION WITH PEERS AND ADULTS. LONG TERM GOALS- (1) TO INCREASE PROGRESSION TO THE NEXT GRADE (2) REDUCE HIGH SCHOOL DROPOUT RATE. THE PROGRAM SERVED 1,305 CHILDREN. CONDUCTED 2 STAFF TRAINING SESSIONS TO DELIVER EACH PROGRAM.

4c (Code:) (Expenses \$ 393,803. including grants of \$) (Revenue \$)
SUMMER FOOD SERVICE PROGRAM - DOE (DEPARTMENT OF EDUCATION) - OBJECTIVE- TO PROVIDE HEALTHY AND NUTRITIOUS MEALS DURING THE SUMMER FOR FLORIDA'S YOUTH. LONG TERM GOALS- (1) TO INCREASE HEALTHY BEHAVIORS (2) TO DECREASE DRUG USE AND OBESITY. THE PROGRAM SERVED 17,485 LUNCHES AND 17,397 SNACKS. CONDUCTED 1 STAFF TRAINING SESSIONS RELATED TO THE FOOD PROGRAM.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 9,846,173. including grants of \$ 52,994.) (Revenue \$)

4e Total program service expenses 12,233,571.

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.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.		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.		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.		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.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		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.		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	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.		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MICHELE CLARKE 877 NW 61ST STREET FORT LAUDERDALE, FL 33309 954-537-1010

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN QUAIL CHIEF EXECUTIVE OFFICER	40.00 0.			X			359,950.	0.	57,523.	
(2) MATTHEW ORGAN EXECUTIVE VICE PRESIDENT	40.00 0.			X			159,287.	0.	28,218.	
(3) CHRISTOPHER GENTILE CHIEF DEVELOPMENT OFFICER	40.00 0.			X			100,199.	0.	13,848.	
(4) RICHARD OUELLETTE CHIEF CLUB OPERATIONS	40.00 0.			X			98,300.	0.	13,069.	
(5) MICHELE CLARK CONTROLLER	40.00 0.			X			86,449.	0.	10,550.	
(6) JULIE ANDERSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(7) COLONEL NICHOLE ANDERSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) JEFF BRANDT DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) MICHAEL BROWN DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) ROB BROWN DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) LINDA BUCCILLI DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) BRENT BURNS DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) ROBERT CASE DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) JACK CHRISTIAN DIRECTOR	1.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN CLIDAS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) BRAD DANIEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) MARIE DESANCTIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) SWATI DHOLAKIA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) DENISE DILLLIO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) RICHARD DUCHARME ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) JOHN EVANS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) ROBERT FARENHEM ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) MICHAEL A. FISCHLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) PETER GARY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(25) CECILIA GAYE-SCHNELL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								804,185.	0.	123,208.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								804,185.	0.	123,208.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) THOMAS GODART ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(27) CARY GOLDBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(28) RODERICK HAGAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(29) RON HALE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(30) JOSEPHINE HART ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(31) CHRISTY HIERHOLZER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(32) ELI HILAL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(33) MARC INFANTE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(34) ANDRE KHAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(35) DR. DOUG LAURIE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(36) CARL LENDER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BILAL LITTLE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) PAUL LOPEZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) PETER LOYELLO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(40) LOIS MARINO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(41) SEAN MCCAFFREY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) ANNIE MECIAS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) LAURA MILLER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) TEDDY MORSE III ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) STEPHEN NESI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(46) VINCE PALAZZOLO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(47) LEON PEREZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DR. HAROLD S. REITMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(49) JAMES ROBERTSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(50) MICHAEL RODRIQUEZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(51) PATTI ROLAND ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(52) DR. EDDIE RUIZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(53) RYAN SEYMOUR ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(54) JEFF SLADE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(55) BRENT SPECHLER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(56) HARRY STAMPLER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(57) TY TERRELL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(58) KRISTENE TOKESKY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(59) CRAIG VAUGHAN DIRECTOR	1.00 0.	X					0.	0.	0.
(60) CHRIS WHITE DIRECTOR	1.00 0.	X					0.	0.	0.
(61) MICHAEL WILD DIRECTOR	1.00 0.	X					0.	0.	0.
(62) PETER WOOLF DIRECTOR	1.00 0.	X					0.	0.	0.
(63) ANDREW WURTELE DIRECTOR	1.00 0.	X					0.	0.	0.
(64) GIANCARLO ZUNIGA DIRECTOR	1.00 0.	X					0.	0.	0.
(65) RON BERGERON DIRECTOR	1.00 0.	X					0.	0.	0.
(66) RICK CASE DIRECTOR	1.00 0.	X					0.	0.	0.
(67) RITA CASE DIRECTOR	1.00 0.	X					0.	0.	0.
(68) ALAN GOLDBERG DIRECTOR	1.00 0.	X					0.	0.	0.
(69) TOM MCDONALD DIRECTOR	1.00 0.	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) AL MINIACI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(71) WILLIAM J. ROTELLA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(72) DOUGLAS VON ALLMEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(73) LINDA VON ALLMEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(74) GARY WENDT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(75) JOSEPH "CHIP" BAMOND ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(76) JULIE BERRY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(77) DEBI DAVIS-CASE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(78) JAMES R. DUNN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(79) WAYNE GILMORE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(80) JOHN HART ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) RALPH MARRINSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(82) RON MASTRIANA ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(83) DONALD B. MEDALIE ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(84) TOM MILLER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(85) JIM NORTON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(86) FREDERICK PERRY ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	81,124.				
	c	Fundraising events	1c	197,964.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,242,854.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,967,011.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 33,009.				
	h	Total. Add lines 1a-1f		11,488,953.				
	Program Service Revenue	2a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		985,981.			985,981.	
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		322,069.			322,069.	
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					8,671,923.			
	b	Less: cost or other basis and sales expenses	7b	8,910,921.				
	c	Gain or (loss)	7c	-238,998.				
d	Net gain or (loss)		-238,998.			-238,998.		
8a	Gross income from fundraising events (not including \$ 197,964. of contributions reported on line 1c). See Part IV, line 18	8a	2,771,540.					
b	Less: direct expenses	8b	2,281,345.					
c	Net income or (loss) from fundraising events		490,195.			490,195.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities		0.					
10a	Gross sales of inventory, less returns and allowances	10a	0.					
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory		0.					
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code	900099	77,730.	77,730.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		77,730.				
12	Total revenue. See instructions		13,125,930.	77,730.		1,559,247.		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	52,994.	52,994.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	866,387.	738,335.	48,691.	79,361.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,175,439.	4,303,097.	329,156.	543,186.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	790,982.	627,205.	87,185.	76,592.
10 Payroll taxes	441,237.	371,617.	37,580.	32,040.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	8,639.		8,639.	
c Accounting	71,934.		71,934.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	98,386.	12,471.	85,342.	573.
12 Advertising and promotion	3,251.	3,251.		
13 Office expenses	48,124.	48,124.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,252,587.	1,227,301.	14,157.	11,129.
17 Travel	317,364.	234,975.	12,140.	70,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	974,499.	908,019.	39,850.	26,630.
23 Insurance	787,015.	754,449.	16,283.	16,283.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & EQUIPMENT	1,446,034.	1,428,351.	17,683.	
b FOOD PROGRAMS	899,203.	892,097.	7,090.	16.
c MAINTENANCE & REPAIRS	606,087.	565,075.	24,063.	16,949.
d DUES & SUBSCRIPTIONS	65,592.	45,040.	20,552.	
e All other expenses	21,170.	21,170.		
25 Total functional expenses. Add lines 1 through 24e	13,926,924.	12,233,571.	820,345.	873,008.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,682,238.	1	10,281,272.
	2	Savings and temporary cash investments.	0.	2	0.
	3	Pledges and grants receivable, net	1,285,049.	3	443,850.
	4	Accounts receivable, net.	450,334.	4	94,304.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7	Notes and loans receivable, net.	297,780.	7	297,780.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	407,368.	9	231,522.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	26,127,699.		
	10b	Less: accumulated depreciation.	12,195,763.		
	10c		14,574,127.	10c	13,931,936.
	11	Investments - publicly traded securities.	17,535,247.	11	19,344,628.
	12	Investments - other securities. See Part IV, line 11.	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	7,238,115.	15	7,527,749.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	52,470,258.	16	52,153,041.	
Liabilities	17	Accounts payable and accrued expenses.	1,685,998.	17	1,368,727.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	409,535.	19	82,331.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	1,290,930.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25.	2,095,533.	26	2,741,988.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	32,011,189.	27	30,576,843.
	28	Net assets with donor restrictions.	18,363,536.	28	18,834,210.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	50,374,725.	32	49,411,053.	
33	Total liabilities and net assets/fund balances	52,470,258.	33	52,153,041.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,125,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,926,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	-800,994.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,374,725.
5	Net unrealized gains (losses) on investments	5	-162,678.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,411,053.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check 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 organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 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 organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,425,106.	15,413,006.	14,256,020.	13,917,314.	14,227,263.	67,238,709.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	9,425,106.	15,413,006.	14,256,020.	13,917,314.	14,227,263.	67,238,709.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						10,162,176.
6 Public support. Subtract line 5 from line 4						57,076,533.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	9,425,106.	15,413,006.	14,256,020.	13,917,314.	14,227,263.	67,238,709.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,136,733.	1,485,632.	1,073,625.	1,354,926.	1,308,050.	6,358,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	156,553.	118,757.	113,449.	144,182.	77,730.	610,671.
11 Total support. Add lines 7 through 10						74,208,346.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	76.91%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	82.72%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .
- b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	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	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

FILE COPY

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.	Employer identification number 59-1108790
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.**Employer identification number
59-1108790**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREDERICK A. DELUCA FOUNDATION, INC. 500 E. BROWARD BOULEVARD, SUITE 2300 FORT LAUDERDALE, FL 33394	\$ 1,047,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE JIM MORAN FOUNDATION, INC. 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	\$ 371,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE STE 500 ATLANTA, GA 30309	\$ 291,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BOARD OF COUNTY COMMISSIONERS P.O. BOX 14250 FORT LAUDERDALE, FL 33302	\$ 2,381,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHILDREN'S SERVICES COUNCIL 6600 W. COMMERCIAL BLVD. TAMARAC, FL 33319	\$ 1,311,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STATE OF FLORIDA DEPARTMENT OF FINANCIAL 200 E GAINES ST TALLAHASSEE, FL 32399	\$ 1,752,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.**

Employer identification number
59-1108790

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS PO BOX 4068 SARASOTA, FL 34230	\$ 307,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN IRREV	4,203,503.
(2) CONTRIBUTIONS RECEIVABLE ON DO	2,909,279.
(3) CASH SURRENDER VALUE OF LIFE	414,967.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 7,527,749.	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Name of organization **BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.**

Employer identification number

59-1108790

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.**

Employer identification number

59-1108790

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

59-1108790

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,198,579.	19,991,359.	19,363,797.	17,931,208.	18,138,275.
b Contributions				157,318.	10,000.
c Net investment earnings, gains, and losses	-527,048.	207,219.	627,563.	1,275,271.	-217,067.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,671,531.	20,198,578.	19,991,360.	19,363,797.	17,931,208.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 32.8000 %
 - b Permanent endowment ▶ 67.2000 %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,853,231.		2,853,231.
b Buildings		19,733,480.	9,026,939.	10,706,541.
c Leasehold improvements				
d Equipment		3,262,929.	3,168,824.	94,105.
e Other		278,059.		278,059.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,931,936.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,125,930.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 13,926,924.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for supplemental information input.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

THE CLUB HAS BEEN GRANTED AN EXEMPTION FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C) (3) AS A NOT-FOR-PROFIT ORGANIZATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF JUNE 30, 2020 AND 2019. THE CLUB RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE CLUB DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE CLUB IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CONCOURS D'ELEG (event type)	RENDEVOUS (event type)	9. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,371,035.	924,821.	673,648.	2,969,504.
	2	Less: Contributions	34,377.	106,940.	56,647.	197,964.
	3	Gross income (line 1 minus line 2)	1,336,658.	817,881.	617,001.	2,771,540.
Direct Expenses	4	Cash prizes			0.	
	5	Noncash prizes	35,536.	5,725.	10,397.	51,658.
	6	Rent/facility costs	389,041.	81,502.	415.	470,958.
	7	Food and beverages	285,583.	382,287.	28,691.	696,561.
	8	Entertainment	181,388.	386,152.	33,370.	600,910.
	9	Other direct expenses	400,277.	18,183.	42,798.	461,258.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					490,195.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2019

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 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

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

Schedule I (Form 990) (2019)

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

59-1108790

Part III 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.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS	100.	52,994.			
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

SCHOLARSHIP RECIPIENTS ARE REQUIRED TO MAINTAIN AT LEAST A 2.0 GRADE

POINT AVERAGE AND FULL-TIME STUDENT STATUS IN ORDER FOR THEIR

SCHOLARSHIPS TO CONTINUE. THE STUDENTS ARE REQUIRED TO SUBMIT THEIR

GRADES AT THE END OF EACH SEMESTER.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p>a The organization?</p>	5a		X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b		X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p>a The organization?</p>	6a		X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b		X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7		X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN QUAIL CHIEF EXECUTIVE OFFICER	(i)	334,950.	0.	19,600.	37,923.	417,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 MATTHEW ORGAN EXECUTIVE VICE PRESIDENT	(i)	134,287.	0.	11,457.	16,761.	187,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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 instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

Part I Types of Property

	(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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		28,135.	FMV
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		354.	4,874.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GIFT CARDS/CERTIFICATES	X	20.	2,000.	FMV
TICKETS FOR VARIOUS EVENT	X	327.	120.	FMV
GIFTS	X	6.	2,400.	FMV
FOOD	X	1.	354.	FMV
TOTALS		<u>354.</u>	<u>4,874.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BOYS AND GIRLS CLUBS OF BROWARD COUNTY OFFER MULTIPLE PROGRAMS FOR YOUTH IN THE FOLLOWING AREAS: MENTORING, GANG PREVENTION, CHARACTER AND LEADERSHIP EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, THE ARTS, SPORTS, FITNESS, AND RECREATION. EXAMPLES INCLUDE: (1) THE UNITED WAY PROGRAM INTRODUCING CAREERS IN THE MARINE INDUSTRY AND FREE NUTRITIOUS SNACKS TO CLUB MEMBERS; (2) THE Y.E.S. PROGRAM WORKING TO IMPROVE STUDENT PERFORMANCE IN READING AND MATH BY PROVIDING ADDITIONAL LEARNING OPPORTUNITIES TO APPROXIMATELY 700 YOUTH FROM ALL LOCATIONS. EXPENSES \$ 9,846,173. INCLUDING GRANTS OF \$ 52,994. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

RICK CASE AND RITA CASE - HUSBAND AND WIFE;
ALAN GOLDBERG AND CARY GOLDBERG - FATHER AND SON;
DOUGLAS VON ALLMEN AND LINDA VON ALLMEN - HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S FORM 990 IS REVIEWED BY DESIGNATED MEMBERS OF THE FINANCE COMMITTEE. COPIES OF THE COMPLETED DRAFT ARE AVAILABLE TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ALL BOARD MEMBERS, MEMBERS OF CERTAIN COMMITTEES, AND KEY EMPLOYEES TO SIGN A CODE OF ETHICS STATEMENT THAT

Name of the organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.	Employer identification number 59-1108790
---	--

INCLUDES A SECTION ON CONFLICTS OF INTERESTS. POTENTIAL INSTANCES OF CONFLICTS OF INTERESTS ARE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD, WHICH MEETS REGULARLY AND REVIEWS ALL SUCH ITEMS.

FORM 990, PART VI, SECTION B, LINE 15:

ALL EMPLOYEES OF THE ORGANIZATION ARE SUBJECT TO THE ORGANIZATION'S SALARY ADMINISTRATION PLAN, WHICH SETS FORTH GUIDELINES FOR COMPENSATION AND SALARY INCREASES. THE NATIONAL ORGANIZATION (BOYS AND GIRLS CLUBS OF AMERICA) PROVIDES BENCHMARK SALARY GRADE LEVELS, EACH WITH A MINIMUM, MID-POINT, AND MAXIMUM, FOR ALL EMPLOYEES, INCLUDING THE CEO AND TOP MANAGEMENT OFFICIALS. ANNUAL RAISES ARE BASED ON NUMERICAL PERFORMANCE RATINGS, WHICH ARE STANDARDIZED THROUGHOUT THE ORGANIZATION. THE CEO'S INITIAL COMPENSATION AND ANNUAL PERFORMANCE RATING IS DONE BY A BOARD COMMITTEE TASKED WITH THIS RESPONSIBILITY. ALL OTHER EMPLOYEES, INCLUDING TOP MANAGEMENT, ARE RATED BY THEIR SUPERVISORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. WE HAVE PROVIDED SUCH INFORMATION VIA EMAIL, FAX, AND HARD COPY. WE DO NOT CHARGE COPYING COSTS FOR HARD COPY REQUESTS. A COPY OF OUR ANNUAL REPORT, WHICH INCLUDES CONDENSED FINANCIAL INFORMATION, IS ON OUR WEBSITE AND ACCESSIBLE WITHOUT ANY PASSWORD REQUIREMENTS. OUR DONORS RECEIVE ACKNOWLEDGEMENT LETTERS, WHICH INCLUDE OUR FEDERAL TAX ID# AND INFORMATION FOR CONTACTING THE FLORIDA DIVISION OF CONSUMER AFFAIRS, WHICH WILL

Name of the organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.	Employer identification number 59-1108790
---	--

PROVIDE A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION
REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIANA FOOD GROUP 4020 NE 10TH WAY POMPANO BEACH, FL 33064	CATERING SERVICES	1,168,547.
AFFINITY ENTERTAINMENT INC. 224 DATURA STREET, SUITE #711 WEST PALM BEACH, FL 33401	EVENT MANAGEMENT	367,932.
BOCA RATON RESORT & CLUB 501 EAST CAMINO REAL BOCA RATON, FL 33432	LODGING & CATERING	344,521.
FISHER ISLAND CLUB ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	LODGING & CATERING	281,988.
A1A TRANSPORTATION, INC. PO BOX 841879 DALLAS, TX 75284	TRANSPORTATION	224,794.

Name of the organization BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.	Employer identification number 59-1108790
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ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	231,522.
TOTALS	<u>231,522.</u>

FILE COPY



BOYS & GIRLS CLUBS
OF BROWARD COUNTY
www.bgcbc.org

H. Wayne & Marti Huizenga Campus
David & Kay Hughes Administrative Headquarters
877 Northwest 61st Street
Fort Lauderdale, Florida 33309

Phone: 954-537-1010
Fax: 954-537-1070

August 24, 2020

BGCBC's Matching Gift Documentation

BGCBC has systems in place that allow companies to match employer donations through our on-line giving site. In addition, BGCBC has received grants where there was a matching component and BGCBC was able to utilize the grants to go out and raise more money in the community.

Through the support of our Corporate Board and their fundraising activities, in addition to aggressively pursuing all grant opportunities available, BGCBC will continue to expand upon and improve our program offerings in order to serve our Club members and their needs.

Dream Makers Society

Rita & Rick Case - Florence & Lawrence DeGeorge - Marti* & H. Wayne Huizenga - Mary Anne & Richard* Kull
Jamie McDonnell IV - Felix Sabates - - Cindy & Terry Taylor - Linda & Douglas Von Allmen*

Please remember the Boys & Girls Clubs of Broward County in your Will and Estate Planning.

*In Memoriam

Budget
2022-2023 City of Pompano Beach

Purpose	Projected (Action Plan)	Projected Expenses
HBCU Day	Supplies	\$200
	Food	\$250
	Total Amount	\$450
Six One-Day College Tours	Florida International University: 12 Club Members attending One-Day College Tour (Breakfast, Lunch & Parking)	\$204
	Lynn University: 12 Club Members attending One-Day College Tour (Breakfast, Lunch & Parking)	\$204
	Broward College: 12 Club Members attending One-Day College Tour (Breakfast & Lunch)	\$204
	Barry University: 12 Club Members attending One-Day College Tour (Breakfast, Lunch & Parking)	\$204
	University of Miami: 12 Club Members attending One-Day College Tour (Breakfast, Lunch & parking)	\$204
	Florida Memorial University: 12 Club Members attending One-Day College Tour (Breakfast & Lunch)	\$204
	Transportation (\$60 X 6 trips)	\$360
	Breakfast (\$7 per person)	\$336
	Lunch (\$7 per person)	\$336
	Total Amount	\$2,256
	Snacks and pizza party for Workforce Development Programs	\$250
	Total Amount	\$250
Individual STEM projects		
	Total Amount	\$1,500
I-Fly STEM Field Trip	30 Members attending I Fly (\$52.50pp)	\$1,575
	Lunch	\$150
	Transportation (\$225)	\$225
	Total Amount	\$1,950
Four (4) Workforce Development Career Tours	Transportation (\$60x4)	\$240
	Dinner for 12 Members (\$10 per person X 4 trips)	\$480
	Total Amount	\$720
Code Ninjas	Memberships x 10 members	\$2,500
	Total Amount	\$2,500
Supplies	College Corner Supplies	\$1,000
	Workforce Development Supplies	\$500
	Individual kits for virtual host site learning	\$1,000
	Total Amount	\$2,500
	Grant Total Amount	\$12,126

Exhibit “B” Payment Schedule

A. AWARD DISBURSEMENTS

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

B. PAYMENT SCHEDULE

The total amount awarded for the BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC. for College and Career Readiness for the current fiscal year is: \$10,000.

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

1. The first will equal 25% of the total allocation or \$2,500; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 25% of the total allocation or \$2,500; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third payout will equal 25% of the total allocation or \$2,500; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth payout will be the final 25% of the total allocation or \$2,500 and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

Type of Insurance	Limits of Liability	
GENERAL LIABILITY:	Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate	
* Policy to be written on a claims incurred basis		
XX comprehensive form	bodily injury and property damage	
XX premises - operations	bodily injury and property damage	
— explosion & collapse hazard		
— underground hazard		
XX products/completed operations hazard	bodily injury and property damage combined	
XX contractual insurance	bodily injury and property damage combined	
XX broad form property damage	bodily injury and property damage combined	
XX independent contractors	personal injury	
XX personal injury		
XX sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate	
— liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate	

AUTOMOBILE LIABILITY:	Minimum \$10,000/\$20,000/\$10,000	
XX comprehensive form		
XX owned		
XX hired		
XX non-owned		

REAL & PERSONAL PROPERTY		
— comprehensive form	Agent must show proof they have this coverage.	

EXCESS LIABILITY	Per Occurrence	Aggregate
— other than umbrella	bodily injury and property damage combined	\$1,000,000 \$1,000,000

PROFESSIONAL LIABILITY	Per Occurrence	Aggregate
—	* Policy to be written on a claims made basis	\$1,000,000 \$1,000,000

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Beacon Group, Inc. 6001 Broken Sound Pkwy., N.W. Suite 500 Boca Raton FL 33487-2730		CONTACT NAME: Susan Arias PHONE (A/C, No, Ext): (561) 994-9994 FAX (A/C, No): (561) 997-7087 E-MAIL ADDRESS: sarias@beacongroupinc.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Fire Insurance Company	
		INSURER B: The North River Insurance Company	
		INSURER C: Technology Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of Broward County, Inc. 877 NW 61st Street Fort Lauderdale FL 33309			

COVERAGES

CERTIFICATE NUMBER: CL2232811250

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		506-903961-6	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			506-903961-6	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			582-118624-8	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4081587	04/01/2022	04/01/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sexual Abuse is 1,000,000 per person/3,000,000 per policy period under the General Liability US Fire policy and \$5,000,000 under the Umbrella North River policy.

APPROVED

By Danielle Thorpe at 9:28 am, Aug 16, 2022

CERTIFICATE HOLDER

City of Pompano Beach
 100 West Atlantic Blvd.
 Pompano Beach FL 33060

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

 A072032

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