

## APPROPRIATIONS CONTRACT

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**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 2021-22 (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, 2021 and ending September 30, 2022; 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, 2021 and ending September 30, 2022.
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 Lisa Devine 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:** Lisa Devine  
Grant Writer  
877 NW 61st St  
Fort Lauderdale, FL 33309  
Office: (954) 537-1010  
Email: ldevine@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.

2. 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.

3. 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.

B. 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](mailto: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. *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.

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**"CITY":**

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

**CITY OF POMPANO BEACH**

By: \_\_\_\_\_  
REX HARDIN, MAYOR

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
ASCELETA HAMMOND  
CITY CLERK

(SEAL)

Approved As To From:

\_\_\_\_\_  
MARK E. BERMAN  
CITY ATTORNEY

**"RECIPIENT"**

Witnesses:

Nile Milroy

Nicole Melendez  
(Print or Type Name)

Terrell [Signature]  
Karriem Edwards  
(Print or Type Name)

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

By: [Signature]  
Print Name: CHRISTOPHER GENTILE

Title: CO-CEO

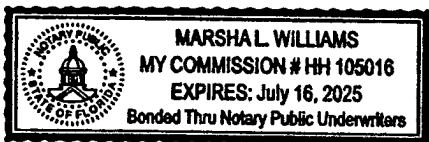
Business License No. 59-1108790

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 14 day of September, 2021, 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:



Marsha Williams  
NOTARY PUBLIC, STATE OF FLORIDA

Marsha 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 30<sup>th</sup>

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 Final narrative or Monthly, Quarterly or Lump Sum, 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.

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

Program Funded: College and Career Readiness

Amount Funded: \$10,000

Program Description: BGCBC's Workforce Development Initiative is designed to promote the development of critical employment skills among our youth through research-informed youth development practice, training, and experiential learning opportunities that lead to first job readiness and a plan for pursuing post-secondary and/or career aspirations. The Workforce Development Initiative strives to increase teen's employability through career exploration, mentorship, opportunities to earn credentials, soft skills training, technical skills training, hands-on learning, and career experiences.

Form Name:	City of Pompano Beach Nonprofit Sponsorship Application
Submission Time:	April 30, 2021 11:37 am
Browser:	Chrome 90.0.4430.93 / Windows
IP Address:	8.20.22.51
Unique ID:	802044956
Location:	34.257701873779, -84.49210357666

## About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2021-2022
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Full Name of Nonprofit:	Boys & Girls Clubs of Broward County
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Mission of Nonprofit:	To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.
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Brief Overview of Nonprofit:	<p>Chartered in 1965 by Boys &amp; Girls Clubs of America (BGCA), Boys &amp; Girls Clubs of Broward County (BGCBC) has grown from one Club to 12, serving on average 12,000 young people annually between the ages of 6-18 years old. Our Clubs provide Broward County's youth with a safe, nurturing environment during out-of-school time when many children are often left unsupervised. At the Club, they receive academic assistance, healthy snacks and hot meals, and the opportunities to learn about and prepare for college and multiple career paths.</p> <p>It has been the goal of BGCBC to provide a world-class Club experience that assures success is within reach of every young person who walks through our doors. We want all members to graduate from high school with a plan for the future; demonstrate good character and citizenship by participating in leadership training and community service volunteer projects, and engage in nutrition education and physical fitness activities that promote living a healthy lifestyle.</p>
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Nonprofit Website:	<a href="http://www.bgcabc.org">www.bgcabc.org</a>
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Which Funding Priority Does Your Nonprofit Qualify For:	Education
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Type of Organization - select the one that best applies:	Human Services
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Executive Summary of How Nonprofit will use City of Pompano Beach Funding:	If funded, the Boys & Girls Clubs of Broward County would use grant funds to enhance our member's Club experience and expose our Club members to educational and vocational experiences in Broward County.
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**How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?**

The Thomas D. Stephanis Boys & Girls Club provides underserved youth in Pompano Beach with out-of-school time activities and programs that meet the needs and interests of our members. Caring and passionate staff promote positive values about family and community and guide members toward appropriate educational, personal, and vocational needs. Our equation for success includes programming in three core areas: Academic Success, Good Character and Citizenship, and Healthy Lifestyles. We provide specialized programs that expose and prepare our Club members to/for college and introduce them to careers in STEM (Science, Technology, Engineering, and Mathematics), culinary arts, media arts, aviation, marine technology, woodworking, and construction industries. Through these programs and our workforce Development Initiative, BGCBC has been successful in connecting our teen Club members to full and part-time employment.

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**Statement of Need:**

Intentionally located in neighborhoods accessible to low-income and underserved populations, BGCBC programs strive to have an impact on our members' mental, physical and socio-emotional development while seeking to empower youth to lead productive lives by ensuring that they have the proper skills to pursue future education and careers. BGCBC has accepted the 2025 Great Futures Strategic Plan Initiative from BGCA as our strategic plan moving forward and has already implemented programs to enhance our member's Club experience in order to give them the best foundation for their future. BGCBC's Workforce Development Initiative is modeled off BGCA's national strategic plan and is designed to promote the development of critical employment skills among our youth through research-informed youth development practice, training, and experiential learning opportunities that lead to first job readiness and a plan for pursuing postsecondary and/or career aspirations. The initiative will increase our members' employability through career exploration, mentorship, opportunities to earn credentials, soft skills training, technical skills training, and career experiences.

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**Include a Description of the Geographic Area You Serve:**

In support of our mission, Clubs are strategically located in areas that provide access to low-income and underserved populations. In the 2019-2020 fiscal year, The Thomas D. Stephanis Club in Pompano Beach served 428 youth between the ages of 6-18. Of those members served, 57% lived in households earning less than \$20,000 annually, 74% of members lived in a single-parent household, 99% of members qualified for free or reduced school lunch and 84% of members attended Title I schools. The Club served over 53,000 healthy snacks and meals and Club members performed over 26,00 hours of physical fitness activities. Even with the interruption of the COVID-19 pandemic, 100% of the Club's senior members graduated from high school and 96% of members progressed to the next grade level.

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**About Your Board of Directors**

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<b>Board Disabled</b>	0
<b>Board Minorities</b>	18
<b>Board Seniors</b>	3
<b>Total Board Members</b>	61

### **Program/Event Information #1**

<b>Will your organization be hosting an event on City property?</b>	No
<b>Which are you applying for? (Program/Event)</b>	Program
<b>Program/Event Name</b>	College and Career Readiness
<b>Type of Program/Event</b>	Other
<b>If other, please specify:</b>	Year round programs that fall within our College and Career Readiness Program and Workforce Development Initiative

**Describe the program/event succinctly:** BGCBC's Workforce Development Initiative is designed to promote the development of critical employment skills among our youth through research-informed youth development practice, training, and experiential learning opportunities that lead to first job readiness and a plan for pursuing post-secondary and/or career aspirations. The Workforce Development Initiative strives to increase teen's employability through career exploration, mentorship, opportunities to earn credentials, soft skills training, technical skills training, hands-on learning, and career experiences.

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

Funding from the City of Pompano Beach would continue to support our Workforce Development program at the Thomas D. Stephanis Club located in Pompano Beach. Funds would help to cover the cost of supplies and transportation for our Workforce Development tours, College Tours, career experience tours as well as specific programming that aligns with our College and Career Readiness program. Examples of programs that our members are exposed to are:

1. Money Matters - financial education resources and interactive curriculum that helps teens gain useful knowledge and skills on various aspects of financial literacy
  2. Career Launch - a mentorship and career exploration program that offers a variety of activities to strengthen teens' decision making, problem-solving and critical-thinking abilities
  3. Bring Your A Game - a customer service program that teaches a wide range of employability and soft skills
  4. Annual Career Day - members interact with employers of different career paths and have the opportunity to gain knowledge about that career and its educational requirements
  5. Generals Club Construction Program - introduces Club members to trade careers
  6. College Corner - Club members receive hands-on assistance with all things college-related
  7. SAT Prep - members receive free SAT prep classes designed to help members with Math and English curriculum
-

**What are the outcomes of your program/event?**

For our fiscal year 2019-2020, the Thomas D. Stephanis Club in Pompano Beach served 428 members ages 6-18 years old. Of those members:

- 96% of members progressed to the next grade level
- 100% of senior members graduated from high school
- total number of visits to the Club were 26,154
- total number of hours members spent in the Club were 79,950
- the Stephanis Club had 19 graduating seniors
- 53% of those senior members went to college and received BGCB scholarships

For our current school year, the Thomas D. Stephanis Club has:

- 10 graduating seniors
- 100% are expected to graduate in May
- 5 seniors have plans to attend a vocational/technical school
- 1 senior plans to join the military
- 4 seniors have plans to attend college and will be receiving BGCB scholarships

In regards to our Workforce Development Initiative at the Thomas D. Stephanis Club:

- 13 members completed the Money Matters program
- 5 members completed the Bring Your A Game program

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**Estimated # of Attendees at the Program/Event (select the one that best applies)**

51-150

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**Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:**

125

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**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 428 Thomas D. Stephanis Club members for fiscal year 2019-2020:  
-57% of members' families earned less than \$20,000 a year  
-74% of members lived in a single parent headed house hold  
-99% of members qualified for free or reduced school lunch  
-84% of members attended Title I schools

Of our membership at the Thomas D. Stephanis Club:

-51% of members are male  
-49% of members are female  
-91% of members are Black  
-4% of members are Hispanic  
-4% of members are Multi-Racial  
-1% of members are White

Through our Snack and Supper program, we served 53,043 healthy snacks and hot suppers to our Club members, which is a relief to many parents struggling to feed their children each and every day and particularly during the COVID-19 pandemic.

<b>Start Date of Program/Event:</b>	Aug 30, 2021
<b>End Date of Program/Event:</b>	May 20, 2022
<b>Does your program/event have a start time/end time?</b>	Yes
<b>Start Time of Program/Event:</b>	02:00 PM
<b>End Time of Program/Event:</b>	08:00 PM
<b>Name of Program/Event Venue:</b>	Thomas D. Stephanis Boys & Girls Club
<b>Address of Program/Event Venue Location:</b>	212 NW 16th Street Pompano Beach, FL 33060
<b>Attire of Program/Event (select the one that best applies):</b>	Casual
<b>List any Benefits or Amenities the City of Pompano Beach Receives:</b>	The more Pompano Beach youth our Club can serve will help create more young people who are productive, caring, and responsible citizens, who with the help of BGCBC will graduate from high school on time and have the option to go off to college or a trade school, and come back to Pompano Beach to contribute to their communities by giving back.
<b>Amount Requested:</b>	12126
<b>Are you applying for a second Program/Event?</b>	No

## Additional Activities

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**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

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## Additional Information

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

With the support of the City of Pompano Beach, BGCBC can continue to offer a safe and nurturing place for our youth to attend and provide them with academic success programs that provide them with opportunities to improve their grades, develop critical soft skills and gain valuable certifications that will lead to internships and /or gainful employment. The success of the College and Career Readiness program and Workforce Development Initiative is measured via pre-and post-test which measures the change in member knowledge about the college application and financial aid process; program completion survey of high school senior which measures the number of seniors that have submitted an application to postsecondary institutions, and a program completion survey of high school members which measures their feelings about the program and overall attitude toward postsecondary education. Grade level progression and graduation rates are recorded and information is collected about if and where our senior members are attending college or vocational schools.

With a 4-star rating from Charity Navigator for the 10th 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. Only 4% of the charities evaluated have received at least 8 consecutive 4-star evaluations, indicating that BGCBC outperforms most other charities in America.

While we know that there are other afterschool and out-of-school programs in Pompano Beach, BGCBC offers programming that is the most affordable and accessible to the population we serve. BGCBC has a solid history of successful community collaboration with mental health agencies, law enforcement, colleges, and prominent business owners and entrepreneurs. Our biggest and most important partnership is with Broward County Public Schools, where we are able to share academic information with the youth that we serve.

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**Any other information you wish to share?**

The Boys & Girls Clubs of Broward County is vital to the Pompano Beach community, providing youth with access to programs and adults that foster their personal and academic success. The Thomas D. Stephanis Club is located in one of the most economically disadvantaged areas in the city and provides high-yield educational, healthy lifestyle and leadership programs to members with both environmental and individual risk factors that threaten their chances of leading positive and productive lives. Our programs help to break the cycle of educational underachievement that is prevalent among the population that we serve and ensures student success in academics and life skills.

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### **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?**

2019-2020

**What was the name of program/event funded?**

College and Career Readiness

**How much was the funding for this program/event?**

12000

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### **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

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### **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://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/802044956/72077528\\_bgcbc\\_2020-2021\\_budget.pdf](https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/802044956/72077528_bgcbc_2020-2021_budget.pdf)

<b>W9</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/802044956/72077535_form_w-9_2021.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/802044956/72077535_form_w-9_2021.pdf</a>
<b>IRS Letter</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/802044956/72077552_irs_501_c_3_letter_2021.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/802044956/72077552_irs_501_c_3_letter_2021.pdf</a>
<b>List of Board of Directors</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/802044956/72077556_bgcbc_board_of_directors_2.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/802044956/72077556_bgcbc_board_of_directors_2.pdf</a>
<b>Articles of Incorporation</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/802044956/72077558_bgcbc_articles_of_incorporation.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/802044956/72077558_bgcbc_articles_of_incorporation.pdf</a>
<b>Most Recent 990 Form</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/90960095/802044956/90960095_form_990_fye_06-30-19_file_copy.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/90960095/802044956/90960095_form_990_fye_06-30-19_file_copy.pdf</a>

### Upload your documents: Matching Gift Documentation

<b>Does Your Organization Receive Matching Funds?</b>	Yes
<b>Please indicate one or more matching gift options below:</b>	One or more donors match general contributions to our organization.
<b>Matching Gift Documentation Supporting Your Organization</b>	<a href="https://s3.amazonaws.com/files.formstack.com/uploads/3276970/89621675/802044956/89621675_bgcbc_matching_gifts.pdf">https://s3.amazonaws.com/files.formstack.com/uploads/3276970/89621675/802044956/89621675_bgcbc_matching_gifts.pdf</a>

### Primary Nonprofit Contact

<b>Name</b>	Lisa Devine
<b>Title</b>	Grant Writer
<b>Email</b>	ldevine@bgcbc.org
<b>Phone Number</b>	(954) 537-1010
<b>Mailing Address (If awarded, your payment will be mailed to this address)</b>	877 NW 61st St Fort Lauderdale, FL 33309

### Secondary Nonprofit Contact

<b>Name</b>	Chris Gentile
<b>Title</b>	Co-CEO
<b>Email</b>	cgentile@bgcbc.org
<b>Phone Number</b>	(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

JAN 25 2021

% MICHELE CLARKE  
877 NW 61ST STREET  
FORT LAUDERDALE FL 33309

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](http://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.,

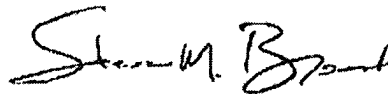
0255881252  
Jan. 28, 2021 LTR 4168C 0  
59-1108790 000000 00  
00010980

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](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

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)

## 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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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](http://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.

Restated Bylaws for the Boys & Girls Clubs of Broward County, Inc.  
f/k/a Boys Clubs of Broward County, Inc.  
d/b/a Boys & Girls Clubs of Broward County  
Dated: February 21, 2013

Article I  
Offices

The principal office of this Corporation shall be 877 NW 61<sup>st</sup> Street, Fort Lauderdale, FL 33309, County of Broward, State of Florida. The Resident Agent for the Corporation shall be designated on its annual corporate report filed with the Secretary of State of Florida. The address of the principal office of this Corporation may be changed from time to time by the Board of Directors.

Article II  
Purpose

To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Programming is focused in three (3) core areas: Academic Success, Good Character & Citizenship and Healthy Lifestyles.

Article III  
Corporate Authority

The Corporation shall have all of the powers granted by Florida Statute 617.0302 as the same may be amended from time to time. The Corporation shall also have all of the emergency powers granted by Florida Statute 617.0303 as the same may be amended from time to time.

Article IV  
Board of Directors

Section 1 – Authority and Number: The affairs, business and property of the Corporation shall be governed by its Board of Directors, numbering not less than fifteen (15) members, not inclusive of Advisory Council Chairs.

The following Board Member designations for Board Membership are:

A.) BGCBC Governing Board of Directors:

BGCBC Governing Board of Directors oversee the affairs, business and property of the organization and participate at board meetings on a monthly and annual basis. These members are in good standing related to the criteria of board attendance, financial support and following the bylaws of the organization. Governing Board of Directors are voting members of the organization with legal and fiduciary responsibility under Florida law.

B.) BGCBC Lifetime Board of Directors:

BGCBC Lifetime Board of Directors is a special designation for those who once served or who are serving the organization's Governing Board. Their extraordinary contributions of time and resources sets a standard for others to follow related to the BGCBC mission. Categories for these Directors are:

- 1.) Persons who have established Special Events that have raised millions of dollars for the organization.
- 2.) Persons who are members of the Lifetime Giving Society who have donated over \$250,000 in unrestricted gifts to BGCBC.
- 3.) Persons who serve on a Foundation Board who have provided at least \$1 million or more to BGCBC.

These Lifetime Board of Directors are voted on by the Governing Board and are considered full voting members when attending any meeting of the Governing Board of Directors. These Lifetime Board of Directors also have a legal and fiduciary responsibility under Florida Law.

C.) BGCBC Emeritus Board of Directors:

BGCBC Emeritus Board of Directors are recognized as persons who once served the organization's Governing Board. These Emeritus Board of Directors continue to support the mission of the organization through individual, corporate and annual contributions as participants of BGCBC activities. They are honored and recognized on an annual basis as Emeritus Board of Directors of BGCBC. They do not have a vote or any legal and fiduciary responsibility under Florida Law.

The maximum number of Directors shall not exceed one hundred (100) members, inclusive of Advisory Council Chairs who are voting directors, and may be changed by the affirmative vote of a majority of the Board of Directors at any meeting at which a quorum is present.

Section 2 – Term of Office:

First year members of the Board of Directors shall serve a term in office of one (1) year and thereafter may be nominated for three (3) year terms. The terms of all Officers and Directors shall commence on July 1st of the year in which they are nominated and shall terminate on June 30th of the year on which their term ends unless terminated earlier by the Nominating Committee.

Section 3 – Nominating Committee: The Chair, Vice Chair and Immediate Past Chair will select six (6) members of the Board, with at least 3 years' experience, to constitute a Nominating Committee. The Nominating Committee shall nominate the Board of Director Officers and the Board of Directors.

Section 4 – Election: The Directors shall hold office until the expiration of their term of office unless sooner removed by death, resignation, disqualification or otherwise. The election of Directors to fill the expired terms of any Director shall be held at a regular meeting or at a special meeting called for

that purpose. The election of Directors shall be by a quorum vote of the Directors. Any Director may nominate a person as a potential director.

**Section 5 – Special Meetings:** A special meeting of the Board of Directors may be called by, or at the request of the President/Chief Executive Officer, hereafter referred to as “President/CEO”, the Chair of the Board or the Vice Chair. The person or persons authorized to call such special meetings shall fix the time and place of such special meeting, taking into consideration the proximity and convenience to all such affected Board members. Notice of such special meeting shall be in accordance with the notice provisions of Section 9 hereof.

**Section 6 – Regular Meetings:** Regular meetings of the Board of Directors shall be held upon notice from the Chair of the Board of Directors or President/CEO. There shall be ten (10) regular monthly meetings per year.

**Section 7 – Annual Meetings:** Annual meetings of the Board of Directors shall be held each year upon notice from the Chair of the Board of Directors or the President/CEO. Annual meetings shall be held for the purpose of appointing the officers of the Corporation, appointing Directors to fill any expired terms of office and the transaction of any other business that may come before the Board. June will be the election of Officers and the Annual Meeting of the Organization will take place in the month of November.

**Section 8 – Conduct of Meetings:** Robert’s Rules of Order (latest edition) shall prevail at all Board meetings of the Board and Committees. All meetings of the Board and committees shall be held in Broward County, Florida. There shall be no voting by proxy unless the same is specifically permitted by a majority vote of the Board of Directors for a specific meeting only.

**Section 9 – Notice:** Notice of regular meetings provided under these Bylaws shall be given at least seven (7) days prior to the date fixed for such meeting by regular U.S. Mail, facsimile or e-mail to the last known address of each Director as shown on the records of the Corporation. Notice of a special meeting of the Board of Directors shall be given at least three (3) days prior to the date fixed for such meeting sent by Certified Mail, return receipt requested, by commercial carrier requiring a signed receipt, facsimile or e-mail to the last known address of each Director as shown on the records by the Corporation. Any Director may waive notice of any meeting by personally attending, unless such attendance is for the express purpose of objecting to the legality of such meeting.

**Section 10 – Quorum:** The minimum of fifteen (15%) percent of the total number of Board members of the Board of Directors shall constitute a quorum at any regular or special meeting of the Board of Directors. The majority of the Directors present at a meeting at which a quorum is present shall be

the act of the Board of Directors unless a different number is required under the provisions of the Articles of Incorporation of this Corporation or any other provision of these Bylaws.

Section 11 – Compensation: Directors shall not receive any compensation for their services. Nothing contained herein shall be construed to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor.

#### Article V Officers

Section 1 – Officers: The officers of the Corporation shall be the Chair of the Board of Directors, a Vice Chair, a Treasurer and a Secretary. The Board of Directors may elect or appoint such other officers including a President/CEO, as it shall deem appropriate. The officers are to have authority and perform the duties prescribed from time to time by the Board of Directors.

Section 2 – Election and Term of Office: The officers of the Corporation shall be elected annually by the Board of Directors. New offices may be created and filled at any meeting of the Board of Directors. Each officer so elected shall hold office until the next annual meeting of the Board of Directors and until his or her successor shall have been duly elected and qualified.

Section 3 – Removal: Any officer elected or appointed by the Board of Directors may be removed by a majority vote of the Board of Directors present at a regularly scheduled meeting or a special meeting whenever in its judgment the best interest of the Corporation would be served thereby.

Section 4 – Vacancies: A vacancy in any office occasioned by death, resignation, removal, disqualification or otherwise may be filled by the Board of Directors at its next regular meeting, or a special meeting called for that purpose, for the unexpired portion of the term.

Section 5 – Chair of the Board: The Chair of the Board shall preside at all meetings of the Board of Directors. He or she may sign, either alone or with the secretary or any other proper authorized Officer of the Corporation, any contract, deed or other instruments authorized by the Board of Directors, which the Board of Directors have authorized to be executed except in those cases where the signing and execution thereof shall be expressly delegated by the Board of Directors by these Bylaws, or by statute to some other officer or agent of the Corporation and he or she shall perform such other duties that may be prescribed by the Board of Directors from time to time.

Section 6 – Vice Chair: In the absence of the Chair of the Board or in the event of the inability or refusal to act by the Chair of the Board, the Vice Chair, the Treasurer and then Secretary, shall perform the duties of the Chair of the Board and when so acting shall have all of the powers of and be subject to all of the restrictions upon the Chair of the Board.

Section 7 – Other Officers: Treasurer and Secretary. The Board of Directors may appoint such other officers as it deems appropriate from time to time.

#### Article VI

##### President/Chief Executive Officer (CEO)

Section 1 – Duties of President/CEO: The President/CEO shall, in accordance with the directions of the Board of Directors, supervise, manage and control the operations of the business affairs of the Corporation. The President/CEO shall have the authority to hire and fire staff, shall have a budget prepared for the approval of the Board of Directors, and shall operate within the guidelines of the budget as approved or as otherwise authorized by the Board of Directors. The President/CEO shall report to the Board of Directors, including the Executive Committee, on the activities of the Clubs, including Financial matters, on a monthly basis or as otherwise directed by the Board.

Section 2 – Officio: The President/CEO shall attend all meetings of the Board of Directors unless excused by the Board of Directors and shall be an ex-officio member of all committees.

Section 3 – Bond: The President/CEO shall be required to procure such bond for personnel as shall be determined by the Board of Directors and President/CEO.

Section 4 – Term of Office: The President/CEO shall serve at the discretion of the Board of Directors.

#### Article VII

##### Committees

Section 1 – Committees: The Board of Directors may, by resolution or resolutions passed, designate and appoint one or more committees, each of which shall consist of two or more Directors, but need not consist only of Directors. The Chair and Vice Chair shall appoint the various Chairs of the Committees of the Corporation. The members of the committees shall be appointed by the Chair of the Board, the Vice Chair with input from the President/CEO and the Chair of the Committee. In the absence of a Chair of the Committee, the Vice Chair of the Corporation shall act as the Chair. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual Director, of any responsibility imposed by law. The Chair of the Board, Vice Chair and President/CEO shall be ex-officio members of each committee.

Section 2 – Term of Office: Each member of a committee shall continue as such until successors are appointed, unless such committee shall be sooner terminated or unless such member is removed, resigns or otherwise ceases.



Section 3 – Vacancies: Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

Section 4 – Quorum: Unless otherwise provided in the resolution of the Board of Directors designating the committee, a majority of the whole committee shall constitute a quorum, and the act of a majority of committee members shall be the act of the committee.

Section 5 – Rules: Each committee may adopt rules for its own government, not inconsistent with these Bylaws or with rules adopted by the Board of Directors. In any case, Robert's Rules of Order shall prevail at all meetings of the committee membership, unless specifically or otherwise provided by resolution adopted by the Board of Directors.

Section 6 – Executive Committee: The Executive Committee shall consist of a minimum of nine (9) members and a maximum of thirteen (13) members. The Chair of the Board, the Vice Chair, the Secretary, the Treasurer and the Immediate Past Chair shall all be members of the Executive Committee. A minimum of four (4) with a maximum of eight (8) at-large Board of Directors will be appointed by the Chair and current Vice Chair, with input from the President/CEO and approved by the Board of Directors annually. The Chair shall be the presiding officer of the Executive Committee and will only vote at Executive Committee in the case of a tie vote. The Executive Committee shall act for the Board of Directors at its discretion in the governance of the Corporation and in the absence of action by the Board of Directors. A quorum shall consist of a majority of the members of the Executive Committee.

#### Article VIII

##### Actions by Written Resolution

The Board of Directors may act without convening a regular or special meeting, by written resolution signed by three-quarters (3/4) of the members of the Board of Directors and duly entered in the Corporate Records.

#### Article IX

##### Books & Records

The Corporation shall keep correct and complete books and records of accounts, and shall keep minutes of all proceedings of its Board of Directors and committees. All books and records of the Corporation may be inspected by any Director or his or her agent or attorney for any legitimate and proper purpose at any reasonable time.

## Article X

### Contracts, Checks, Deposits & Funds

Section 1 – Contracts: The Board of Directors authorizes the President /CEO, via the annual budget, to enter into any contract or execute and deliver any instrument in the name of, and on behalf of, this Corporation, and such authority may be general or confined to specific instances.

Section 2 – Checks, Draft, etc.: All checks, drafts or orders for payment of money, notes or other evidences of indebtedness issued in the name of the Corporation, shall be signed by such officer or officers, agent or agents of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors. In the absence of such determination, such instruments shall be signed by the President/CEO and countersigned by the Chair of the Board or Vice Chair of the Corporation. Check signing and agreements pertaining to the business of the Corporation shall be limited to members of the Executive Committee and the President /CEO or the Executive Vice President (EVP). Checks in excess of two thousand five hundred dollars (\$2,500) shall be signed by a member of the Executive Committee of the Board of Directors and by either the President /CEO or the EVP.

Section 3 – Deposits: All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, brokerage firms or other depositories as the Board of Directors may select.

## Article XI

### Fiscal Year

The fiscal year of the Corporation shall end on June 30<sup>th</sup> of each year.

## Article XII

### Corporate Seal

The Board of Directors shall provide a Corporate Seal which shall have inscribed thereon the name of the Corporation, the state of incorporation and the year of incorporation.

## Article XIII

### Members

This corporation shall not have any members.

## Article XIV

### Emergency Bylaws

These Emergency Bylaws shall only be effective if an emergency exists and a quorum of the Corporation's Directors cannot readily be assembled because of some catastrophic event. The Emergency Bylaws make provisions for managing the Corporation during an emergency.

Section 1 – Meetings: A special meeting under an emergency situation may be called by any Officer or any Director. The person calling the meeting shall fix the time and place of the meeting and shall give adequate notice under the circumstances. The meeting may be held by telephone conference call, email and any other form of available communication.

Section 2 – Quorum: A quorum for this meeting shall be any three Directors.

Section 3 – Succession: The Board of Directors, either before or during any such emergency, may elect and from time to time alter the lines of succession for management of the Corporation if during such emergency any or all officers or agents of the Corporation are, for any reason, rendered incapable of discharging their duties. The Emergency Directors may elect new officers or agents for this purpose.

Section 4 – Effect of Emergency Bylaws: All provisions of the regular Bylaws consistent with the Emergency Bylaws shall remain effective during the emergency. The Emergency Bylaws are not effective after the emergency ends.

Section 5 - Action Taken: The corporate action taken in good faith and in accordance with the emergency Bylaws binds the Corporation and may not be used to impose liability on a Corporate Director, officer employee or agent acting in good faith and in accordance with the duties appropriate to the office.

#### Article XV

##### Indemnification of Directors, Officers, Employees and Agents

Section 1 – Indemnity: The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed claim, action, suit or proceeding or other civil, criminal, administrative or investigative (other than an action by or in the right of the Corporation), by reason of the fact that the person is or was a Director, Officer, Employee or Agent of the Corporation or is or was serving at the request of the Corporation as a Director, Officer, Employee or Agent. The indemnification shall include expenses, including attorney's fees, costs, including court costs, judgments, fines and amounts paid in settlement actually and reasonably incurred in connection with such claim, action suit or proceeding, which settlement was approved by the Board of Directors and, if the person acted in good faith and in a manner reasonably believed to be in or not opposed to the best interests of the Corporation and the person had no reasonable cause to believe the conduct was unlawful or improper.

Section 2 – Specific Incident: Any indemnification under the immediately preceding paragraph shall be made by the Corporation only as authorized in the specific matter upon a determination that

indemnification of the Director, Officer, Employee or Agent is proper in the circumstances because the person has met the applicable standards of conduct set forth in the above paragraph. Such determination shall be made by the Board of Directors by a majority vote of the quorum consisting of Directors who were not parties to such claim, action, suit or proceeding.

Section 3 – Insurance: The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a Director, Officer, Employee or Agent of the Corporation against any liability asserted against the person and incurred in any such capacity or arising out of the status of the person, whether or not the Corporation would have the power to indemnify the person against such liability under the provision of this Article.

#### Article XVI

##### Amendments

The Articles of Incorporation and Bylaws may be amended by a two-thirds (2/3) vote of the members of the entire Board of Directors present at any regular or special meeting called for the purpose, providing notice of the proposed change is given in the notice of the meeting at least ten (10) days prior to the meeting.

2020-2021 Board Members
<b>Governance Members:</b>
Moises Almonte
Nicole Anderson
Wael Barsoum
Kyle Boos
Jeff Brandt
Michael Brown
Rob Brown
Linda Buccilli
Brent Burns
Bob Case
Raquel Case
Jack Christian
Brad Daniel
Debi Davis-Case
Marie DeSanctis
Swati Dholakia
Richard Ducharme
John Evans
Mike Fischler
Peter Gary
Thomas Godart
Roderick Hagan
Josephine Hart
Diane Holtz
Christy Hierholzer
Eli Hilal
Marc Infante - Secretary
Andre Khan
Andrew Koenig
Mark Lapointe
Doug Laurie
Tracy Lautomne
Carl Lender
Bilal Little
Paul Lopez
Lois Marino

Sean McCaffrey
Annie Mecias
Rudolph Moise
Mike Mominey
Teddy Morse
Rebecca Noble
Peter Oldbury
Vince Palazzolo - Treasurer
Leon Perez
Harold Reitman
James Robertson
Patti Roland
Ryan Seymour
Jeff Slade
Brent Spechler
Harry Stampler - Vice Chair
Ty Terrell
Kristene Tokesky
Brian Tuffin
Chaz Warrington
Chris White - Chairman
Michael Wild
Peter Woolf
Andrew Wurtele
Giancarlo Zuniga

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

B Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

BOYS &amp; GIRLS CLUBS OF BROWARD COUNTY INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

877 NW 61ST STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FORT LAUDERDALE, FL 33309

F Name and address of principal officer:

MATTHEW ORGAN

877 NW 61ST STREET, FORT LAUDERDALE, FL 33309

D Employer identification number

59-1108790

E Telephone number

(954) 537-1010

G Gross receipts \$ 23,650,014.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.BGCBC.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1965

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: SOCIAL, RECREATIONAL, AND EDUCATIONAL YOUTH SERVICES.

2 Check this box ☐ 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)	75.
4	Number of independent voting members of the governing body (Part VI, line 1b)	75.
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	417.
6	Total number of volunteers (estimate if necessary)	1,970.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,256,020.	13,917,314.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	891,097.	1,037,532.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,218,298.	688,002.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,365,415.	15,642,848.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,885.	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)	6,929,331.	7,424,345.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	1,359,880.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,851,714.	7,166,646.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,835,930.	14,617,491.
19 Revenue less expenses. Subtract line 18 from line 12	2,529,485.	1,025,357.
20 Total assets (Part X, line 16)	Beginning of Current Year 50,501,327.	End of Year 52,470,258.
21 Total liabilities (Part X, line 26)	1,584,283.	2,095,533.
22 Net assets or fund balances. Subtract line 21 from line 20	48,917,044.	50,374,725.

## 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

Date

7/6/2020

MATTHEW ORGAN

CO-CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ALBERT KREDI CPA

07/02/2020

P01343407

Firm's name BDO USA, LLP

Firm's EIN 13-5381590

Firm's address 100 SE 2ND STREET, SUITE 1700 MIAMI, FL 33131

Phone no. 305-381-8000

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 (2018)

**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?

If "Yes," describe these new services on Schedule O.

☐ Yes ☒ No**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

☐ Yes ☒ 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 \$ 1,445,425. 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  
 323,622 SNACKS AND 324,753 SUPPERS. CONDUCTED 2 STAFF TRAINING  
 SESSIONS RELATED TO THE FOOD PROGRAM.

**4b** (Code: ) (Expenses \$ 1,126,580. 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 1,282 CHILDREN.  
 CONDUCTED 5 STAFF TRAINING SESSIONS TO DELIVER EACH PROGRAM.

**4c** (Code: ) (Expenses \$ 579,645. 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 118,484 LUNCHES AND 115,023 SNACKS. CONDUCTED 2  
 STAFF TRAINING SESSIONS RELATED TO THE FOOD PROGRAM.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 9,055,502. including grants of \$ 26,500. ) (Revenue \$ 0. )

**4e** Total program service expenses ▶ 12,207,152.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b>	X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	X
<b>3</b> 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. . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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. . . . .	<b>4</b>	X
<b>5</b> 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. . . . .	<b>5</b>	X
<b>6</b> 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. . . . .	<b>6</b>	X
<b>7</b> 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. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	X
<b>9</b> 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. . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b>	X
<b>b</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. . . . .	<b>11b</b>	X
<b>c</b> 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. . . . .	<b>11c</b>	X
<b>d</b> 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. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b>	X
<b>f</b> 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. . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b>	X
<b>b</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. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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. . . . .	<b>14b</b>	X
<b>15</b> 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. . . . .	<b>15</b>	X
<b>16</b> 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. . . . .	<b>16</b>	X
<b>17</b> 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). . . . .	<b>17</b>	X
<b>18</b> 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. . . . .	<b>18</b>	X
<b>19</b> 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. . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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. . . . .	<b>21</b>	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? If "Yes," complete Schedule I, Parts I and III . . . . .	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? If "Yes," complete Schedule J . . . . .	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I . . . . .		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		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, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		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? If "Yes," complete Schedule R, Part I . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		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 . . . . .	20	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 417		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a 75 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . 1b 75		
<b>2</b> 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? . . . . .	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> 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? . . . . .		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization 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) PAUL LOPEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(2) WAYNE GILMORE DIRECTOR	1.00 0.	X						0.	0.	0.
(3) PETER WOOLF DIRECTOR	1.00 0.	X						0.	0.	0.
(4) VINCENT PALAZZOLO DIRECTOR	1.00 0.	X						0.	0.	0.
(5) GARY WENDT DIRECTOR	1.00 0.	X						0.	0.	0.
(6) GLEN BEANLAND DIRECTOR	1.00 0.	X						0.	0.	0.
(7) MITCHELL BERGER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) CLAUDETTE BONVILLE DIRECTOR	1.00 0.	X						0.	0.	0.
(9) SUSAN BURKHARDSMEIER DIRECTOR	1.00 0.	X						0.	0.	0.
(10) BRENT BURNS DIRECTOR	1.00 0.	X						0.	0.	0.
(11) PHIL CHRYSLER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) MICHAEL A. 'MIKE' FISCHLER DIRECTOR	1.00 0.	X						0.	0.	0.
(13) PETER GARY DIRECTOR	1.00 0.	X						0.	0.	0.
(14) CECILIA GAYE-SCHNELL 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) CARY GOLDBERG DIRECTOR	1.00 0.	X						0.	0.	0.
16) RON HALE DIRECTOR	1.00 0.	X						0.	0.	0.
17) JOSEPHINE HART DIRECTOR	1.00 0.	X						0.	0.	0.
18) CHRISTY HIERHOLZER DIRECTOR	1.00 0.	X						0.	0.	0.
19) ALAN KIRSCHENBAUM DIRECTOR	1.00 0.	X						0.	0.	0.
20) DR. DOUG LAURIE DIRECTOR	1.00 0.	X						0.	0.	0.
21) DR. ROBERT MILLS, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
22) STEPHEN NESI DIRECTOR	1.00 0.	X						0.	0.	0.
23) DR. HAROLD S. REITMAN DIRECTOR	1.00 0.	X						0.	0.	0.
24) JAMES ROBERTSON DIRECTOR	1.00 0.	X						0.	0.	0.
25) BRENT SPECHLER DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								882,749.	0.	64,050.
<b>d Total (add lines 1b and 1c)</b>								882,749.	0.	64,050.

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**

- 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 **3** Yes No 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 **4** Yes No 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 **5** Yes No 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 <b>13</b>		

**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) CHRIS WHITE DIRECTOR	1.00 0.	X						0.	0.	0.
27) ANDREW WURTELE DIRECTOR	1.00 0.	X						0.	0.	0.
28) RON BERGERON DIRECTOR	1.00 0.	X						0.	0.	0.
29) RICK CASE DIRECTOR	1.00 0.	X						0.	0.	0.
30) RITA CASE DIRECTOR	1.00 0.	X						0.	0.	0.
31) ALAN GOLDBERG DIRECTOR	1.00 0.	X						0.	0.	0.
32) TOM MCDONALD DIRECTOR	1.00 0.	X						0.	0.	0.
33) AL MINIACI DIRECTOR	1.00 0.	X						0.	0.	0.
34) TED MORSE DIRECTOR	1.00 0.	X						0.	0.	0.
35) WILLIAM J. ROTELLA DIRECTOR	1.00 0.	X						0.	0.	0.
36) DOUGLAS VON ALLMEN DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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 **2**

**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) LINDA VON ALLMEN DIRECTOR	1.00 0.	X						0.	0.	0.
38) FRANK ADDERLEY DIRECTOR	0. 0.	X						0.	0.	0.
39) LINDA BUCCILLI DIRECTOR	1.00 0.	X						0.	0.	0.
40) LONNI CIBANTS DIRECTOR	1.00 0.	X						0.	0.	0.
41) JOHN CLIDAS DIRECTOR	1.00 0.	X						0.	0.	0.
42) MARIE DESANCTIS DIRECTOR	1.00 0.	X						0.	0.	0.
43) SWATI DHOLAKIA DIRECTOR	1.00 0.	X						0.	0.	0.
44) TINA DIEHL DIRECTOR	1.00 0.	X						0.	0.	0.
45) DENISE DILLIO DIRECTOR	1.00 0.	X						0.	0.	0.
46) DAVID DRUEY DIRECTOR	1.00 0.	X						0.	0.	0.
47) RICHARD DURCHARME DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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
<b>2</b> 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) THOMAS GODART DIRECTOR	1.00 0.	X						0.	0.	0.
49) RODERICK HAGAN DIRECTOR	1.00 0.	X						0.	0.	0.
50) MARC INFANTE DIRECTOR	1.00 0.	X						0.	0.	0.
51) PETER LOYELLO DIRECTOR	1.00 0.	X						0.	0.	0.
52) LOIS MARINO DIRECTOR	1.00 0.	X						0.	0.	0.
53) RAMOLA MOTWANI DIRECTOR	1.00 0.	X						0.	0.	0.
54) BRUCE PADDOCK DIRECTOR	1.00 0.	X						0.	0.	0.
55) TODD PATON DIRECTOR	1.00 0.	X						0.	0.	0.
56) MICHAEL RODRIQUEZ DIRECTOR	1.00 0.	X						0.	0.	0.
57) PATTI ROLAND DIRECTOR	1.00 0.	X						0.	0.	0.
58) RYAN SEYMOUR DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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**

- 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
- 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
- 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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
<b>2</b> 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			
59) RAQUEL CASE DIRECTOR	1.00 0.	X						0.	0.	0.
60) JULIE ANDERSON DIRECTOR	1.00 0.	X						0.	0.	0.
61) WALTER BOND DIRECTOR	1.00 0.	X						0.	0.	0.
62) MICHAEL BROWN DIRECTOR	1.00 0.	X						0.	0.	0.
63) ROB BROWN DIRECTOR	1.00 0.	X						0.	0.	0.
64) ROBERT FARENHEM DIRECTOR	1.00 0.	X						0.	0.	0.
65) JEFF KING DIRECTOR	1.00 0.	X						0.	0.	0.
66) CARL LENDER DIRECTOR	1.00 0.	X						0.	0.	0.
67) KRISTENE LUNDBALD DIRECTOR	1.00 0.	X						0.	0.	0.
68) CHANTIS MANTILLA DIRECTOR	1.00 0.	X						0.	0.	0.
69) SEAN MCCAFFREY DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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**

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 **2**

**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) LAUREN MCFADDEN DIRECTOR	1.00 0.	X						0.	0.	0.
71) JEFF SLADE DIRECTOR	1.00 0.	X						0.	0.	0.
72) HARRY STAMPLER DIRECTOR	1.00 0.	X						0.	0.	0.
73) CRAIG VAUGHAN DIRECTOR	1.00 0.	X						0.	0.	0.
74) MICHAEL WILD DIRECTOR	1.00 0.	X						0.	0.	0.
75) GIANCARLO ZUNIGA DIRECTOR	1.00 0.	X						0.	0.	0.
76) BRIAN QUAIL CHIEF EXECUTIVE OFFICER	40.00 0.			X				359,729.	0.	23,541.
77) MATT ORGAN EXECUTIVE VICE-PRESIDENT	40.00 0.			X				154,396.	0.	12,898.
78) DAYANAND MAHARAJ CHIEF OF CLUB OPERATIONS	40.00 0.			X				103,993.	0.	5,209.
79) CHRISTOPHER GENTILE CHIEF DEVELOPMENT OFFICER	40.00 0.			X				96,629.	0.	8,215.
80) MICHELE CLARKE CONTROLLER	40.00 0.			X				83,623.	0.	7,089.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>2</b>		

[illegible]

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

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

	Yes	No
3		X
4	X	
5		X

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
<b>2</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b	197,426.		
	c	Fundraising events . . . . .	1c	416,266.		
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions) . . . . .	1e	2,324,250.		
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	10,979,372.		
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		472,285.		
	h	<b>Total. Add lines 1a-1f . . . . .</b>		13,917,314.		
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue . . . . .				
	g	<b>Total. Add lines 2a-2f . . . . .</b>		0.		
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . .		1,035,397.	
4		Income from investment of tax-exempt bond proceeds . . . . .		0.		
5		Royalties . . . . .		319,529.		319,529.
		(i) Real (ii) Personal				
6a		Gross rents . . . . .				
b		Less: rental expenses . . . . .				
c		Rental income or (loss) . . . . .				
d		Net rental income or (loss) . . . . .		0.		
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other			
		5,359,343.				
b		Less: cost or other basis and sales expenses . . . . .		5,357,208.		
c		Gain or (loss) . . . . .		2,135.		
d		Net gain or (loss) . . . . .		2,135.		2,135.
8a		Gross income from fundraising events (not including \$ 416,266. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	2,874,249.		
b		Less: direct expenses . . . . .	b	2,649,958.		
c		Net income or (loss) from fundraising events . . . . .		224,291.		224,291.
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .	a	0.		
b		Less: direct expenses . . . . .	b	0.		
c	Net income or (loss) from gaming activities . . . . .		0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a	0.			
b	Less: cost of goods sold . . . . .	b	0.			
c	Net income or (loss) from sales of inventory . . . . .		0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a	MISCELLANEOUS	900099	144,182.	144,182.		
b						
c						
d	All other revenue . . . . .					
e	<b>Total. Add lines 11a-11d . . . . .</b>		144,182.			
12	<b>Total revenue. See instructions. . . . .</b>		15,642,848.	144,182.		1,581,352.

**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 . . . . .	26,500.	26,500.		
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 . . . . .	882,749.	752,308.	49,579.	80,862.
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 . . . . .	5,214,457.	4,435,588.	278,368.	500,501.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	866,068.	663,340.	93,997.	108,731.
10 Payroll taxes . . . . .	461,071.	403,651.	13,677.	43,743.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	25,505.		25,505.	
c Accounting . . . . .	74,413.		74,413.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	168,120.		168,120.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	128,832.	29,787.	70,070.	28,975.
12 Advertising and promotion . . . . .	33,701.	4,351.	29,350.	
13 Office expenses . . . . .	114,375.	70,864.	20,127.	23,384.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,759,374.	1,250,389.	57,466.	451,519.
17 Travel . . . . .	358,336.	337,724.	11,140.	9,472.
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 . . . . .	934,058.	879,633.	32,998.	21,427.
23 Insurance . . . . .	758,838.	730,512.	14,163.	14,163.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & EQUIPMENT . . . . .	1,510,335.	1,389,250.	63,382.	57,703.
b FOOD PROGRAMS . . . . .	1,181,516.	1,175,395.	6,121.	
c MISCELLANEOUS . . . . .	55,730.	14,038.	22,292.	19,400.
d DUES & SUBSCRIPTIONS . . . . .	63,513.	43,822.	19,691.	
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	14,617,491.	12,207,152.	1,050,459.	1,359,880.
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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	8,674,307.	<b>1</b>	10,682,238.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	1,511,311.	<b>3</b>	1,285,049.
	<b>4</b> Accounts receivable, net	340,984.	<b>4</b>	450,334.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	327,558.	<b>7</b>	297,780.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	276,493.	<b>9</b>	407,368.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,795,391.		
	<b>b</b> Less: accumulated depreciation.	10b 11,221,264.		
	<b>11</b> Investments - publicly traded securities	14,404,092.	<b>10c</b>	14,574,127.
	<b>12</b> Investments - other securities. See Part IV, line 11	17,351,049.	<b>11</b>	17,535,247.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>12</b>	0.
	<b>14</b> Intangible assets	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	0.	<b>14</b>	0.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	7,615,533.	<b>15</b>	7,238,115.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	50,501,327.	<b>16</b>	52,470,258.
	<b>18</b> Grants payable	1,485,850.	<b>17</b>	1,685,998.
	<b>19</b> Deferred revenue	0.	<b>18</b>	0.
	<b>20</b> Tax-exempt bond liabilities	98,433.	<b>19</b>	409,535.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>20</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>21</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>22</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>23</b>	0.
	<b>25</b> 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.	<b>24</b>	0.
	<b>26</b> Total liabilities. Add lines 17 through 25.	0.	<b>25</b>	0.
	<b>27</b> Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	1,584,283.	<b>26</b>	2,095,533.
<b>Net Assets or Fund Balances</b>	<b>28</b> Unrestricted net assets			
	<b>29</b> Temporarily restricted net assets	30,303,016.	<b>27</b>	32,011,189.
	<b>30</b> Permanently restricted net assets	5,302,707.	<b>28</b>	18,363,536.
	<b>31</b> Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	13,311,321.	<b>29</b>	0.
	<b>32</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>34</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>35</b> Total net assets or fund balances	48,917,044.	<b>33</b>	50,374,725.
<b>36</b> Total liabilities and net assets/fund balances	50,501,327.	<b>34</b>	52,470,258.	

**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	15,642,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,617,491.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,025,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,917,044.
5	Net unrealized gains (losses) on investments	5	432,324.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,374,725.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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 in Schedule O.	2c	X
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? . . . . .	3a	X
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 in Schedule O and describe any steps taken to undergo such audits.	3b	X

Form **990** (2018)



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**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](http://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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

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**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	9,507,355.	9,425,106.	15,413,006.	14,256,020.	13,917,314.	62,518,801.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4</b> Total. Add lines 1 through 3 . . . . .	9,507,355.	9,425,106.	15,413,006.	14,256,020.	13,917,314.	62,518,801.
<b>5</b> 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). . . . .						5,124,152.
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						57,394,649.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	9,507,355.	9,425,106.	15,413,006.	14,256,020.	13,917,314.	62,518,801.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,136,733.	1,136,733.	1,485,632.	1,073,625.	1,354,926.	6,187,649.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	146,925.	156,553.	110,757.	113,449.	144,182.	679,866.
<b>11</b> Total support. Add lines 7 through 10 . . . . .						69,386,316.

**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 . . . . . ☐

**Section C. Computation of Public Support Percentage**

- 14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . . **14** 82.72 %
- 15** Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . **15** 71.72 %
- 16a** 33 1/3 % support test - 2018. 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. . . . . ☒ **X**
- b** 33 1/3 % support test - 2017. 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 . . . . . ☐
- 17a** 10%-facts-and-circumstances test - 2018. 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. . . . . ☐
- b** 10%-facts-and-circumstances test - 2017. 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 . . . . . ☐
- 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 . . . . . ☐

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3% support tests - 2018. 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 . ▶		<input type="checkbox"/>
b 33 1/3% support tests - 2017. 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 ▶		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		<input type="checkbox"/>

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			

**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)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2018 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b>	Distributable amount for 2018 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2018			
<b>a</b>	From 2013 . . . . .			
<b>b</b>	From 2014 . . . . .			
<b>c</b>	From 2015 . . . . .			
<b>d</b>	From 2016 . . . . .			
<b>e</b>	From 2017 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2018 distributable amount			
<b>i</b>	Carryover from 2013 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2018 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2018 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b>	<b>Breakdown of line 7:</b>			
<b>a</b>	Excess from 2014 . . . .			
<b>b</b>	Excess from 2015 . . . .			
<b>c</b>	Excess from 2016 . . . .			
<b>d</b>	Excess from 2017 . . . .			
<b>e</b>	Excess from 2018 . . . .			

Schedule A (Form 990 or 990-EZ) 2018

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



## Schedule of Contributors

OMB No. 1545-0047

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://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 (entering "N/A" in column (b) instead of the contributor name and address), 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	JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442	\$ 1,076,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOARD OF COUNTY COMMISSIONERS P.O. BOX 14250 FORT LAUDERDALE, FL 33302	\$ 2,168,179.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHILDREN'S SERVICES COUNCIL 6600 W. COMMERCIAL BLVD. TAMARAC, FL 33319	\$ 1,270,755.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF FLORIDA DEPARTMENT OF FINANCIAL 200 E GAINES ST TALLAHASSEE, FL 32399	\$ 2,238,366.	Person <input checked="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.)

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

**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 are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition      d ☐ Loan or exchange programs
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 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 . . . . .             | <b>1c</b> _____ |
| d Additions during the year . . . . .     | <b>1d</b> _____ |
| e Distributions during the year . . . . . | <b>1e</b> _____ |
| f Ending balance . . . . .                | <b>1f</b> _____ |
- 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 . . . . . ☐ Yes ☐ No

**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 . . . . .                     | 19,991,359.      | 19,363,797.    | 17,931,208.        | 18,138,275.          | 18,789,350.         |
| b Contributions . . . . .                                  |                  |                | 157,318.           | 10,000.              | 10,000.             |
| c Net investment earnings, gains, and losses . . . . .     | 207,219.         | 627,563.       | 1,275,271.         | -217,067.            | 16,941.             |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      | 678,016.            |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 20,198,578.      | 19,991,360.    | 19,363,797.        | 17,931,208.          | 18,138,275.         |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 24.2000 %
- b Permanent endowment ▶ 75.8000 %
- c Temporarily restricted 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 . . . . . | <b>3a(i)</b> <input type="checkbox"/>  | <input checked="" type="checkbox"/> X |
| (ii) related organizations . . . . .  | <b>3a(ii)</b> <input type="checkbox"/> | <input checked="" type="checkbox"/> X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ Yes ☐ No
- 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 . . . . .  |                                      | 1,972,055.                      |                              | 1,972,055.     |
| b Buildings . . . . .  |                                      | 19,472,399.                     | 8,518,571.                   | 10,953,828.    |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      | 3,143,707.                      | 1,993,978.                   | 1,149,729.     |
| e Other . . . . .  |                                      | 1,207,230.                      | 708,714.                     | 498,515.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 14,574,127.    |

**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	4,366,181.
(2) CONTRIBUTIONS RECEIVABLE ON DO	2,484,639.
(3) CASH SURRENDER VALUE OF LIFE	387,295.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

7,238,115.

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	19,226,266.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	432,324.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	669,256.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,649,958.
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	3,751,538.
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	15,474,728.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	168,120.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	168,120.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	15,642,848.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	17,768,585.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	669,256.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,649,958.
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	3,319,214.
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	14,449,371.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	168,120.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	168,120.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	14,617,491.

**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



**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, 2019 AND 2018. 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 2016.

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

- 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						
<b>Total</b> .....				▶		

- 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 CONCOURS D'ELEG (event type)	(b) Event #2 RENDEVOUS (event type)	(c) Other events 9. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	782,647.	176,375.	2,331,493.	3,290,515.
	2 Less: Contributions . . . . .	281,992.	10,824.	123,450.	416,266.
	3 Gross income (line 1 minus line 2) . . . . .	500,655.	165,551.	2,208,043.	2,874,249.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	22,911.	5,940.	18,912.	47,763.
	6 Rent/facility costs . . . . .	301,260.	38,417.	75,045.	414,722.
	7 Food and beverages . . . . .	251,204.	250,330.	143,157.	644,691.
	8 Entertainment . . . . .	507,649.	408,708.	56,674.	973,031.
	9 Other direct expenses . . . . .	330,838.	21,739.	217,174.	569,751.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				2,649,958.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				224,291.

**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: \_\_\_\_\_

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.

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 noncash 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) (2018)

**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	50.	26,500.			
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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </div> </div>		
<p><b>b</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>	<b>1b</b>	
<p><b>2</b> 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>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing 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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p>	<b>4c</b>	X
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization? . . . . .</p>	<b>5a</b>	X
<p><b>b</b> Any related organization? . . . . .</p>	<b>5b</b>	X
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p>	<b>6a</b>	X
<p><b>b</b> Any related organization? . . . . .</p>	<b>6b</b>	X
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> 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>	<b>7</b>	X
<p><b>8</b> 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>	<b>8</b>	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

Schedule J (Form 990) 2018

**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)	359,729.	0.	19,600.	3,941.	383,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 MATT ORGAN EXECUTIVE VICE-PRESIDENT	(i)	154,396.	0.	11,117.	1,781.	167,294.	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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		2,200.	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 ) . . . . .		170.	470,085.	
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 1.

	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.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

7537MP P66C

**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	141.	443,628.	FMV
TICKETS FOR VARIOUS EVENT	X	22.	24,522.	FMV
JEWELRY	X	7.	1,935.	FMV
TOTALS		<u>170.</u>	<u>470,085.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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 \$ 9,005,502. INCLUDING GRANTS OF \$ 26,500. 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.

RICK CASE AND RAQUEL CASE - FATHER AND DAUGHTER.

RITA CASE AND RAQUEL CASE - MOTHER AND DAUGHTER.

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.

Name of the organization

BOYS &amp; GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

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 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

Name of the organization

Employer identification number

BOYS &amp; GIRLS CLUBS OF BROWARD COUNTY INC.

59-1108790

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  
 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 1990, 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	1,455,389.
AFFINITY ENTERTAINMENT INC. 224 DATURA STREET, SUITE #711 WEST PALM BEACH, FL 33401	EVENT MANAGEMENT	622,575.
ATLANTIC BUS SALES 1200 S DIXIE HWY W POMPANO, FL 33060	AUTO DEALER	406,012.
A1A TRANSPORTATION PO BOX 841879 DALLAS, TX 75284	TRANSPORTATION	363,902.
BOCA RATON RESORT & CLUB 501 EAST CAMINO REAL BOCA RATON, FL 33432	LODGING & CATERING	344,715.

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

BOYS &amp; GIRLS CLUBS OF BROWARD COUNTY INC.

Employer identification number

59-1108790

ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGESDESCRIPTIONENDING  
BOOK VALUE

PREPAID EXPENSES

407,368.

TOTALS

407,368.

**Boys & Girls Clubs of Broward County Supporting Donors for General Programming**

Gore Foundation	\$35,000
Capital One	\$10,000
Broward College	\$11,000



**Budget**  
**2020-2021 City of Pompano Beach**

Purpose	Projected (Action Plan)	Projected Expenses
HBCU Day	Supplies	\$200
	Food	\$250
	<b>Total Amount</b>	<b>\$450</b>
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
	<b>Total Amount</b>	<b>\$2,256</b>
	Snacks and pizza party for Workforce Development Programs	\$250
	<b>Total Amount</b>	<b>\$250</b>
Individual STEM projects		
	<b>Total Amount</b>	<b>\$1,500</b>
I-Fly STEM Field Trip	30 Members attending I Fly (\$52.50pp)	\$1,575
	Lunch	\$150
	Transportation (\$225)	\$225
	<b>Total Amount</b>	<b>\$1,950</b>
Four (4) Workforce Development Career Tours	Transportation (\$60x4)	\$240
	Dinner for 12 Members (\$10 per person X 4 trips)	\$480
	<b>Total Amount</b>	<b>\$720</b>
Code Ninjas	memberships x 10 members	\$2,500
	<b>Total Amount</b>	<b>\$2,500</b>
Supplies	College Corner Supplies	\$1,000
	Workforce Development Supplies	\$500
	Individual kits for virtual host site learning	\$1,000
	<b>Total Amount</b>	<b>\$2,500</b>
		<b>\$12,126</b>

## **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 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).

## **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
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**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)  
07/22/2021

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).

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

**COVERAGES** **CERTIFICATE NUMBER:** CL2132610377 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	506-901143-7	04/01/2021	04/01/2022	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
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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		506-901143-7	04/01/2021	04/01/2022	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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		582-116228-1	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A TWC3957423	04/01/2021	04/01/2022	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 10:57 am, Aug 24, 2021

## CERTIFICATE HOLDER

## CANCELLATION

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