Application Form

Introduction

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

Project Name*

Boys & Girls Clubs of the Suncoast Mental Health Programming-Oren's Quest

EIN*

59-156799

Mission Statement*

To provide high quality out of school time Club experiences proven to ensure our young people, especially those who need us most, are on track to graduate from high school with a plan for the future, demonstrate good character and citizenship, and live a healthy lifestyle.

Total Operating Expenditure*

What are your total annual operating expenses?

$3,399,522.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between $25,000 and $250,000. Amounts above and below are accepted, provided the request can be justified by community need.
Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

$249,627.00

If you are requesting more than $250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:
Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

Communities of color
Children and/or the elderly
Persons employed in high-risk pandemic response jobs
Low-income families

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.
From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

Of the youth we serve, 84% qualify for the free or reduced lunch program, an indicator of federal poverty level. Additionally, 79% of our kids and teens are individuals of color. BGCS strategically positions our Clubs in areas that have been designated by the county as at-risk, high need communities. These are areas with low performing schools and high rates of poverty. As has been reported by the Centers for Disease Control, these populations are disproportionately affected by the COVID-19 global pandemic. These youth are experiencing higher rates of illness within their communities and are more likely to experience trauma as a result. BGCS purposely sought a mental health provider who is enmeshed in the communities we serve and who can bring her vast knowledge and expertise to youth most in need. Dr. Butler and her staff are not only experienced in dealing with this population, but also look like the people they are serving, and thus, are able to eliminate barriers relating to trust.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for existing programming that needs expansion or sustained to meet community needs.**

BGCS has been operating in Pinellas County for sixty years, successfully facilitating life-changing programming for the most vulnerable in our community. This initiative serves to enhance our existing programming in response to the COVID-19 pandemic.

Service Area*

In which areas of the county do you physically provide services?

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
Mid-County (locations such as Clearwater, Largo, Safety Harbor)
South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

We understand that amid this crisis, those who rely on the services provided by Boys & Girls Clubs of the Suncoast are facing even more trauma than most. We have spent months listening to our Club Members & their families, community partners, law enforcement, and the Pinellas County Schools(PCS) to understand how we can best respond and fill the gaps within our community. During the initial phase of the pandemic, we had to close our physical buildings but we were still able to offer the following.

We closed the feeding gaps by providing “grab and go” hot meals at dinner time, for all children (18 and under) at our six Club locations throughout Pinellas County.

We utilized certified teachers to provide tutoring “on-demand” for kids and parents through video conference meetings and telephone support.

We offered our world-class programs online in an effort to provide social and emotional support and resources for parents and families. Our programs were streamed live so that children have an opportunity to interact with each other and our staff in a safe, nurturing environment. Additionally, families have access to videos of staff guided activities including yoga, educational games, scavenger hunts, and bedtime stories.

During the summer, we were fortunate to be able to re-open our Clubs for on-site programming. However, in an effort to comply with CDC guidelines and out of an abundance of caution, we reduced our Club

capacities and staff to student ratios. This necessitated the hiring of additional staff and the increase of wages in order to address the hazards faced by staff. We also had to purchase personal protective equipment for our staff and our participants, as well as a large quantity of additional cleaning equipment and supplies so that we could ensure disinfection was taking place multiple times per day.

We anticipate our fall programming to look similar. The additional staff and resources needed have put a tremendous strain on our budget.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than $750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Most Recent Audited Financial Statements

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

If you do not have an audit, please explain why.

Audit FY2019.pdf

Please note that we are in the middle of our yearly audit which we expect to be complete in September. Attached is the 2019 audit.

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

990.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

FYE 2021 Budget - 6 18 2020 APPROVED.pdf

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

N/A

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

Boys & Girls Clubs were founded on a singular promise to youth and families; the safety and success of our young people. As we navigate the uncertainty and rapidly evolving COVID-19 virus, the health and well-being of the more than 14,000 youth we serve each year and the more than 50 dedicated staff who work at our Clubs remain our number one priority. In response to these concerns, BGCS is seeking to create a partnership with The Well for Life, whose mission is to build connected and empowered communities through healing centered practice while acknowledging legacies of trauma and resilience. COVID-19 has elevated the critical need for equitable behavioral services that are trauma-informed, healing centered, culturally relevant and community based. This partnership, together with funding through the CARES grant, will enable BGCS to provide experiences and resources designed to address the trauma currently experienced by our vulnerable and at-risk populations. The program will provide engaging, hands-on training and informational opportunities for our staff in order to allow them to more effectively identify and respond to youth in crisis. It will also provide individual and family mental health counseling sessions to staff with an eye toward addressing their needs. The program includes facilitation of weekly wellness activities by a LMHC in our Club facilities. It provides case management and individual counseling opportunities for our youth and their families. Lastly, the program incorporates a positive culture screen to determine the needs of both Clubs and the staff themselves.

The initiative will begin in September and run through the end of the year. It will be facilitated weekly at all Clubs and will be incorporated into daily schedules. All members will receive services and staff will be required to participate in all training.

Zip codes of facilities where programming will take place include 34689, 33712, 33774, 33705, 33759, 33781 and 33764.

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Boys & Girls Clubs of the Suncoast is excited to make the mental health programming available to all of our staff and youth we serve. All kids and teens will participate in weekly wellness activities and be given the opportunity to access individual, group or family counseling sessions. If counselors determine a greater need exists for a member, they will refer these cases for further treatment. All staff will be required to participate in training sessions and will be given the option to take advantage of individual or family counseling sessions with licensed mental health providers from The Well For Life. This initiative will be communicated with our members and their families through regular newsletters, verbal discussion with our Club staff and the Remind app (which is already in use in all of our Clubs for communication with our families.)

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer.

Emergency Procedures_COVID Reopening Plan 2020.pdf

See attached for both our organizational COOP as well as our updated COVID-19 response operating procedures.

Budget Summary*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

If you would like to use unit of service costs, you MUST contact Pinellas Community Foundation FIRST to discuss this possibility.

Capital includes buildings, vehicles, equipment at $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary.xlsx

Budget Narrative*

Please download the budget narrative template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

If you would like to use a unit of service cost as basis for your budget, you MUST contact Pinellas Community Foundation program staff FIRST to discuss this possibility.

Capital includes buildings, vehicles, equipment at $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative.pdf

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under $50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

The Well for Life Proposal.pdf

Boys & Girls Clubs of the Suncoast is excited to partner with The Well For Life. This organization, headed by Dr. LaDonna Butler, LMHC, will be responsible for facilitating staff training, case management, counseling and wellness activity facilitation. They are the only LPO with whom we are partnering at this time. As a result, I have attached their proposal and quote for us which contains relevant contact information.

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

Our partnership with The Well for Life will ensure the provision of licensed mental health professionals to facilitate all programming in our facilities. These individuals will be responsible for staff training initiatives, mental health culture assessment among staff and participants, case management, individual and group counseling and wellness activity facilitation. The Well for Life will also provide and administer assessments for use in program evaluation and individual case management. Boys & Girls Clubs of the Suncoast staff members will serve as support in program implementation. Additionally, the BGCS contracted staff member will be the liaison for The Well for Life staff and the BGCS Club and administrative staff.

Behavioral Health

This grant will require weekly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- Percentage of clients with a reduction in symptoms of their presenting problem

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

Measurement*

Please specify how symptom reduction is going to be measured. If you use a validated measurement tool, such as Beck Depression Inventory (BDI) and the Perceived Stress Scale (PSS), please indicate which tool of measurement you are using.

In partnership with The Well for Life, we plan to use a number of tools for measurement. The professional quality of life scale will be used with staff and the quality of life scale will be used with participants to evaluate feelings. The social support scale will be used to determine support network accessibility. We will

also utilize pre and post assessments with staff, youth and families to determine level of content retention. Lastly, we will utilize staff and member retention rate data.

Number of Clients Served During Grant Period - Behavioral Health*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

325

Estimated Symptom Reduction*

Please estimate % of clients that will see a reduction in symptoms of their presenting problem during the grant period.

85

September Projections - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

0

October Projections - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

325

November Projections - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

325

December Projections - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

325

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

Foundation for a Healthy St. Petersburg
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Tampa Bay Resiliency Fund
United Way Suncoast
Wells-Fargo

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

We are not requesting funding from any other source for this particular project. However, we have received funding for other initiatives including our COVID-19 response feeding program and increased staffing and resource needs. Some organizations that have funded these initiatives include Anthem Foundation, Duke Energy, Best Buy Foundation, Gertrude and Francis Levett Foundation, Wells Fargo Bank and Bank of America. Additionally, the Pinellas County Community Development Block grant provided funding in support of the purchase of additional PPE and cleaning supplies for use in our Club facilities.

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Jennifer Reed

File Attachment Summary

Applicant File Uploads

- Audit FY2019.pdf
- 990.pdf
- FYE 2021 Budget - 6 18 2020 APPROVED.pdf
- Emergency Procedures_COVID Reopening Plan 2020.pdf
- CARES-Partnership-Fund-Budget-Summary.xlsx
- CARES-Partnership-Fund-Budget-Narrative.pdf
- The Well for Life Proposal.pdf

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

CLAconnect.com

WEALTH ADVISORY

OUTSOURCING

AUDIT, TAX, AND CONSULTING

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
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YEARS ENDED JUNE 30, 2019 AND 2018

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Boys & Girls Club of the Suncoast, Inc.
Tampa, Florida

We have audited the accompanying financial statements of Boys & Girls Club of the Suncoast, Inc. (the Organization), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

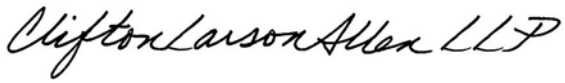
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors
Boys & Girls Club of the Suncoast, Inc.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization, as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended are in accordance with accounting principles generally accepted in the United States of America.



CliftonLarsonAllen LLP

Tampa, Florida
September 5, 2019

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 343,041	$ 336,549
Contributions and Grants Receivable	295,062	325,533
In-Kind Lease Receivable	76,383	44,910
Prepaid Expenses	51,336	14,088
Cash Restricted for Capital Improvements	83,765	71,165
Total Current Assets	849,587	792,245
PROPERTY AND EQUIPMENT, NET	2,010,375	2,108,849
IN-KIND LEASE RECEIVABLE, LONG-TERM PORTION	84,767	113,940
CONTRIBUTIONS AND GRANTS RECEIVABLE, LONG-TERM PORTION	50,000	75,000
Total Assets	$ 2,994,729	$ 3,090,034
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	$ 53,393	$ 74,008
Accrued Expenses	52,409	46,842
Current Portion of Long-Term Debt	40,350	39,525
Total Current Liabilities	146,152	160,375
NOTES PAYABLE, NET OF CURRENT PORTION		
Long-Term Debt	225,937	266,661
Total Liabilities	372,089	427,036
NET ASSETS		
Without Donor Restrictions		
Undesignated	2,072,877	2,132,047
Board-Designated- Royal Theater	159,936	159,936
With Donor Restrictions	389,827	371,015
Total Net Assets	2,622,640	2,662,998
Total Liabilities and Net Assets	$ 2,994,729	$ 3,090,034

See accompanying Notes to Financial Statements.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2019

	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE			
Support:			
Contributions	$ 192,475	$ 78,403	$ 270,878
In-Kind Contributions	139,721	95,501	235,222
Grants	2,050,396	-	2,050,396
United Way	240,452	88,800	329,252
Total Support	2,623,044	262,704	2,885,748
Special Fundraising Events	333,297	-	333,297
Less: Cost of Direct Benefit	(104,195)	-	(104,195)
Net Special Fundraising Events	229,102	-	229,102
Revenue:			
Membership Dues	13,364	-	13,364
Program Revenue	32,386	-	32,386
Other Revenue	9,700	-	9,700
Total Revenue	55,450	-	55,450
Net Assets Released from Donor Restrictions	243,892	(243,892)	-
Total Support and Revenue	3,151,488	18,812	3,170,300
EXPENSES			
Program Services -Youth Development	2,545,092	-	2,545,092
Management and General	476,931	-	476,931
Fundraising	188,635	-	188,635
Total Expenses	3,210,658	-	3,210,658
CHANGE IN NET ASSETS	(59,170)	18,812	(40,358)
Net Assets - Beginning of Year	2,291,983	371,015	2,662,998
NET ASSETS - END OF YEAR	$ 2,232,813	$ 389,827	$ 2,622,640

See accompanying Notes to Financial Statements.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2018

	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE			
Support:			
Contributions	$ 34,391	$ 240,475	$ 274,866
In-Kind Contributions	169,617	179,590	349,207
Grants	1,668,409	-	1,668,409
United Way	366,050	-	366,050
Total Support	2,238,467	420,065	2,658,532
Special Fundraising Events	214,220	-	214,220
Less: Cost of Direct Benefit	(47,133)	-	(47,133)
Net Special Fundraising Events	167,087	-	167,087
Revenue:			
Membership Dues	17,746	-	17,746
Program Revenue	23,879	-	23,879
Other Revenue	7,770	-	7,770
Total Revenue	49,395	-	49,395
Net Assets Released from Restrictions	300,658	(300,658)	-
Total Support and Revenue	2,755,607	119,407	2,875,014
EXPENSES			
Program Services -Youth Development	2,340,237	-	2,340,237
Management and General	171,357	-	171,357
Fundraising	161,306	-	161,306
Total Expenses	2,672,900	-	2,672,900
CHANGE IN NET ASSETS	82,707	119,407	202,114
Net Assets - Beginning of Year	2,209,276	251,608	2,460,884
NET ASSETS - END OF YEAR	$ 2,291,983	$ 371,015	$ 2,662,998

See accompanying Notes to Financial Statements.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2019

		Supporting Services			
	Program Services	Management and General	Fundraising	Total Support Services	Total
SALARIES AND RELATED EXPENSES					
Salaries	$ 987,975	$ 278,128	$ 117,616	$ 395,744	$ 1,383,719
Employee Benefits	81,906	23,058	9,751	32,809	114,715
Payroll Taxes	81,045	22,815	9,648	32,463	113,508
Total Salaries and Related Expenses	1,150,926	324,001	137,015	461,016	1,611,942
OTHER EXPENSES					
Depreciation	215,116	4,564	816	5,380	220,496
Equipment Expense	29,190	8,217	3,475	11,692	40,882
In-Kind Materials and Services	213,996	17,876	-	17,876	231,872
Insurance	83,988	15,921	6,732	22,653	106,641
Interest Expense	2,923	7,776	-	7,776	10,699
Membership Dues	-	100	-	100	100
National and State Dues	15,547	4,377	1,851	6,228	21,775
Occupancy	141,030	13,522	5,669	19,191	160,221
Printing and Publications	8,518	2,398	1,014	3,412	11,930
Professional Fees and Contract Services	169,570	47,736	20,187	67,923	237,493
Repairs and Maintenance	24,751	-	-	-	24,751
Special Events Expenses	-	-	104,195	104,195	104,195
Supplies	254,789	9,810	3,151	12,961	267,750
Travel and Training	34,241	9,639	4,076	13,715	47,956
Vehicle Expenses	137,328	-	-	-	137,328
Youth Development	24,124	-	-	-	24,124
Other Expenses	39,055	10,994	4,649	15,643	54,698
Total Other Expenses	1,394,166	152,930	155,815	308,745	1,702,911
Less: Expenses Netted Against Revenues on the Statements of Activities:					
Special Event Expenses	-	-	(104,195)	(104,195)	(104,195)
	-	-	(104,195)	(104,195)	(104,195)
Total Expenses Included in the Expense Section of the Statement of Activities	$ 2,545,092	$ 476,931	$ 188,635	$ 665,566	$ 3,210,658

See accompanying Notes to Financial Statements.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2018

		Supporting Services			
	Program Services	Management and General	Fundraising	Total Support Services	Total
SALARIES AND RELATED EXPENSES					
Salaries	$ 1,055,993	$ 96,927	$ 122,434	$ 219,361	$ 1,275,354
Employee Benefits	71,628	6,575	8,305	14,880	86,508
Payroll Taxes	108,250	9,936	12,551	22,487	130,737
Total Salaries and Related Expenses	1,235,871	113,438	143,290	256,728	1,492,599
OTHER EXPENSES					
Depreciation	172,481	29,077	1,732	30,809	203,290
Equipment Expense	37,210	2,556	4,429	6,985	44,195
In-Kind Facliities, Materials, and Services	175,728	-	-	-	175,728
Insurance	82,558	7,576	861	8,437	90,995
Interest Expense	3,676	31	-	31	3,707
Membership Dues	898	-	-	-	898
National and State Dues	19,580	-	592	592	20,172
Occupancy	147,797	1,767	2,100	3,867	151,664
Other Expenses	26,896	382	663	1,045	27,941
Printing and Publications	11,828	2,605	981	3,586	15,414
Professional Fees and Contract Services	129,485	4,026	810	4,836	134,321
Repairs and Maintenance	29,878	290	251	541	30,419
Special Events Expenses	-	-	47,133	47,133	47,133
Supplies (Including Food Program Supplies)	118,200	4,774	3,495	8,269	126,469
Travel and Training	26,966	108	488	596	27,562
Vehicle Expenses	85,744	4,727	1,614	92,085	92,085
Youth Development	35,441	-	-	-	35,441
Total Other Expenses	1,104,366	57,919	65,149	208,812	1,227,434
Less: Expenses Netted Against Revenues on the Statements of Activities:					
Special Event Expenses	-	-	(47,133)	(47,133)	(47,133)
	-	-	(47,133)	(47,133)	(47,133)
Total Expenses Included in the Expense Section of the Statement of Activities	$ 2,340,237	$ 171,357	$ 161,306	$ 418,407	$ 2,672,900

See accompanying Notes to Financial Statements.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
STATEMENT OF CASH FLOWS
YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$ (40,358)	$ 202,114
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation	220,496	203,290
In-Kind Lease Receivable	(2,300)	(138,417)
Grants Restricted for Capital Improvements	(78,403)	(219,475)
Change in Operating Assets and Liabilities:		
Contributions and Grants Receivable	55,471	87,693
Prepaid Expenses	(37,248)	22,296
Accounts Payable	(20,615)	62,266
Accrued Expenses	5,567	5,157
Net Cash Provided by Operating Activities	102,610	224,924
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(122,022)	(319,296)
Net Cash Used by Investing Activities	(122,022)	(319,296)
CASH FLOWS FROM FINANCING ACTIVITIES		
Grants Restricted for Capital Improvements	78,403	219,475
Repayment of Long-Term Debt	(39,899)	(54,688)
Net Cash Used by Financing Activities	38,504	164,787
NET CHANGES IN CASH AND CASH EQUIVALENTS	19,092	70,415
Cash and Cash Equivalents and Restricted Cash - Beginning of Year	407,714	337,299
CASH AND CASH EQUIVALENTS AND RESTRICTED CASH - END OF YEAR	$ 426,806	$ 407,714
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash During the Year for:		
Interest	$ 10,699	$ 3,707

See accompanying Notes to Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

The Boys & Girls Club of the Suncoast, Inc. (the Organization) is a nonprofit organization incorporated in the state of Florida on December 20, 1991. The Organization operated originally as The Boys Organizations and was incorporated in the state of Florida on May 20, 1970. The Organization's mission is to help youth of all backgrounds, with special emphasis on helping those from disadvantaged circumstances, whether social, economic, educational, physical, or cultural, to develop the qualities needed to become responsible citizens and leaders. Organization programs and activities are dedicated to promoting leadership, character, health, and career development, while emphasizing social, cultural, and educational growth. The Organization is supported primarily through private donor contributions, grants, and contracts from government agencies.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

The Organization reports donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as Net Assets Released from Restrictions. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipuled purpose for which the resource has been fulfilled, or both.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES(CONTINUED)

Contributions, Program Revenue, and Grants, and Grants Receivable

Contributions receivable are recognized upon notification of a donor's unconditional promise to give to the Organization. Unconditional promises to give that are expected to be collected in more than one year are evaluated at net realizable value because that amount results in a reasonable estimate of fair value. To date, the Organization has not recorded the present value discount for long-term pledges as they have determined it does not materially impact the financial statements.

Grants are recorded as support when performance occurs under the terms of the grant agreement, unless they are determined to be contributions receivable or promises to give. An allowance for doubtful contributions and grants receivable is considered unnecessary, as management considers all accounts to be collectible.

Program fees are recognized as revenue in the period in which the costs are incurred and the service is provided.

Contributed property and equipment (if any) is recorded as support without restrictions at its fair value at the date of donation as determined by the Organization. If donors stipulate how long the asset is to be used, the contributions are recorded as restricted support.

Donated supplies, materials, publications, etc. are recorded as contributions without restrictions in the period received at fair value. Only such assets with determinable fair values are recorded.

Contributed use of facilities is recorded as support at its fair rental value during the period the contribution is received. Contributed services that require specialized skill (attorneys, accountants, counselors, etc.) are recorded in the Statement of Activities as support without restrictions at their fair value. A number of unpaid volunteers, including board members, have made significant contributions of their time to develop the Organization's programs and special events. The value of this contributed time is not reflected in the Statements of Activities since it is not susceptible to objective measurement or valuation.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with a maturity of one year or less when purchased to be cash equivalents. The Organization places its cash with high quality financial institutions. At times, cash may be in excess of FDIC insurance limits. The Organization has not experienced any losses in such accounts.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents (continued)

The following table provides a reconciliation of cash and cash equivalents, and restricted cash reported in the statements of financial position that sum to the total of the same such amounts shown in the statements of cash flows:

	2019	2018
Cash and Cash Equivalents	$ 343,041	$ 336,549
Cash Restricted for Capital Improvements	83,765	71,165
Total Cash and Cash Equivalents, and Restricted cash Shown in the Statements of Cash Flows	$ 426,806	$ 407,714

Property and Equipment

Property and equipment are carried at cost, if purchased, or at estimated fair market value at date of receipt if acquired by gift. Expenditures in excess of $2,000 with an estimated useful life greater than one year are capitalized. Property and equipment are depreciated over their estimated useful lives (5 to 30 years) using the straight-line method. Leasehold improvements are depreciated over the effective life of the lease. Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in other authorized programs; however, its disposition and the ownership of any proceeds is subject to government regulations.

Income Taxes

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC). Accordingly, no provision for income taxes has been made in the accompanying financial statements.

The IRC provides for taxation of unrelated business income under certain circumstances. The Organization reports no unrelated business taxable income; however, such status is subject to final determination upon examination of the related tax returns by the appropriate taxing authorities.

The Organization has implemented the accounting guidance for uncertainty in income taxes and management believes that there are no uncertain tax positions for which either recognition or disclosure is required in the financial statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Allocation of Expenses

The following program and support services are included in the accompanying financial statements:

- Youth Development: Provides behavioral prudence and promotes the health, social, educational, vocational, and character development of boys and girls as well as to develop in them a sense of belonging, competency, and usefulness and a sense of one's own power of self-control.
- Management and General: Includes the functions necessary to maintain the Organization's programs and activities; provides coordination and articulation of the
- Organization's program strategy through the office of the president; secures the proper administrative functioning of the board of directors; and manages the financial and budgetary responsibilities of the Organization.
- Fundraising: Provides the structure necessary to encourage and secure public and private financial support from individuals, foundations, governmental agencies, and corporations.

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Most categories of expenses are attributed to both program and supporting functions. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The basis of allocation for salary and payroll related expenses is a time study of staff effort and evaluated every few years. Distribution of all other expenses is based on management's estimates of usage applicable to the program and supporting services benefited.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Organization has evaluated subsequent events through September 5, 2019, which is the date the financial statements were available to be issued.

Change in Accounting Principle

On August 18, 2016, FASB issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented and did not require any net asset reclassification, except for the liquidity and availability note.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Change in Accounting Principle (continued)

On November 2016, FASB issued Accounting Standards Update (ASU) 2016-18, *Statement of Cash Flows (Topic 230) – Restricted Cash.* The update addresses that beginning and ending cash as shown on the statement of cash flows must also include restricted cash and cash equivalents. The Organization has implemented ASU 2016-18 and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented.

NOTE 2 LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following as of June 30, 2019:

Cash and Cash Equivalents	$ 343,041
Contributions and Grants Receivable	295,062
Total	$ 638,103

The Organization has $638,103 of financial assets available within one year of the statement of financial position date, consisting of cash and cash equivalents and contributions and grants receivable. None of these assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. There is an established board designated fund where the governing board has set funds aside for the Royal Theater project of $159,936. The Organization has a goal to maintain financial assets, which consist of cash and cash equivalents on hand to meet 30 days of normal operating expenses, which are, on average, approximately $270,000.

NOTE 3 IN-KIND LEASE RECEIVABLE

The Organization was given rent-free (or below market) leases on certain properties where Clubs are located. The Organization recorded the market value of the facilities as contributions revenue (with donor restrictions) for the term of the leases when the leases were initiated. The balance on the in-kind lease receivables as of June 30, 2019 and 2018, is $161,150 and $158,850 respectively.

The recognition (usage) on the in-kind leases for the subsequent years are as follows:

Year Ending June 30,	Amount
2020	$ 76,383
2021	50,342
2022	24,300
2023	10,125
Total	$ 161,150

NOTE 4 PROPERTY AND EQUIPMENT

Property and equipment consists of the following as of June 30:

	2019	2018
Land	$ 166,856	$ 166,856
Buildings	2,448,781	2,331,865
Leasehold Improvements	40,569	40,569
Furniture and Equipment	412,335	332,084
Vehicles	340,636	340,636
Construction In Progress	-	75,145
Total	3,409,177	3,287,155
Less: Accumulated Depreciation	1,398,802	1,178,306
Net Property and Equipment	$ 2,010,375	$ 2,108,849

Depreciation expense for the years ended June 30, 2019 and 2018, was $220,496 and $203,290, respectively.

The balance of $2,448,781 in the building category above, includes $650,970 for the Royal Theater. This project was funded by a U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) which is passed through the city of St. Petersburg. Among other CDBG requirements, the property is required to be used as an after school and summer activity center, providing health, social, educational, vocational, cultural arts, character, and leadership development principally to low and moderate income households, as defined by HUD through December 31, 2053. A lien in the form of a mortgage (originally $564,000, reduced to $535,338 based on partial satisfaction of mortgage) on the real property has been executed. No interest shall accrue as long as payment of the principal is deferred. If the Organization complies with the terms and conditions of the CDBG agreement, the lien established by the mortgage shall be forgiven on January 1, 2054. The CDBG proceeds were recognized as income at the time of receipt since management believes the likelihood of repayment is remote.

Buildings also include the cost (approximately $618,000) of designing, consulting, and various other costs for the remodeling of the Pinellas Park Club. The project was mostly funded by a CDBG grant passed through Pinellas County. Among other requirements, the Organization is required to operate the Pinellas Park Club as a youth center benefiting youth and that at least 51% of the persons benefitting from the activities be residents whose household income does not exceed 80% of the area median income. Also, the Organization is prohibited from selling or altering the property without approval. These requirements are in effect for 20 years, through April 2030.

NOTE 5 LONG-TERM DEBT

Long-term debt consists of the following as of June 30:

Description	2019	2018
Note payable to bank, refinanced November 2015 in the amount of $407,056. Payable in monthly principal and interest payments of $3,569 with interest of 1% and a balloon payment due November 2020 in the amount of $212,260. Collateralized by real property in Pinellas Park.	$ 266,287	$ 306,186
Total Long-Term Debt	266,287	306,186
Less: Current Portion	40,350	39,525
Long-Term Debt, Excluding Current Portion	$ 225,937	$ 266,661

Maturities of long-term debt are as follows:

Year Ending June 30,	Amount
2020	$ 40,350
2021	225,937
Total	$ 266,287

NOTE 6 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are composed of the following as of June 30:

	2019	2018
Purpose Restrictions:		
Royal Theater Renovations	$ 59,550	$ 71,165
Northside Capital Improvements	24,215	-
United Way Summer Care Funding	59,200	-
Scholarship	-	20,000
Total Purpose Restrictions:	142,965	91,165
Time Restrictions:		
Road Traffic Education	10,500	21,000
In-Kind Leases Receivable	161,150	158,850
Grants Receivable	75,212	100,000
Total Time Restrictions:	246,862	279,850
Total	$ 389,827	$ 371,015

Release of net assets with donor restrictions consisted of the following for the years ended June 30:

	2019	2018
Purpose Restrictions Released:		
Royal Theater Renovations	$ 11,615	$ 120,010
Northside Capital Improvements	32,185	-
United Way Summer Care Funding	29,600	
Scholarship	20,000	-
Tarpon Springs Renovations	-	15,000
JWB Competitive Capital - Computer Equipment	-	99,475
Pinellas Park Capital Improvements	22,003	-
Total Purpose Restrictions Released	115,403	234,485
Time Restrictions Released:		
Road Traffic Education	10,500	-
In-Kind Leases Receivable	93,201	41,173
Grants Receivable	24,788	25,000
Total Time Restrictions Released	128,489	66,173
Total	$ 243,892	$ 300,658

NOTE 7 IN-KIND REVENUE AND EXPENSES

Included in support and expenses in the statement of activities are the following in-kind contributions as of June 30:

	2019	2018
In-Kind Revenues:		
Donated Facilities	$ 95,501	$ 221,133
Donated Supplies, Materials, and Services	139,721	128,074
Total	$ 235,222	$ 349,207

	2019	2018
In-Kind Expenses:		
Donated Facilities	$ 93,201	$ 82,716
Donated Supplies, Materials, and Services	138,671	93,012
Total	$ 231,872	$ 175,728

NOTE 8 CONCENTRATIONS OF RISK

The Organization's operations are concentrated in Pinellas County, Florida and relate primarily to youth services. In addition, amounts received or receivable from grantor agencies are subject to audit and adjustment by grantor agencies. Any disallowed claims, including amounts already collected, may constitute a liability of the Organization. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time although the Organization expects such amounts, if any, to be immaterial.

The Organization's operations are substantially dependent on the receipt of funding from governmental (federal, state, and local entities such as Juvenile Welfare Board) and corporate sources (such as the United Way). Loss of these funds and/or large decreases in this type of funding may have a material effect on the Organization and a negative impact on overall operations.

NOTE 9 RETIREMENT PLAN

The Organization operates the Boys & Girls Club of the Suncoast, Inc. 401(k) Plan (the Plan). Specifics of the Plan are as follows:

- The Plan year is a calendar year.
- To qualify as a participant under the Plan, participants must be eligible employees, be at least age 21, work for the Organization at least three consecutive months, and complete at least one hour of service during that time period.
- Employees are allowed to make pre-tax salary deferral contributions to the Plan. These deferral contributions are always 100% vested.
- The Plan includes a provision for a 100% (dollar-for-dollar) matching contribution of salary deferrals up to 3% of compensation plus a 50% matching on any salary deferrals above 3% up to 5% of compensation.
- In addition, the Organization may also elect to make other discretionary contributions to the plan.
- In order to receive an employer contribution, the participant must have one year of service with the Organization, be employed on the last day of the Plan year, and have completed 1,000 hours of service.
- Participants become vested in matching and employer contributions after three years of service.

For the years ended June 30, 2019 and 2018, the Organization made contributions of $11,447 and $16,754 respectively to the Plan.

NOTE 10 LINE OF CREDIT

In May 2018, the Organization opened a line of credit with a bank. The available line is $250,000 with an outstanding balance bearing interest at the bank's prime rate of 6% interest rate. For the years ended June 30, 2019 and 2018, the line of credit balance is $-0-.

591566799

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 **, and ending** 06/30/19

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 4625 EAST BAY DRIVE #103 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: CLEARWATER FL 33764

D Employer identification number 59-1566799

E Telephone number 727-524-2427

G Gross receipts $ 3,274,495

F Name and address of principal officer:
FREDDY WILLIAMS
4625 EAST BAY DR #103
CLEARWATER FL 33764

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.BGCSUN.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1970

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,676,278	2,899,112
	9	Program service revenue (Part VIII, line 2g)	23,879	32,386
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,857	238,802
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,875,014	3,170,300
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,492,599	1,611,942
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 188,635		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,180,301	1,598,716
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,672,900	3,210,658
	19	Revenue less expenses. Subtract line 18 from line 12	202,114	-40,358
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,090,034	2,994,729
	21	Total liabilities (Part X, line 26)	427,036	372,089
	22	Net assets or fund balances. Subtract line 21 from line 20	2,662,998	2,622,640

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

FREDDY WILLIAMS PRES/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
MICHAEL HAJEK	MICHAEL HAJEK			P00545790

Firm's name: HAJEK & ASSOCIATES, LLC | Firm's EIN: 46-4272707

Firm's address: PO BOX 530553 ST PETERSBURG, FL 33747 | Phone no. 727-327-1239

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,545,092 including grants of $) (Revenue $ 3,170,300)

EDUCATIONAL PROGRAMS AND ACTIVITIES ARE DEDICATED TO PROMOTING LEADERSHIP, CHARACTER, HEALTH, AND CAREER DEVELOPMENT, WHILE EMPHASIZING SOCIAL, CULTURAL AND EDUCATIONAL GROWTH.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 2,545,092

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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*	22		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*	23		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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		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.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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 [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] 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

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BRIAN DAVIS CHAIR ELECT	1.00 0.00	X		X				0	0	0
(2) MICHAEL HAJEK III CPA TREASURER	1.00 0.00	X		X				0	0	0
(3) ROLFE DUGGAR SECRETARY	1.00 0.00	X		X				0	0	0
(4) KAROL BULLARD DIRECTOR	1.00 0.00	X						0	0	0
(5) RICKY BUTLER DIRECTOR	1.00 0.00	X						0	0	0
(6) JIM COATS DIRECTOR	1.00 0.00	X						0	0	0
(7) LIZ CONSTANTINE DIRECTOR	1.00 0.00	X						0	0	0
(8) RACHEL DAWKINS, MD VICE CHAIR	1.00 0.00	X		X				0	0	0
(9) MARK DAWSON DIRECTOR	1.00 0.00	X						0	0	0
(10) AUNDRE GREEN DIRECTOR	1.00 0.00	X						0	0	0
(11) SHERIFF BOB GUALTIERI DIRECTOR	1.00 0.00	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) TRACEY JAENSCH DIRECTOR	1.00 0.00	X						0	0	0
(13) RONALD M. RICARDO, CPA DIRECTOR	1.00 0.00	X						0	0	0
(14) LEROY SULLIVAN, JR. DIRECTOR	1.00 0.00	X						0	0	0
(15) JEFF TANZER VICE CHAIR	1.00 0.00	X		X				0	0	0
(16) PATRICK AHERN DIRECTOR	1.00 0.00	X						0	0	0
(17) DANIELLE CARTER WENDT DIRECTOR	1.00 0.00	X						0	0	0
(18) CHARLES "CHUCK" CATANESE DIRECTOR	1.00 0.00	X						0	0	0
(19) JAMELLE CONNER PH. D. DIRECTOR	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								211,941		
d Total (add lines 1b and 1c)								211,941		

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 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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		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		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 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	13,364				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,050,396				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	835,352				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a–1f			2,899,112			
Program Service Revenue			Busn. Code				
	2a PROGRAM REVENUE			32,386	32,386		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			32,386			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	333,297				
	b Less: direct expenses	b	104,195				
	c Net income or (loss) from fundraising events			229,102			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Busn. Code				
	11a MISCELLANEOUS			9,700	9,700		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			9,700			
	12 **Total revenue.** See instructions.			3,170,300	42,086	0	0

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,941	150,478	42,388	19,075
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,171,778	837,497	235,740	98,541
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	114,715	81,906	23,058	9,751
10 Payroll taxes	113,508	81,045	22,815	9,648
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	237,493	169,570	47,736	20,187
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	11,930	8,518	2,398	1,014
14 Information technology				
15 Royalties				
16 Occupancy	160,221	141,030	13,522	5,669
17 Travel	47,956	34,241	9,639	4,076
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,699	2,923	7,776	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	220,496	215,116	4,564	816
23 Insurance	106,641	83,988	15,921	6,732
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 OTHER	286,570	253,051	28,870	4,649
b SUPPLIES	267,750	254,789	9,810	3,151
c VEHICLE EXPENSES	137,328	137,328		
d EQUIPMENT EXPENSE	40,882	29,190	8,217	3,475
e All other expenses	70,750	64,422	4,477	1,851
25 **Total functional expenses.** Add lines 1 through 24e	3,210,658	2,545,092	476,931	188,635
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		407,714	1	426,806
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		400,533	3	345,062
	4	Accounts receivable, net		158,850	4	161,150
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		14,088	9	51,336
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,408,904			
	b	Less: accumulated depreciation	10b 1,398,529	2,108,849	10c	2,010,375
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,090,034	16	2,994,729
Liabilities	17	Accounts payable and accrued expenses		120,850	17	105,802
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		306,186	23	266,287
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		427,036	26	372,089
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,291,983	27	2,622,640
	28	Temporarily restricted net assets		371,015	28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,662,998	33	2,622,640
	34	Total liabilities and net assets/fund balances		3,090,034	34	2,994,729

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	3,170,300
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,210,658
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,358
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,662,998
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,622,640

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(20) DOUG LEWIS	1.00									
DIR. GOVERANCE CHAIR	0.00	X						0	0	0
(21) CHRISTINA RIDDICK	1.00									
DIRECTOR	0.00	X						0	0	0
(22) HOLLY MOORE	1.00									
DIRECTOR	0.00	X						0	0	0
(23) ANGELA WRIGHT	1.00									
BOARD CHAIR	0.00	X		X				0	0	0
(24) FREDDY WILLIAMS	40.00									
PRES/CEO	0.00			X				119,600	0	0
(25) MANDY BURNETTE	40.00									
COO	0.00			X				92,341	0	0
1b Sub-total								211,941		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
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		
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		

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 of compensation from the organization

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	2,195,479	2,202,455	2,339,087	2,676,278	2,899,112	12,312,411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	113,148	96,216				209,364
4 **Total.** Add lines 1 through 3	2,308,627	2,298,671	2,339,087	2,676,278	2,899,112	12,521,775
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						12,521,775

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,308,627	2,298,671	2,339,087	2,676,278	2,899,112	12,521,775
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,100					2,100
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,715	1,651				12,366
11 **Total support.** Add lines 7 through 10						12,536,241

12 Gross receipts from related activities, etc. (see instructions) **12** 621,252

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** 99.88 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... **15** 99.81 %

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 ..... ▶ ☒

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** ▶ ☐

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 ▶ ☐

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

$ 12,366

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization	**Employer identification number**
BOYS & GIRLS CLUBS OF THE SUNCOAST	59-1566799

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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).

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

Name of organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

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	UNITED WAY OF TAMPA BAY 5201 W. KENNEDY BLVD, STE 600 TAMPA FL 33609	$ 329,252	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 $

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %
b Permanent endowment %
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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		166,856		166,856
b Buildings				
c Leasehold improvements		40,569	28,017	12,552
d Equipment				
e Other		3,201,479	1,370,512	1,830,967
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				2,010,375

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	

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.

1	Total revenue, gains, and other support per audited financial statements			1	3,170,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	3,170,300
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,170,300

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.

1	Total expenses and losses per audited financial statements			1	3,210,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	3,210,658
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,210,658

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

Part I Fundraising Activities.

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

		(a) Event #1 GALA FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	333,297			333,297
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	333,297			333,297
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,621			1,621
	6 Rent/facility costs	42,442			42,442
	7 Food and beverages				
	8 Entertainment	11,380			11,380
	9 Other direct expenses	48,752			48,752
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				104,195
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				229,102

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a 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 explanations 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

FORM 990 - ORGANIZATION'S MISSION

TO ENABLE ALL YOUNG PEOPLE LIVING IN PINELLAS COUNTY ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. ONLY BOYS & GIRLS CLUBS CHANGE AND SAVE THE LIVES OF YOUNG PEOPLE MOST IN NEED BY PROVIDING DAILY ACCESS TO A SAFE PLACE, CARING ADULT MENTORS, AND HIGH-IMPACT PROGRAMS DURING CRITICAL NON-SCHOOL HOURS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF THE FORM 990 IS EMAILED TO MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS INCLUDED IN THE CODE OF ETHICS FOR BOARD MEMBERS. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST WITH REGARD TO A MATTER BEFORE THE BOARD, HE OR SHE IS EXPECTED TO ABSTAIN FROM VOTING AND REPORT TO THE BOARD THEIR CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE CHAIRMAN AND PAST CHAIRMAN OF THE BOARD CONDUCT A PERFORMANCE REVIEW OF CEO AND REVIEW COMPENSATION AGAINST BOYS & GIRLS CLUBS OF AMERICA NATIONAL DATA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BOYS & GIRLS CLUBS OF THE SUNCOAST PARTICIPATES IN A JOB CLASSIFICATION & COMPENSATION MANAGEMENT PROGRAM THAT IS A SALARY ADMINISTRATION ANALYSIS

Name of the organization: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer identification number: 59-1566799

COMPLETED BY BOYS & GIRLS CLUBS OF AMERICA. SALARY RECOMMENDATIONS ARE BASED UPON A REVIEW OF SALARY RANGES, JOB DESCRIPTIONS AND REGIONAL DATA FROM BOYS & GIRLS CLUBS OF AMERICA, SIMILAR AREA AGENCIES, STATE OF FLORIDA, AND OTHER BOYS & GIRLS CLUB AFFILIATES IN THE SOUTHEAST UNITED STATES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE MOST CURRENT FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.

591566799

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172
2018
Attachment Sequence No. **179**

Name(s) shown on return: BOYS & GIRLS CLUBS OF THE SUNCOAST

Identifying number: 59-1566799

Business or activity to which this form relates: FORM 990

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	220,496

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	220,496
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799
FYE: 6/30/2019

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Dance Mirrors	6/14/06	0				0	0	HY		0	0
2	Perri Center Renovation	6/30/03	0				0	0	HY		0	0
3	Other Building Improvements	6/30/97	0				0	0	HY		0	0
4	Other Building Improvements	7/01/12	0				0	0	HY		0	0
5	Other Building Improvements	7/01/11	0				0	0	HY		0	0
6	Air Conditioner	6/25/08	0				0	0	HY		0	0
7	Enclosure & Rigging	8/01/07	0				0	0	HY		0	0
8	Exterior Paint	8/09/06	0				0	0	HY		0	0
9	Roof Repair	7/21/06	0				0	0	HY		0	0
10	Electric Receptacle Replacement	6/30/06	0				0	0	HY		0	0
11	Roof Repair	5/03/05	0				0	0	HY		0	0
12	Gym Doors	4/28/05	0				0	0	HY		0	0
13	Tile Flooring	11/01/04	0				0	0	HY		0	0
14	Interior Walls	11/01/04	0				0	0	HY		0	0
15	Renovations	8/31/04	0				0	0	HY		0	0
16	Tile Installation	6/30/03	0				0	0	HY		0	0
17	Roof Repair	6/30/03	0				0	0	HY		0	0
18	A/C Repair	6/30/03	0				0	0	HY		0	0
19	Landscaping	6/30/03	0				0	0	HY		0	0
20	CDAC Construction	6/30/03	0				0	0	HY		0	0
21	Gym Improvements	6/30/03	0				0	0	HY		0	0
22	Other Building Improvements	6/30/97	0				0	0	HY		0	0
23	Roof Repair	5/01/13	0				0	0	HY		0	0
24	Building	9/01/11	0				0	0	HY		0	0
25	Building	10/01/07	0				0	0	HY		0	0
26	Picnic Shelter	6/30/07	0				0	0	HY		0	0
27	Building	6/30/07	0				0	0	HY		0	0
28	Storage Shed	5/12/06	0				0	0	HY		0	0
29	Picnic Shelter	8/01/04	0				0	0	HY		0	0
30	Renovations	6/30/02	0				0	0	HY		0	0
31	Renovations	6/30/02	0				0	0	HY		0	0
32	Admin Complex	6/30/02	0				0	0	HY		0	0
33	Renovations	6/30/02	0				0	0	HY		0	0
34	Building	6/30/01	0				0	0	HY		0	0
35	Building	6/30/98	0				0	0	HY		0	0
36	Building	6/30/86	0				0	0	HY		0	0
37	Server & Network	11/03/04	0				0	0	HY		0	0
38	Recording Software	10/06/04	0				0	0	HY		0	0
39	Recording Software	10/06/04	0				0	0	HY		0	0
40	Hard Disk Recorder	10/06/04	0				0	0	HY		0	0
41	Computer	10/06/04	0				0	0	HY		0	0
42	Monitor	10/06/04	0				0	0	HY		0	0
43	Hard Drive	10/06/04	0				0	0	HY		0	0
44	Copier-Kyocera	6/01/13	0				0	0	HY		0	0
45	Server for MTS	7/15/11	0				0	0	HY		0	0
46	Vision software	7/13/11	0				0	0	HY		0	0
47	Audio Interface	10/06/04	0				0	0	HY		0	0
48	Control Board	10/06/04	0				0	0	HY		0	0
49	Amplifier	10/06/04	0				0	0	HY		0	0
50	Microphone	10/06/04	0				0	0	HY		0	0
51	Microphone	10/06/04	0				0	0	HY		0	0
52	Synthesizer	10/06/04	0				0	0	HY		0	0
53	Recording Monitor	10/06/04	0				0	0	HY		0	0
54	Workstation	10/06/04	0				0	0	HY		0	0
55	Synthesizer	10/06/04	0				0	0	HY		0	0
56	Audio Cables	10/06/04	0				0	0	HY		0	0
57	Production Station	10/06/04	0				0	0	HY		0	0
58	CD Player	10/06/04	0				0	0	HY		0	0
59	Processor	10/06/04	0				0	0	HY		0	0
60	Processor	10/06/04	0				0	0	HY		0	0
61	Audio Cables	10/06/04	0				0	0	HY		0	0
62	Amplifier	10/01/04	0				0	0	HY		0	0
63	Amplifier	10/01/04	0				0	0	HY		0	0
64	Amplifier	10/01/04	0				0	0	HY		0	0
65	Stero Receiver	10/01/04	0				0	0	HY		0	0
66	Speakers	10/01/04	0				0	0	HY		0	0
67	Speakers	10/01/04	0				0	0	HY		0	0
68	Speakers	10/01/04	0				0	0	HY		0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799
FYE: 6/30/2019

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
69	Speakers	10/01/04	0				0	0	HY		0	0
70	Speakers	10/01/04	0				0	0	HY		0	0
71	Speakers	10/01/04	0				0	0	HY		0	0
72	Speakers	10/01/04	0				0	0	HY		0	0
73	Speakers	10/01/04	0				0	0	HY		0	0
74	Speakers	10/01/04	0				0	0	HY		0	0
75	Speakers	10/01/04	0				0	0	HY		0	0
76	Speakers	10/01/04	0				0	0	HY		0	0
77	Speakers	10/01/04	0				0	0	HY		0	0
78	Speakers	10/01/04	0				0	0	HY		0	0
79	TV	10/01/04	0				0	0	HY		0	0
80	TV	10/01/04	0				0	0	HY		0	0
81	Receiver	10/01/04	0				0	0	HY		0	0
82	CD Player	10/01/04	0				0	0	HY		0	0
83	Power Center	10/01/04	0				0	0	HY		0	0
84	Receiver	10/01/04	0				0	0	HY		0	0
85	DVD Player	10/01/04	0				0	0	HY		0	0
86	Mixing Console	10/01/04	0				0	0	HY		0	0
87	Amplifier	10/01/04	0				0	0	HY		0	0
88	Power Supply	10/01/04	0				0	0	HY		0	0
89	Audio Compressor	10/01/04	0				0	0	HY		0	0
90	Equalizer	10/01/04	0				0	0	HY		0	0
91	Equalizer	10/01/04	0				0	0	HY		0	0
92	Microphone	10/01/04	0				0	0	HY		0	0
93	Microphone	10/01/04	0				0	0	HY		0	0
94	Microphone	10/01/04	0				0	0	HY		0	0
95	System Processor	10/01/04	0				0	0	HY		0	0
96	Audio Breakout Box	10/01/04	0				0	0	HY		0	0
97	Akai TV	6/30/03	0				0	0	HY		0	0
98	Stereo	6/30/03	0				0	0	HY		0	0
99	Phone System	8/10/12	0				0	0	HY		0	0
100	Refrigerator	5/11/12	0				0	0	HY		0	0
101	Air Conditioner	7/01/11	0				0	0	HY		0	0
102	Tip N Roll Bleachers	7/01/11	0				0	0	HY		0	0
103	A/C	9/03/08	0				0	0	HY		0	0
104	Tables & Chairs	11/13/07	0				0	0	HY		0	0
105	Storage Shed	10/03/07	0				0	0	HY		0	0
106	Playground Equipment	9/14/07	0				0	0	HY		0	0
107	A/C Replacement	6/25/07	0				0	0	HY		0	0
108	Window A/C Unit	6/30/06	0				0	0	HY		0	0
109	A/C Repair	6/20/05	0				0	0	HY		0	0
110	Floor Buffer	6/15/05	0				0	0	HY		0	0
111	Foosball Table	6/01/05	0				0	0	HY		0	0
112	Air Hockey Table	6/01/05	0				0	0	HY		0	0
113	A/C	6/01/05	0				0	0	HY		0	0
114	Softball Equipment	5/31/05	0				0	0	HY		0	0
115	Treadmill	4/05/05	0				0	0	HY		0	0
116	Treadmill	4/05/05	0				0	0	HY		0	0
117	Scoreboard	4/05/05	0				0	0	HY		0	0
118	Bowflex	4/01/05	0				0	0	HY		0	0
119	Gym Improvements	2/09/05	0				0	0	HY		0	0
120	Tent	1/19/05	0				0	0	HY		0	0
121	Pool Table	1/01/05	0				0	0	HY		0	0
122	Popcorn Machine	10/01/04	0				0	0	HY		0	0
123	Nacho Warmer	10/01/04	0				0	0	HY		0	0
124	Hot Dog Warmer	10/01/04	0				0	0	HY		0	0
125	Piano	9/01/04	0				0	0	HY		0	0
126	Table Tennis Table	8/01/04	0				0	0	HY		0	0
127	Pool Table	8/01/04	0				0	0	HY		0	0
128	Pool Table	8/01/04	0				0	0	HY		0	0
129	Pool Table	8/01/04	0				0	0	HY		0	0
130	Pool Table	8/01/04	0				0	0	HY		0	0
131	Picnic Beaches	6/21/04	0				0	0	HY		0	0
132	Air Conditioner	9/09/03	0				0	0	HY		0	0
133	Fire Alarm System	6/30/02	0				0	0	HY		0	0
134	Valley Pool Table	6/30/02	0				0	0	HY		0	0
135	Valley Pool Table	6/30/02	0				0	0	HY		0	0
136	Foosball Table	6/30/99	0				0	0	HY		0	0
137	Stiga Ping Pong Table	6/30/99	0				0	0	HY		0	0
138	Foosball Table (2)	6/30/99	0				0	0	HY		0	0
139	Ping Pong Table	6/30/99	0				0	0	HY		0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799
FYE: 6/30/2019

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
140	Foosball Table	6/30/99	0				0	0	HY		0	0
141	Slate Billard Table	6/30/99	0				0	0	HY		0	0
142	Big Screen TV	6/30/99	0				0	0	HY		0	0
143	Land	6/09/05	0				0	0	HY		0	0
144	Land	6/30/02	0				0	0	HY		0	0
145	Land	6/30/01	0				0	0	HY		0	0
146	Land	6/30/98	0				0	0	HY		0	0
147	Land	6/30/86	0				0	0	HY		0	0
148	Leasehold Improvements	7/01/08	0				0	0	HY		0	0
149	Electrical Work	10/14/04	0				0	0	HY		0	0
150	Leasehold Improvements	6/30/03	0				0	0	HY		0	0
151	Leasehold Improvements	6/30/03	0				0	0	HY		0	0
152	Refrigerator	6/30/03	0				0	0	HY		0	0
153	Hotpoint Refrigerator	6/30/02	0				0	0	HY		0	0
154	3 Bleachers	6/30/98	0				0	0	HY		0	0
155	Phone System addition	6/15/13	0				0	0	HY		0	0
156	Window Blinds	1/05/05	0				0	0	HY		0	0
157	Studio Desk	10/06/04	0				0	0	HY		0	0
158	Telephone	5/26/04	0				0	0	HY		0	0
159	Front Door	7/01/03	0				0	0	HY		0	0
160	HP Printer/Fax/Scanner	6/30/03	0				0	0	HY		0	0
161	Phone System	6/30/03	0				0	0	HY		0	0
162	Basketball Equipment	6/30/03	0				0	0	HY		0	0
163	HP Office Jet FSC	6/30/03	0				0	0	HY		0	0
164	Kelvinator Refrigerator	6/30/02	0				0	0	HY		0	0
165	Frigidare Refrigerator	6/30/01	0				0	0	HY		0	0
166	Frigidare Stove	6/30/01	0				0	0	HY		0	0
167	Whirlpool Dishwasher	6/30/01	0				0	0	HY		0	0
168	Kitchenaid Ice Maker	6/30/01	0				0	0	HY		0	0
169	HP Laserjet Printer	6/30/00	0				0	0	HY		0	0
170	Mita Copier	6/30/00	0				0	0	HY		0	0
171	Commercial Prep Table	6/30/99	0				0	0	HY		0	0
172	McCall Refrigerator	6/30/99	0				0	0	HY		0	0
173	Commercial Refrigerator	6/30/99	0				0	0	HY		0	0
174	Vulcan Commerical Stove	6/30/99	0				0	0	HY		0	0
175	Garland Electric Oven	6/30/99	0				0	0	HY		0	0
176	Furniture	7/09/03	0				0	0	HY		0	0
177	Folding Chairs (45)	6/30/98	0				0	0	HY		0	0
178	Office Desk	6/30/97	0				0	0	HY		0	0
179	Table	5/31/05	0				0	0	HY		0	0
180	Table	5/31/05	0				0	0	HY		0	0
181	Table	5/31/05	0				0	0	HY		0	0
182	Table	5/31/05	0				0	0	HY		0	0
183	Chairs	10/31/04	0				0	0	HY		0	0
184	Chairs	10/31/04	0				0	0	HY		0	0
185	Chairs	10/31/04	0				0	0	HY		0	0
186	Chairs	10/31/04	0				0	0	HY		0	0
187	Office Set	10/19/04	0				0	0	HY		0	0
188	Office Set	10/19/04	0				0	0	HY		0	0
189	Office Set	10/19/04	0				0	0	HY		0	0
190	Sofa	8/01/04	0				0	0	HY		0	0
191	2 Desks & Chairs	6/30/03	0				0	0	HY		0	0
192	Office Desk	6/30/02	0				0	0	HY		0	0
193	Folding Tables (7)	6/30/02	0				0	0	HY		0	0
194	Chev Van 2006	1/11/13	0				0	0	HY		0	0
195	2005 Chevy minibus	1/07/13	0				0	0	HY		0	0
196	Ford E350 Van	9/05/08	0				0	0	HY		0	0
197	Ford E350 Van	9/05/08	0				0	0	HY		0	0
198	Ford E350 Rotary	2/01/07	0				0	0	HY		0	0
199	Van Wrap Rotary	2/01/07	0				0	0	HY		0	0
200	Sheriff's Van 1	4/02/06	0				0	0	HY		0	0
201	Sheriff's Van 2	4/02/06	0				0	0	HY		0	0
202	Van	9/10/03	0				0	0	HY		0	0
203	Network Upgrade	1/01/14	0				0	0	HY		0	0
204	Roof Restoration	1/01/14	0				0	0	HY		0	0
205	Minibus	1/01/14	0				0	0	HY		0	0
206	2013 Ford E350 Van	1/01/14	0				0	0	HY		0	0
208	2014 Ford E350 Van	6/20/14	0				0	0	HY		0	0
209	AIR CONDITIONING UNIT	4/01/15	0				0	0	HY		0	0
210	DOORS	5/01/15	0				0	0	HY		0	0
211	DOORS-INSTALLATION	5/01/15	0				0	0	HY		0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799
FYE: 6/30/2019

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
212	FIRE ALARM	5/01/15	0				0	0	HY		0	0
213	FIRE ALARM	5/01/15	0				0	0	HY		0	0
214	DOORS	5/01/15	0				0	0	HY		0	0
215	AC REPAIRS	3/01/15	0				0	0	HY		0	0
216	MINI BUS	9/01/14	0				0	0	HY		0	0
217	MINI BUS	6/01/15	0				0	0	HY		0	0
218	COMPUTER LABS	6/01/15	0				0	0	HY		0	0
219	TEEN ROOM SPLIT UNIT	7/06/15	0				0	0	HY		0	0
220	TARPON DOOR INSTLL - FINISHIGN P/	7/20/15	0				0	0	HY		0	0
221	PINELLAS PARKNEW A/P	7/20/15	0				0	0	HY		0	0
222	ROYAL THEATER ALARM INSTALL	8/15/15	0				0	0	HY		0	0
223	6.30.16 adds	6/30/16	0				0	0	HY		0	0
224	2017 CROWN NISSAN	6/30/17	23,736				23,736	5	MO	S/L	4,747	4,747
225	server	7/01/16	9,302				9,302	5	MO	S/L	3,721	1,860
226	PP Roof Replacement over Gym	9/16/16	35,528				35,528	10	MO	S/L	6,217	3,553
227	Sidewalks and Downspouts	9/16/16	19,536				19,536	10	MO	S/L	3,419	1,953
228	Studio	10/12/16	41,111				41,111	10	MO	S/L	7,194	4,112
229	Floor Improvement	6/30/17	41,111				41,111	10	MO	S/L	4,111	4,111
230	Architectural Improvements	1/10/19	9,218				9,218	5	MO	S/L	0	922
231	Tarpon Springs Kitchen	8/22/18	77,097				77,097	15	MO	S/L	0	4,283
232	Dishwasher/Ice Maker	11/26/18	5,848				5,848	5	MO	S/L	0	682
233	Computer Counter Tops	1/31/19	2,750				2,750	5	MO	S/L	0	229
234	Fixed Asset Security System	3/15/19	78,035				78,035	10	MO	S/L	0	2,601
235	Plumbing Appliances	3/14/19	2,212				2,212	5	MO	S/L	0	147
236	Playground Set	6/18/19	18,003				18,003	10	MO	S/L	0	0
237	Playground Installation	6/01/19	4,000				4,000	10	MO	S/L	0	33
	Total Other Depreciation		367,487				367,487				29,409	29,233
	Total ACRS and Other Depreciation		367,487				367,487				29,409	29,233
	Grand Totals		367,487				367,487				29,409	29,233
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		367,487				367,487				29,409	29,233

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799
FYE: 6/30/2019

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799

Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Dance Mirrors	6/14/06	0	0	0
2	Perri Center Renovation	6/30/03	0	0	0
3	Other Building Improvements	6/30/97	0	0	0
4	Other Building Improvements	7/01/12	0	0	0
5	Other Building Improvements	7/01/11	0	0	0
6	Air Conditioner	6/25/08	0	0	0
7	Enclosure & Rigging	8/01/07	0	0	0
8	Exterior Paint	8/09/06	0	0	0
9	Roof Repair	7/21/06	0	0	0
10	Electric Receptacle Replacement	6/30/06	0	0	0
11	Roof Repair	5/03/05	0	0	0
12	Gym Doors	4/28/05	0	0	0
13	Tile Flooring	11/01/04	0	0	0
14	Interior Walls	11/01/04	0	0	0
15	Renovations	8/31/04	0	0	0
16	Tile Installation	6/30/03	0	0	0
17	Roof Repair	6/30/03	0	0	0
18	A/C Repair	6/30/03	0	0	0
19	Landscaping	6/30/03	0	0	0
20	CDAC Construction	6/30/03	0	0	0
21	Gym Improvements	6/30/03	0	0	0
22	Other Building Improvements	6/30/97	0	0	0
23	Roof Repair	5/01/13	0	0	0
24	Building	9/01/11	0	0	0
25	Building	10/01/07	0	0	0
26	Picnic Shelter	6/30/07	0	0	0
27	Building	6/30/07	0	0	0
28	Storage Shed	5/12/06	0	0	0
29	Picnic Shelter	8/01/04	0	0	0
30	Renovations	6/30/02	0	0	0
31	Renovations	6/30/02	0	0	0
32	Admin Complex	6/30/02	0	0	0
33	Renovations	6/30/02	0	0	0
34	Building	6/30/01	0	0	0
35	Building	6/30/98	0	0	0
36	Building	6/30/86	0	0	0
37	Server & Network	11/03/04	0	0	0
38	Recording Software	10/06/04	0	0	0
39	Recording Software	10/06/04	0	0	0
40	Hard Disk Recorder	10/06/04	0	0	0
41	Computer	10/06/04	0	0	0
42	Monitor	10/06/04	0	0	0
43	Hard Drive	10/06/04	0	0	0
44	Copier-Kyocera	6/01/13	0	0	0
45	Server for MTS	7/15/11	0	0	0
46	Vision software	7/13/11	0	0	0
47	Audio Interface	10/06/04	0	0	0
48	Control Board	10/06/04	0	0	0
49	Amplifier	10/06/04	0	0	0
50	Microphone	10/06/04	0	0	0
51	Microphone	10/06/04	0	0	0
52	Synthesizer	10/06/04	0	0	0
53	Recording Monitor	10/06/04	0	0	0
54	Workstation	10/06/04	0	0	0
55	Synthesizer	10/06/04	0	0	0
56	Audio Cables	10/06/04	0	0	0
57	Production Station	10/06/04	0	0	0
58	CD Player	10/06/04	0	0	0
59	Processor	10/06/04	0	0	0
60	Processor	10/06/04	0	0	0
61	Audio Cables	10/06/04	0	0	0
62	Amplifier	10/01/04	0	0	0
63	Amplifier	10/01/04	0	0	0
64	Amplifier	10/01/04	0	0	0
65	Stero Receiver	10/01/04	0	0	0
66	Speakers	10/01/04	0	0	0
67	Speakers	10/01/04	0	0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799

Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
68	Speakers	10/01/04	0	0	0
69	Speakers	10/01/04	0	0	0
70	Speakers	10/01/04	0	0	0
71	Speakers	10/01/04	0	0	0
72	Speakers	10/01/04	0	0	0
73	Speakers	10/01/04	0	0	0
74	Speakers	10/01/04	0	0	0
75	Speakers	10/01/04	0	0	0
76	Speakers	10/01/04	0	0	0
77	Speakers	10/01/04	0	0	0
78	Speakers	10/01/04	0	0	0
79	TV	10/01/04	0	0	0
80	TV	10/01/04	0	0	0
81	Receiver	10/01/04	0	0	0
82	CD Player	10/01/04	0	0	0
83	Power Center	10/01/04	0	0	0
84	Receiver	10/01/04	0	0	0
85	DVD Player	10/01/04	0	0	0
86	Mixing Console	10/01/04	0	0	0
87	Amplifier	10/01/04	0	0	0
88	Power Supply	10/01/04	0	0	0
89	Audio Compressor	10/01/04	0	0	0
90	Equalizer	10/01/04	0	0	0
91	Equalizer	10/01/04	0	0	0
92	Microphone	10/01/04	0	0	0
93	Microphone	10/01/04	0	0	0
94	Microphone	10/01/04	0	0	0
95	System Processor	10/01/04	0	0	0
96	Audio Breakout Box	10/01/04	0	0	0
97	Akai TV	6/30/03	0	0	0
98	Stereo	6/30/03	0	0	0
99	Phone System	8/10/12	0	0	0
100	Refrigerator	5/11/12	0	0	0
101	Air Conditioner	7/01/11	0	0	0
102	Tip N Roll Bleachers	7/01/11	0	0	0
103	A/C	9/03/08	0	0	0
104	Tables & Chairs	11/13/07	0	0	0
105	Storage Shed	10/03/07	0	0	0
106	Playground Equipment	9/14/07	0	0	0
107	A/C Replacement	6/25/07	0	0	0
108	Window A/C Unit	6/30/06	0	0	0
109	A/C Repair	6/20/05	0	0	0
110	Floor Buffer	6/15/05	0	0	0
111	Foosball Table	6/01/05	0	0	0
112	Air Hockey Table	6/01/05	0	0	0
113	A/C	6/01/05	0	0	0
114	Softball Equipment	5/31/05	0	0	0
115	Treadmill	4/05/05	0	0	0
116	Treadmill	4/05/05	0	0	0
117	Scoreboard	4/05/05	0	0	0
118	Bowflex	4/01/05	0	0	0
119	Gym Improvements	2/09/05	0	0	0
120	Tent	1/19/05	0	0	0
121	Pool Table	1/01/05	0	0	0
122	Popcorn Machine	10/01/04	0	0	0
123	Nacho Warmer	10/01/04	0	0	0
124	Hot Dog Warmer	10/01/04	0	0	0
125	Piano	9/01/04	0	0	0
126	Table Tennis Table	8/01/04	0	0	0
127	Pool Table	8/01/04	0	0	0
128	Pool Table	8/01/04	0	0	0
129	Pool Table	8/01/04	0	0	0
130	Pool Table	8/01/04	0	0	0
131	Picnic Beaches	6/21/04	0	0	0
132	Air Conditioner	9/09/03	0	0	0
133	Fire Alarm System	6/30/02	0	0	0
134	Valley Pool Table	6/30/02	0	0	0
135	Valley Pool Table	6/30/02	0	0	0
136	Foosball Table	6/30/99	0	0	0
137	Stiga Ping Pong Table	6/30/99	0	0	0
138	Foosball Table (2)	6/30/99	0	0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799

Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
139	Ping Pong Table	6/30/99	0	0	0
140	Foosball Table	6/30/99	0	0	0
141	Slate Billard Table	6/30/99	0	0	0
142	Big Screen TV	6/30/99	0	0	0
143	Land	6/09/05	0	0	0
144	Land	6/30/02	0	0	0
145	Land	6/30/01	0	0	0
146	Land	6/30/98	0	0	0
147	Land	6/30/86	0	0	0
148	Leasehold Improvements	7/01/08	0	0	0
149	Electrical Work	10/14/04	0	0	0
150	Leasehold Improvements	6/30/03	0	0	0
151	Leasehold Improvements	6/30/03	0	0	0
152	Refrigerator	6/30/03	0	0	0
153	Hotpoint Refrigerator	6/30/02	0	0	0
154	3 Bleachers	6/30/98	0	0	0
155	Phone System addition	6/15/13	0	0	0
156	Window Blinds	1/05/05	0	0	0
157	Studio Desk	10/06/04	0	0	0
158	Telephone	5/26/04	0	0	0
159	Front Door	7/01/03	0	0	0
160	HP Printer/Fax/Scanner	6/30/03	0	0	0
161	Phone System	6/30/03	0	0	0
162	Basketball Equipment	6/30/03	0	0	0
163	HP Office Jet FSC	6/30/03	0	0	0
164	Kelvinator Refrigerator	6/30/02	0	0	0
165	Frigidare Refrigerator	6/30/01	0	0	0
166	Frigidare Stove	6/30/01	0	0	0
167	Whirlpool Dishwasher	6/30/01	0	0	0
168	Kitchenaid Ice Maker	6/30/01	0	0	0
169	HP Laserjet Printer	6/30/00	0	0	0
170	Mita Copier	6/30/00	0	0	0
171	Commercial Prep Table	6/30/99	0	0	0
172	McCall Refrigerator	6/30/99	0	0	0
173	Commercial Refrigerator	6/30/99	0	0	0
174	Vulcan Commerical Stove	6/30/99	0	0	0
175	Garland Electric Oven	6/30/99	0	0	0
176	Furniture	7/09/03	0	0	0
177	Folding Chairs (45)	6/30/98	0	0	0
178	Office Desk	6/30/97	0	0	0
179	Table	5/31/05	0	0	0
180	Table	5/31/05	0	0	0
181	Table	5/31/05	0	0	0
182	Table	5/31/05	0	0	0
183	Chairs	10/31/04	0	0	0
184	Chairs	10/31/04	0	0	0
185	Chairs	10/31/04	0	0	0
186	Chairs	10/31/04	0	0	0
187	Office Set	10/19/04	0	0	0
188	Office Set	10/19/04	0	0	0
189	Office Set	10/19/04	0	0	0
190	Sofa	8/01/04	0	0	0
191	2 Desks & Chairs	6/30/03	0	0	0
192	Office Desk	6/30/02	0	0	0
193	Folding Tables (7)	6/30/02	0	0	0
194	Chev Van 2006	1/11/13	0	0	0
195	2005 Chevy minibus	1/07/13	0	0	0
196	Ford E350 Van	9/05/08	0	0	0
197	Ford E350 Van	9/05/08	0	0	0
198	Ford E350 Rotary	2/01/07	0	0	0
199	Van Wrap Rotary	2/01/07	0	0	0
200	Sheriff's Van 1	4/02/06	0	0	0
201	Sheriff's Van 2	4/02/06	0	0	0
202	Van	9/10/03	0	0	0
203	Network Upgrade	1/01/14	0	0	0
204	Roof Restoration	1/01/14	0	0	0
205	Minibus	1/01/14	0	0	0
206	2013 Ford E350 Van	1/01/14	0	0	0
208	2014 Ford E350 Van	6/20/14	0	0	0
209	AIR CONDITIONING UNIT	4/01/15	0	0	0
210	DOORS	5/01/15	0	0	0

591566799 BOYS & GIRLS CLUBS OF THE SUNCOAST
59-1566799

Future Depreciation Report FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
211	DOORS-INSTALLATION	5/01/15	0	0	0
212	FIRE ALARM	5/01/15	0	0	0
213	FIRE ALARM	5/01/15	0	0	0
214	DOORS	5/01/15	0	0	0
215	AC REPAIRS	3/01/15	0	0	0
216	MINI BUS	9/01/14	0	0	0
217	MINI BUS	6/01/15	0	0	0
218	COMPUTER LABS	6/01/15	0	0	0
219	TEEN ROOM SPLIT UNIT	7/06/15	0	0	0
220	TARPON DOOR INSTLL - FINISHIGN PAINT	7/20/15	0	0	0
221	PINELLAS PARKNEW A/P	7/20/15	0	0	0
222	ROYAL THEATER ALARM INSTALL	8/15/15	0	0	0
223	6.30.16 adds	6/30/16	0	0	0
224	2017 CROWN NISSAN	6/30/17	23,736	4,748	0
225	server	7/01/16	9,302	1,861	0
226	PP Roof Replacement over Gym	9/16/16	35,528	3,553	0
227	Sidewalks and Downspouts	9/16/16	19,536	1,954	0
228	Studio	10/12/16	41,111	4,111	0
229	Floor Improvement	6/30/17	41,111	4,111	0
230	Architectural Improvements	1/10/19	9,218	1,843	0
231	Tarpon Springs Kitchen	8/22/18	77,097	5,140	0
232	Dishwasher/Ice Maker	11/26/18	5,848	1,170	0
233	Computer Counter Tops	1/31/19	2,750	550	0
234	Fixed Asset Security System	3/15/19	78,035	7,804	0
235	Plumbing Appliances	3/14/19	2,212	443	0
236	Playground Set	6/18/19	18,003	1,800	0
237	Playground Installation	6/01/19	4,000	400	0
	Total Other Depreciation		367,487	39,488	0
	Total ACRS and Other Depreciation		367,487	39,488	0
	Grand Totals		367,487	39,488	0

591566799

Form **990**

Two Year Comparison Report

For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19

2017 & 2018

Name: BOYS & GIRLS CLUBS OF THE SUNCOAST

Taxpayer Identification Number: 59-1566799

			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	990,123	835,352	-154,771
	2. Membership dues and assessments	2.	17,746	13,364	-4,382
	3. Government contributions and grants	3.	1,668,409	2,050,396	381,987
	4. Program service revenue	4.	23,879	32,386	8,507
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	167,087	229,102	62,015
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	7,770	9,700	1,930
	12. **Total revenue.** Add lines 1 through 11	12.	2,875,014	3,170,300	295,286
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	226,341	211,941	-14,400
	16. Salaries, other compensation, and employee benefits	16.	1,266,258	1,400,001	133,743
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	134,321	237,493	103,172
	19. Occupancy, rent, utilities, and maintenance	19.	151,664	160,221	8,557
	20. Depreciation and Depletion	20.	203,290	220,496	17,206
	21. Other expenses	21.	691,026	980,506	289,480
	22. **Total expenses.** Add lines 13 through 21	22.	2,672,900	3,210,658	537,758
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	202,114	-40,358	-242,472
Other Information	24. Total exempt revenue	24.	2,875,014	3,170,300	295,286
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	31,649	42,086	10,437
	27. Total assets	27.	3,090,034	2,994,729	-95,305
	28. Total liabilities	28.	427,036	372,089	-54,947
	29. Retained earnings	29.	2,662,998	2,622,640	-40,358
	30. Number of voting members of governing body	30.	22	25	
	31. Number of independent voting members of governing body	31.	22	25	
	32. Number of employees	32.	82	87	
	33. Number of volunteers	33.	500	500	

Form **990** | **Tax Return History** | **2018**

Name: BOYS & GIRLS CLUBS OF THE SUNCOAST

Employer Identification Number: 59-1566799

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		2,195,774	2,329,025	2,658,532	2,885,748	
Membership dues		6,681	10,062	17,746	13,364	
Program service revenue		110,568	29,702	23,879	32,386	
Capital gain or loss		-9,736	-38,844			
Investment income						
Fundraising revenue (income/loss)		203,791	132,727	167,087	229,102	
Gaming revenue (income/loss)						
Other revenue		1,651	533	7,770	9,700	
Total revenue		2,508,729	2,463,205	2,875,014	3,170,300	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		115,907	143,088	226,341	211,941	
Other compensation		1,091,484	1,128,655	1,266,258	1,400,001	
Professional fees		52,320	166,782	134,321	237,493	
Occupancy costs		215,152	182,789	151,664	160,221	
Depreciation and depletion		125,985	367,806	203,290	220,496	
Other expenses		767,739	497,232	691,026	980,506	
Total expenses		2,368,587	2,486,352	2,672,900	3,210,658	
Excess or (Deficit)		140,142	-23,147	202,114	-40,358	
Total exempt revenue		2,508,729	2,463,205	2,875,014	3,170,300	
Total unrelated revenue						
Total excludable revenue		102,483	-8,609	31,649	42,086	
Total Assets		3,017,883	2,875,185	3,090,034	2,994,729	
Total Liabilities		533,852	414,301	427,036	372,089	
Net Fund Balances		2,484,031	2,460,884	2,662,998	2,622,640	

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS AND MAINTENANCE	$ 24,751	$ 24,751	$	$
YOUTH DEVELOPMENT	24,124	24,124		
DUES	21,875	15,547	4,477	1,851
TOTAL	$ 70,750	$ 64,422	$ 4,477	$ 1,851

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	$ 13,364
CONTRIBUTIONS LESS THAN 2%	2,050,396
UNITED WAY OF TAMPA BAY	506,100
CASH CONTRIBUTION	329,252
TOTAL	$ 2,899,112

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM REVENUE	$ 32,386
MISCELLANEOUS	9,700
GALA FUNDRAISER	333,297
TOTAL	$ 375,383

Federal Statements

GALA FUNDRAISER

Other Direct Fundraising or Gaming Expenses

Description	Amount
PROCESSING FEES	$ 7,924
PHOTOGRAPH & VIDEO	7,910
SUPPLIES	3,290
PRINTING & REPRODUCTION	1,854
OFFICE	3,196
CONTRACT SERVICES	24,578
TOTAL	$ 48,752

Boys & Girls Clubs of the Suncoast
Statement of Activity
July 1, 2020 - June 30, 2021

Operating Profit (excludes in kind and capital revenues and expenses)

Board Approved FYE June 30, 2021 Budget

	5/31/2020 Estimated FYE 2020	Budget FYE 2020	***Budget FYE 2021***
Revenue			
Total 43000 Direct Public Support	1,998,055	2,013,055	2,670,996
Total 45000 Indirect Public Support	203,907	169,690	388,800
Total 47200 Program Income	55,437	44,800	23,340
Total 48000 Special Events	186,242	221,000	150,000
Total 49000 Other Income	9,036	82,060	12,750
Gross Profit	2,452,676	2,530,605	***3,245,886***
Expenditures			
Total 50000 Personnel Costs	273,614	286,593	386,734
Total 50100 Staff Salaries	1,370,310	1,427,829	1,865,018
50102 Jr. Staff Stipend	14,000	12,500	12,500
Total 55000 Program Services	147,474	186,615	231,738
Total 60000 Occupancy Expense	236,139	235,150	318,437
Total 61000 G&A / Marketing /Miscellaneous Fundraising Expenses	37,400	46,502	43,100
Total 65000 Vehicle Expense	107,906	68,281	94,673
Total 70000 Professional Fees	90,785	68,659	68,308
Total 71000 Information Technology	53,854	35,712	58,689
Total 72000 Postage,Printing, & Publication	17,987	10,200	18,980
Total 73000 Supplies	48,720	11,902	19,688
Total 81000 Other Operating Costs (includes Insurance)	88,200	77,029	76,837
Total Expenditures	***2,486,389***	2,466,972	***3,194,702***
Net Operating Revenue	***(33,713)***	63,633	***51,185***

Total 43806 Food Revenue	260,534	282,277	229,999
Total 74000 Food Supplies	229,500	261,231	204,820
Net Food Margin	***31,035***	21,046	***25,178***
Total Operating Revenue not including PPP	(2,678)	84,680	76,363

BOYS & GIRLS CLUBS OF AMERICA

COMMITMENT TO SAFETY

Emergency Procedures and Continuity of Operations Plan

BGCA.net/ChildSafety

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Commitment to Safety

The mission of the Boys & Girls Clubs of the Suncoast is: to provide high quality out of school time Club experiences proven to ensure our young people, especially those who need us most, are on track to graduate from high school with a plan for the future, demonstrate good character and citizenship, and live a healthy lifestyle. To accomplish this mission, the Club must strive to provide a safe and secure place for all members. This document provides an overview of how we plan to address a disaster or emergency that may interrupt our Boys & Girls Club community and our plans to continue providing services during times of need in our community.

This plan should be reviewed and updated annually by the Emergency Planning Committee.

Boys & Girls Clubs of the Suncoast

_____

_____

Board Chair Signature Date

_____

Emergency Management Team Lead Signature Date

_____

Chief Executive Officer Signature Date

BOYS & GIRLS CLUBS OF AMERICA
COMMITMENT TO SAFETY

Facility Contact Information

Tarpon Springs Unit			
Phone Number	727-937-6837	**Fax Number**	727-524-3090
Facility Address 111 W. Lime St. Tarpon Springs, FL 34689		**Facility Coordinator**	Hilary Bolt
Wood Valley Unit			
Phone Number	727-216-6190	**Fax Number**	727-524-3090
Facility Address 2816 Park Trail Ln, Clearwater, FL 33759		**Facility Coordinator**	Niki Evans
Pinellas Park Club			
Phone Number	727-547-5437	**Fax Number**	727-524-3090
Facility Address 7790 61st St. N, Pinellas Park, FL 33781		**Facility Coordinator**	Janet Arnold
Ridgecrest			
Phone Number	727-584-5429	**Fax Number**	727-524-3090
Facility Address 12301 134th Ave. N, Largo, FL 33774		**Facility Coordinator**	Charles (C.J.) Simmons
Royal Theater			
Phone Number	727-327-6556	**Fax Number**	727-524-3090
Facility Address 1011 22nd St. S, St. Petersburg, FL 33712		**Facility Coordinator**	Kayren Lovett
Northside			
Phone Number	727-329-8732	**Fax Number**	727-524-3090
Facility Address 1035 Burlington Ave N, St. Petersburg, FL 33705		**Facility Coordinator**	Brittanee Harris
Organizational Contact			
Chief Executive Officer		**Website Address**	
Freddy Williams		www.bgcsun.org	
Social Media Handle		**Additional Social Media Handle**	
#thisissuncoast		#bgcsun	

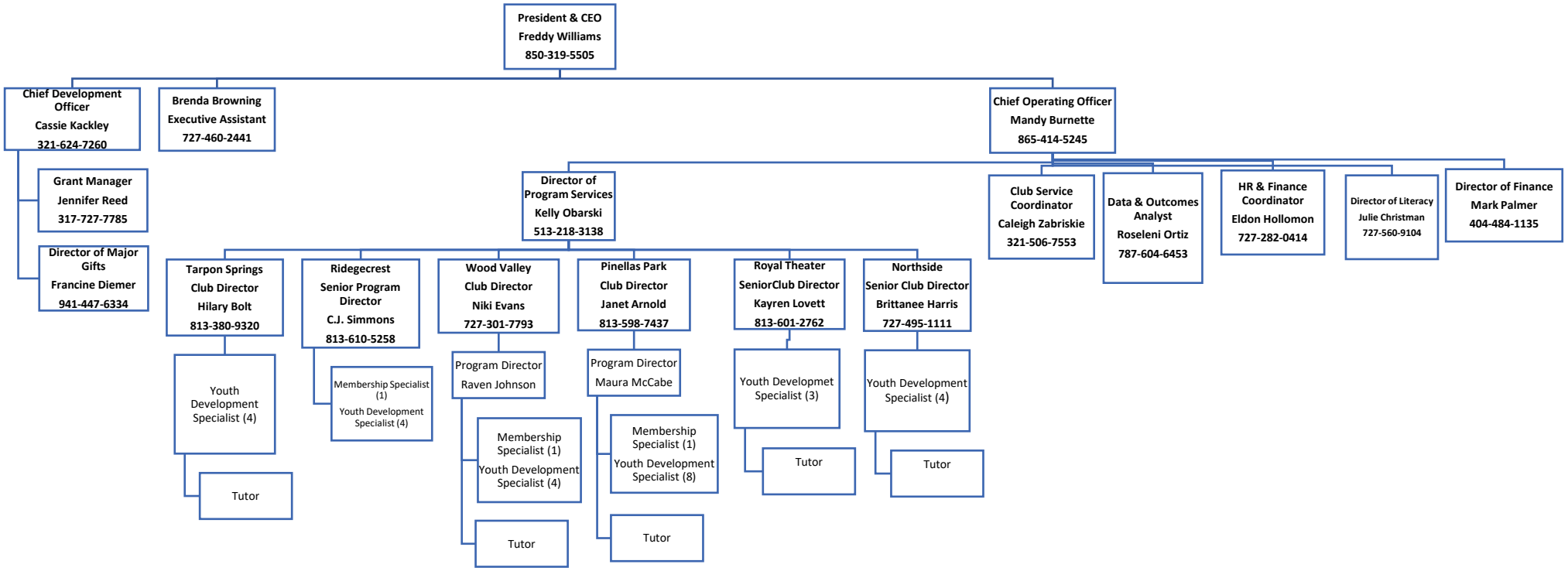
Communication Plan

To establish effective communication during an emergency incident, the Boys & Girls Club will collect all information relevant to the persons and events involved in the emergency and disseminate appropriate information to all parties involved. Information will be shared with parents, families, law enforcement agencies, medical service agencies, local media representatives and the general community. Effectively managing communications will minimize issues caused by falsehoods or rumors.

- Emergency numbers will be posted throughout Club and near phones for easy access in an emergency.
- Internal Club phone numbers will be posted near phones for easy access in an emergency.
- Notifications will be made via a phone tree (page 6) to notify all staff that the facility is closed as soon as possible. A complete list of contact information for all employees can be found in Appendix A.
- Social media or the Remind© app may also be utilized to inform all staff, parents and volunteers at one time. The COO & Director of Program Services have a list of Remind log in info for all sites.
- Voicemail recordings will be changed to “Emergency Closure” voicemail via the online portal which is pre-recorded. The Chief Operating Officer or designated personnel will be responsible for ensuring this is complete.

Phone Tree

In the case of an emergency or unplanned closure, notifications will follow the order displayed below. Supervisors shall ensure all their direct reports are aware of any notifications or updates.



Roles & Responsibilities

Executive Team

The Executive Team consists of the Chief Executive Officer, Chief Operating Officer and the Chief Development Officer. The Executive Team is responsible for:

- Assigning roles to the members of the Emergency Management Team.
- Utilizing present communication capabilities and integrating future capabilities into the emergency plan.
- Identifying a specific evacuation location on campus/off campus for members and visitors required to leave the building.
- Executing periodic safety checks.
- Designating a staff member to be at the hospital to collect information about injuries and to report the information back to the Club.
- Designating a staff member to notify family members of the injured.
- Designating someone to assist with identifying the injured and the fatalities.
- Designating sufficient personnel to handle phones.
- Having a roster giving the names of members who are off campus at the Boys & Girls Club related activities.
- Reviewing plans for on-campus and off-campus emergencies at a minimum annually.
- Making notifications to the community about cancellation and re-start of services in the Club.
- Conducting drills and table top exercises.

Club Leadership Team

The Club Leadership Team consists of the Club Director, Program Director and Staff Member in Charge. Other staff members may step in to cover for a member of the Club Leadership Team as needed.

Emergency Management Team

Emergency Management Team Assignment	Position & Name
Emergency Management Team Lead (Incident Coordinator)	**Chief Operating Officer:** Mandy Burnette
Building Coordinator (Facility/Operations Coordinator)	**Senior Club Director:** Kayren Lovett
Safety Response Liaison (or team)	**Club Directors**
Crisis Counseling Liaison (or team)	**Director of Program Services:** Kelly Obarski
Media Liaison	**Chief Development Officer:** Cassie Kackley
Parent Liaison (or Coordination team)	**Club Directors**
Finance Liaison (or team)	**Director of Finance:** Mark Palmer

Emergency Management Team Lead

- Briefs Executive Team and Building Coordinator on incident specifics and response operations.
- Immediately identifies themselves as the Emergency Management Team lead to the appropriate public safety personnel responding to the incident.
- Remains near the incident location (at the facility or as close as possible).
- Coordinates each emergency response effort at the site level.
- Ensures that necessary notifications are made.
- Ensures all team members are assigned duties and they understand all emergency procedures.
- Ensures proper emergency communication.
- Delegates needed emergency actions.

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- Should be first aid certified.
- If requested, assists county or city emergency responders involved in crowd control and building evacuation.
- If available, maintains hand-held radios to coordinate with other team members as deemed appropriate.
- Schedules trainings for the Emergency Management Team.
- Communicates ongoing and evolving emergency response plans.

Building Coordinator

- Provides status reports and briefings to the Emergency Management Team Lead.
- Serves as a lead on emergency planning activities and works closely with the Emergency Management Team Lead on emergency response coordination.

Safety Response Liason

- Reports to the Building Coordinator after a building evacuation that their assigned section has been cleared.
- Helps implement and announce lock down/shelter in place procedures.
- Works in coordination with the Building Coordinator to minimize hazards.

Crisis Counseling Liason

- Assesses the need for onsite mental health support.
- Determines if there is a need for outside agency assistance.
- Provides a liaison to local services or to the BGCA Child and Club Safety team.
- Manages the well-being of those from the Club who are responding to the incident, members and staff and reports their status to the Club Director/Club Leadership Team and Building Coordinator.

Media Liaison

To address inquiries from the media, the Boys & Girls Club will follow the media specific protocol below:

- Club Media Liaison will be responsible for working with the media. All media requests will be directed through the Club Leadership Team or the Emergency Management Team lead.
- As soon after an emergency as is reasonably possible, the Club Leadership Team will meet to establish relevant position statements on topics about which the media have questions.
- A list of local media outlets will be kept on hand so the community can quickly be informed of the event that has taken place. Examples include: radio stations, television stations and newspapers.

The Media Liaison will use the following checklist to ensure everyone is notified appropriately.

- ☐ Gather who, what, where, when and why of the situation.
- ☐ Confirm the facts.
- ☐ Clarify and verify technical information.
- ☐ Prepare a summary statement.
- ☐ Prepare a fact sheet.
- ☐ Notify stakeholders (people key to the organization).
- ☐ Tell volunteers and clients about changes in services/operations.
- ☐ Respond to the media.
- ☐ Keep a media log of callers and questions.
- ☐ Update media as situation develops.
- ☐ Follow up implications; prevent backlash.
- ☐ Evaluate and tweak the system.

Parent Liaison

- Keeping parents and response agencies informed of emergency plans and revisions.
- Coordinates response to parents who may arrive at the Club with inquiries about the incident and the well-being of the children involved.
- Advises parents of the situation and advises them whether their child was involved in the emergency.
- Assists those who wish to take their child home after the emergency has been cleared.
- Works with Media Liaison to ensure consistent messaging.

Finance Liaison

- Tracks resources that may be needed to help Club and/or members respond and recover from the event.
- Coordinates interactions between regular teams such as HR or accounting.
- Maintains record keeping for possible reimbursement by insurance agencies, government entities or others.

Emergency Procedures

Specific Threats and Hazards

Day-to-Day Disturbances	Natural	Technological	Human-Caused
Most likely to happen during regular operating hours	**Resulting from acts of nature**	**Involves accidents or the failures of systems and structures**	**Caused by the intentional actions of an adversary**
• Fires • Internal power outages • Unintentional equipment failure • Member health challenges • Unintentional emergencies that suddenly make the facility uninhabitable	• Flooding • Severe weather • Hurricanes • Tornadoes • Wildfires • Wind • Earthquakes • Sinkholes • Drought	• Hazardous materials release • Utilities failure • Transportation incidents • Structural collapse • Radiological release • Dam failure • Explosions or accidental releases from industrial plants	• Missing child (kidnapping) • Domestic violence • Organized terrorism attack • Civil disturbance • Cyber attack • Active shooter • Chemical agent attack • Biological attack

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Two-way Radio (Walkie-Talkie) Codes

CODE	Red	Blue	Green	Orange	Yellow	Purple	White	Grey	Black
Situation	Lockdown/ Violent Intruder	Lockout	Evacuate	Shelter	Medical Emergency	Supervisor Needed	Fight/Aggressive Child or Staff	Missing Child	PCLB on site
Action	Locks, lights, out of sight	Secure the premise; everyone inside	Go to designated reunification location	Tornado shelter; Supervisor to assist	First Aid & CPR; move other youth out; supervisor to assist	Supervisor to assist	Supervisor to assist	Go into lockout. Roll call youth; supervisor to assist.	Double check attendance

IN AN EMERGENCY
WHEN YOU HEAR IT. DO IT.

LOCKDOWN! LOCKS, LIGHTS, OUT OF SIGHT.

STUDENTS
Move away from sight
Maintain silence
Do not open the door

TEACHER
Lock interior doors
Turn out the lights
Move away from sight
Do not open the door
Maintain silence
Take attendance

LOCKOUT! SECURE THE PERIMETER.

STUDENTS
Return inside
Business as usual

TEACHER
Bring everyone indoors
Lock perimeter doors
Increase situational awareness
Business as usual
Take attendance

EVACUATE! TO ANNOUNCED LOCATION.

STUDENTS
Bring your phone
Leave your stuff behind
Follow instructions

TEACHER
Lead evacuation to location
Take attendance
Notify if missing, extra or injured students

SHELTER! HAZARD AND SAFETY STRATEGY.

STUDENTS

Hazard	Safety Strategy
Tornado	Evacuate to shelter area
Hazmat	Seal the room
Earthquake	Drop, cover and hold
Tsunami	Get to high ground

TEACHER
Lead safety strategy
Take attendance

K12 STANDARD RESPONSE PROTOCOL

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Lockdown

Heightened State of Security/Preventative Lockdown Protocol

- If staff observe imminent danger near them, they should immediately secure their room or move group to a secured room, call 911 and then notify Club Leadership Team and/or the appropriate Boys & Girls Club staff member of the danger. If staff is unable to call 911, they shall inform another staff to call immediately.
- The Club Leadership or his/her designee will announce via two-way radio that the lockdown protocol is in effect. Runners may be sent, if it is safe to do so, to ensure that personnel in outside areas or areas without two-way radio capabilities are notified.
- Staff should brief members that the Club has been placed on a lockdown as a response to an apparent crisis. They should advise members to remain quiet until more can be learned about the situation. Staff should then begin calmly and quietly reviewing emergency evacuation procedures with members to prepare them for possible evacuation.
- Staff will immediately lock their rooms, close blinds, turn out the lights, and advise members to move away from doors and windows and sit on the floor quietly.
- If they are not in a room at the time the protocol is announced, members should proceed to rejoin their group. If it appears unsafe to proceed to their group, members should proceed to the nearest room. Staff will lock their doors once the hallways near their room are clear of members.
- The Boys & Girls Club staff not assigned to room duties should follow their assigned emergency duties.
- Personnel who are engaged in outdoor activities when the protocol is announced will need to make a prompt determination as to whether it is safer to attempt to enter the building, to take shelter or to leave the campus to seek shelter in the safest place available. If the decision is made to leave the campus, members present should move as quickly as possible. A list of all who are evacuated should be made by the staff member or leader present as soon as it is safe to do.
- While the lockdown protocol is in effect, staff should not open room doors unless clearance is obtained from the Club Leadership or law enforcement.
- Any suspicious activity should be reported the Club Service Center (CSC) as soon as possible.
- Law enforcement will determine the validity of the threat.

Lockout

Heightened State of Security/Preventative Lockout Protocol

- If staff observe imminent danger near them, they should immediately secure the doors near them and notify Club Leadership of the danger.
- Club Leadership will alert all staff via two-way radio that the lockout protocol is being implemented. Personnel in areas without radio capability will be notified by a runner assigned by the Club Leadership.
- Club members not with their group shall return to their group as soon as they hear the alert.
- If no imminent danger has been detected, staff should brief members that the Club has been placed on a lockout and given instructions be attentive to updates regarding the situation. Program activities may resume at a low volume.
- While the lockout protocol is in effect, staff should not open exterior doors unless clearance is obtained from the Club Leadership or law enforcement.
- Any suspicious activity should be reported the Club Service Center (CSC) as soon as possible.
- Law enforcement will determine the validity of the threat.

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Evacuate

Heightened State of Security Requiring Evacuation Protocol

- If staff observe imminent danger near them, they should immediately notify Club Leadership.
- Club Leadership will alert all staff via two-way radio that the evacuation protocol is being implemented and which reunification location will be utilized. Personnel in areas without radio capability will be notified by a runner assigned by the Club Leadership.
- All members, staff, volunteers and parents shall evacuate the building immediately and proceed to their pre-determined assembly areas outside and away from the building.
- Staff shall carry a current member roster and emergency contact information with them anytime the building is evacuated to their assembly areas.
- Once at their assembly areas, staff should report the status of their members to the Club Leadership and/or appropriate staff member.
- Children without their parent/guardian will not be allowed to leave their assembly areas unless the leader obtains authorization from the Club Leadership.
- If program activities are occurring outside, those outside should be warned and informed not to come back inside of the building.
- Following an evacuation, no one will enter the building until it has been cleared by law enforcement.

Evacuation Protocol

Before an Evacuation

- ✓ Maps showing the evacuation routes for all locations in the building are posted in each room in the building.
- ✓ A master copy of the evacuation plan is at the Club Service Center and is carried with the Club Leadership during all evacuations.
- ✓ Staff and members will be oriented to their specific duties, requirements and responsibilities should an off-campus evacuation become necessary.
- ✓ The two-way radios (wakie-talkies) will be the primary means of notifying building occupants, when possible. In the event the two-way radios (wakie-talkies) are unavailable or fails, the announcement of an evacuation will be made by a bullhorn, or by other effective means of communication.
- ✓ Consider not removing any bags from the facility during an evacuation due to a bomb threat.
- ✓ Make sure evacuation drills take place on a regular basis.

During an Evacuation

- ✓ Staff should make sure all members are out of their rooms and adjoining restrooms and workrooms.
- ✓ Groups will proceed to their designated area. Once there, staff will make note of members who are not present and furnish those names to Club leaders as soon as possible.
- ✓ Club leaders will close, but not lock doors, before they follow their members out of the building.
- ✓ Staff will remain with their group until the law enforcement sounds an “all clear” signal.
- ✓ Club leaders will gather lists of unaccounted persons from staff members to provide to the Club Leadership Team and emergency response personnel.

Family Reunification Protocol after an Evacuation

- ✓ Parents who are not with their children at the time of an evacuation will be notified, when it is safe, where they can be reunited with their children.
- ✓ Designated personnel, will check the identification of those entering the reunification area.
- ✓ Designated personnel will coordinate the signing out of those in the reunification site. Anyone picking up a child, under the age of 18, must be a verified person on the minor’s Emergency Medical Release/Authorized Pick Up List. Persons picking up children should sign the attendance log.
- ✓ If possible a mental health professional or counselor should be assigned or secured to calm those waiting at the reunification site and distribute information sheets on traumatic stress reactions.
- ✓ Reunited families should be encouraged to leave the reunification site promptly.
- ✓ Those who have not been picked up from the reunification site by a certain time will be taken to a secure area until a family member comes. Media Liaison and Parent Liaison will relay the message to the Club community of the new pick up site where family members can pick up their loved ones.

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Shelter

Impending Severe Weather

- Ensure all youth are inside the building and accounted for through the use of roll calls.
- Monitor weather bulletins including weather radios, TV and/or radio news broadcasts.
- Keep staff and members informed concerning the weather situation.
- Utilize activate "spotters" when appropriate.
- Be prepared to activate Tornado protocol.

Tornado Protocol

- Use the two-way radio to signal that a tornado is imminent.
- Go into "Tornado Safe Space" identified under each Club's individual plan. Do not use gym as shelter!
- Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information. In any emergency, always listen to the instructions given by local emergency management officials.
- Be alert to changing weather conditions. Look for approaching storms.
- Look for the following danger signs:
    - Dark, often greenish sky
    - Large hail
    - A large, dark, low-lying cloud (particularly if rotating)
    - Loud roar, similar to a freight train.
    - If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.
- After a tornado:
  Keep students assembled in an orderly manner, in a safe area away from broken glass and other sharp debris, and away from power lines, puddles containing power lines, and emergency traffic areas. While waiting for emergency personnel to arrive, carefully render aid to those who are injured. Keep everyone out of damaged parts of the school; chunks of debris or even that whole section of the building may fall down. Ensure nobody is using matches or lighters, in case of leaking natural gas pipes or fuel tanks nearby. It is very important for teachers, principals and other adult authority figures to set a calm example for students at the disaster scene, and reassure those who are shaken.

Return to Normal Operations

- There is no indication that an above normal level of danger exists.
- Further measures such as evacuation will not be needed.
- It is possible for the functions of the Club to continue.
- The Club Leadership Team will announce that the normal operations are in effect.
- The Club Leadership Team will make a brief announcement to update the staff.

Human Caused Emergencies

Bomb Threats, Explosions and Suspicious Packages

- Immediate reporting of any bomb threat will be made to 911 and the Club Leadership Team by the person who received the call.
- If the bomb threat is written, the note should be evaluated by law enforcement to assess the validity of the threat. Clubs should not attempt to evaluate the validity of the threat on their own.
- If the bomb threat is received by telephone, the person receiving the call should do the following: after the caller disconnects, place the line on hold and dial *69 and/or *57.
- Take note of specifics of conversation.
- Law enforcement will determine if the threat is credible and take the necessary actions.
- Staff should scan their rooms for suspicious objects.
- If evacuating the building, the evacuation site should be looked over by personnel who are familiar with the evacuation site area and are able to recognize objects not normally there prior to evacuation. Members and staff will be moved at least **1,000** feet away from the building. Everyone should face away from the building.
- Identification of the person or persons making the threat is very important.
- Any suspicious packages found should not be touched or disturbed in any way.
- Notify Club Service Center immediately.

Response

- Start the evacuation process.
- Announce over the intercom: *"We have a bomb threat. Please prepare to move your members to the assembly area that will be designated during this announcement."*
- Use the same procedures as for a fire drill to supervise your members.
- Establish an Incident Command Post outside the building, at least 1,000 feet away from the facility.
- After the building is evacuated the search teams, led by law enforcement, will search all areas.

Suspicious Package

In the event a suspicious package is found:

1. Evacuate the building/area immediately.
2. Call 911.
3. Do not touch or move the suspicious package.
4. Notify the law enforcement in charge.
5. The Club Leadership Team should confer with the Risk Assessment Team and on site emergency service commander to make the decision if the members and staff should be evacuated from the evacuation site to the Family Reunification Site.
6. Request transportation to the reunification site, if needed.
7. Implement the Family Reunification protocol, if necessary.

The image below illustrates significant elements found in a legitimate suspicious package.

Missing Child, Kidnapping

If it is discovered that a child is missing, staff will notify members and provide a description of the child, abductor, vehicle and information about the incident as soon as possible. The appropriate law enforcement agency will be notified immediately by a member of the staff.

- An appropriate lockdown should occur if any threat is indicated that a kidnapping is about to occur or has taken place and any additional threat or danger is perceived.
- Notify local law enforcement immediately after a child is reported missing or a kidnapping occurs.
- Direct staff to conduct a thorough search of the entire facility and grounds for the missing child including restroom, closets and other potential hiding places.
- Recommend that you develop a procedure directing staff to coordinate with local law enforcement regarding the notification of the child's parent/guardian, in the event that the parent/guardian is not on the campus at the time.
- Identify siblings of the missing child who are also in the facility and make sure they are monitored at all times.
- Provide law enforcement officers with a picture, a description, clothing, including shoes, and any information available regarding the child's whereabouts. Also, note the direction that the abductor may have fled, the description of the vehicle and any notable characteristics.

Intruder, Suspicious Person

An intruder/suspicious person is someone who is unknown to the Boys & Girls Club environment and whose presence at the facility is uninvited and unwelcomed. An intruder/suspicious person represents the potential to jeopardize the safety of staff and members.

Warning

The Club Leadership Team should be notified immediately when an intruder/suspicious person is on the Club's property. Provide the Club Leaders with as much information as possible regarding the person's description, location and what behavior that person is exhibiting. The Club Leadership Team will determine if additional law enforcement presence is necessary.

The Club Leadership Team will then determine whether a lockdown is necessary.

Preparation

- Train all front desk staff on the protocol.
- Restrict free access to the building to as few doors as possible.
- All exterior doors locked during the day should have signs that provide directions for visitors advising them to use the main entrance.
- Discourage members and staff from opening locked doors for others as this will breach security.

Report of a Weapon on Campus

A weapon is any firearm, knife or other object capable of inflicting serious injury or death when used against another person. Any person who has a weapon of any type on the campus should be immediately reported to the law enforcement, the Club Leadership Team and the Club Service Center.

Response

Club Leadership Team Response

- If a weapon is suspected:
  - Call 911.
  - Describe in detail to law enforcement the person's race, sex, clothing, behaviors and the type of weapon.

    - Stay out of view of the person.
    - Work with law enforcement as directed.
    - Under the advisement of the law enforcement officers, consider the following options and notify staff:
        - Evacuate the building (do not use the fire alarm).
        - Maintain control and keep members calm.
        - Be ready to implement the Family Reunification Protocol if necessary.
- If a weapon is visible:
    - Call 911.
    - Describe in detail to law enforcement the person's race, sex, clothing, behaviors and the type of weapon.
    - Escort law enforcement to the scene.
    - Stay out of view of the person.
    - Work with law enforcement officers as directed.
    - Under the advisement of the law enforcement officers, consider the following options and notify staff:
        - Evacuate the building (do not use the fire alarm).
        - Maintain control and keep members calm.
        - Be ready to implement the Family Reunification Protocol if necessary.
- Contact the CEO as soon as possible.
- Calm others.
- Do not approach the person who has a weapon.
- Do not attempt to confiscate the weapon.
- If the person is visible, or if the person is threatening, ask the person in a calm voice for permission to evacuate the rest of the group.
- Evacuate quietly, if allowed.
- If an evacuation is not allowed, keep talking with the person until the law enforcement arrives. Ask them the following:
    - Ask them to stop what he/she is doing.
    - Ask them what is wrong or what do they want?
- When law enforcement arrive, do as they advise.
- After the incident, file a report as soon as possible.
- Identify emotional support needs for staff and members.

Active Shooter

Active shooter situations are defined as those where an individual is "actively engaged in killing or attempting to kill people in a confined and populated area."

Preparation

- Train all front desk staff on the protocol.
- Work with first responders to determine/identify evacuation route and lockdown procedure. Determine how to evacuate or lockdown personnel and visitors. Remember to pay attention to disability-related accessibility concerns when advising on shelter sites and evacuation routes. Also, think about how to evacuate when the primary evacuation routes are not accessible. Identify effective shelter-in-place locations (optimal locations have thick walls, solid doors with locks, minimal interior windows, first aid-emergency kits, communication devices and duress alarms).
- Determine how those present on the grounds will be notified that there is an active shooter incident underway. This could be done using familiar terms, sounds, lights and electronic communications, such as text messages or emails. Include in the courses of action how to communicate with those who have language barriers or need other accommodations such as visual signals to communicate with hearing-impaired individuals. Rapid notification of a threat can save lives by keeping people out of harm's way.

- Determine how to let the staff and members know when buildings and grounds are safe.
- Train staff, leadership and members, as appropriate, what to expect and how to react in the event of an active shooter.
- Work with first responders to help highlight common pre-attack behaviors displayed by past offenders.
- Members and staff should be trained to cooperate and not to interfere with first responders. They should display empty hands with open palms and anticipate that law enforcement may instruct everyone to place their hands on their heads and/or get down on the ground.
- Before an emergency, the Emergency Management Team should determine how, when, and by whom loved ones will be informed if their loved one is missing or has been injured or killed. Law enforcement typically takes the lead on death notifications, but all parties should understand their roles and responsibilities.
- Make sure there is a plan in advance to keep the media away from families who do not want to engage with them. This includes strategies for keeping the media separate from families while the emergency is ongoing and support for families that may experience unwanted media attention at their homes.

Response

- If able, those closest to a communications system should communicate the danger and take necessary action to respond to the active shooting taking place.
- Upon recognizing danger, as soon as it is safe to do so staff or others should alert responders by contacting 911 with as clear and accurate information as possible.
- There are three basic response options: **Run, Hide** or **Fight.**

Run: If it is safe to do so, the first course of action that should be taken is to run out of the building and far away until in a safe location. Members and staff should:

- Leave personal belongings behind.
- Visualize possible escape routes, including physically accessible routes for individuals with disabilities.
- Avoid escalators and elevators.
- Take others with them, but do not stay behind because others will not go.
- Call 911 when safe to do so.
- If a child, let a responsible adult know where they are.

Hide: If running is not a safe option, hide in as safe a place as possible. Members and staff should be trained to hide in a location where the walls might be thicker and have fewer windows. In addition:

- Lock doors.
- Barricade the doors with heavy furniture.
- Close and lock windows and close blinds or cover windows.
- Turn off lights.
- Silence all electronic devices.
- Remain silent.
- If possible, use strategies to silently communicate with first responders; for example, in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room's occupants.
- Hide along the wall closest to the exit but out of the view from the hallway (allowing for an ambush of the shooter and for possible escape if the shooter enters the room).
- Remain in place until given an all clear by identifiable law enforcement.

Fight: If neither running nor hiding is a safe option, as a last resort, when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers or chairs.

- After the scene is secured, the Emergency Management Team will begin to help with triage assessment, providing emergency intervention services and victim assistance, as well as providing family members with timely, accurate and relevant information.

- Essential steps to help establish trust and provide family members with a sense of control can be accomplished by:
- Identifying a safe location separate from distractions and/or media and the general public, but close enough to allow family members to feel connected in proximity to their children/loved ones.
- Schedule periodic updates even if no additional information is available.
- Be prepared to speak with family members about what to expect when reunified with their child/loved one.
- Ensure effective communication with those that have language barriers or need other accommodations, such as sign language interpreters for the hearing impaired.
- Provide crisis counseling to affected members.

Sexual Assault

Contact BGCA in the case of a critical incident.
866.607.SAFE(7233)

Officials should be prepared in the event of a sexual assault.

Preparation

- Provide education/awareness to staff and appropriate-aged members about the signs and symptoms of sexual harassment and sexual assault.
- Staff should be progressive in interjecting if they witness any signs of sexual harassment and/or sexual assault.
- Counseling should be recommended and/or provided to members who may exhibit sexual aggression.

Response

- Call 911 to request law enforcement and EMS.
- Notify the family of the victim.
- Dissuade the victim from washing, cleaning up or using the restroom, if possible.
- Assign a staff member to protect the crime scene.
- Isolate family members who are on the campus.
- Obtain preliminary statements from the victim and provide to the law enforcement upon their arrival. Remember, leave the investigation to the authorities.
- After the incident, attempt to determine what security factors (or lack thereof) may have contributed to the assault.
- Protect the victim and the assault location. No actions should be taken that would move or damage possible evidence unless it must be done for safety reasons.
- Provide access to counseling to any parties needing assistance.

Civil Disturbance

If a civil disturbance seems imminent or is taking place, the “actual crisis response” protocol (see Emergency Operations Plan for full detail of this protocol) will be issued and the procedures outlined followed. The staff on duty will notify key officials and local public safety agencies, and, if necessary, local law enforcement officials will be requested to handle outsiders who cause disruptions. Staff and members will be instructed to refrain from any verbal exchanges with outsiders when the disturbance is occurring.

Accidents

Injury, Illness, Suicide and Death

Every Club should be prepared to provide basic first aid, while requesting necessary emergency assistance.

Preparation

- Train all front desk staff on the protocol.
- Establish and maintain a list of emergency medical telephone numbers.
- Establish and maintain a list of staff and members qualified to administer first aid and CPR.

- Maintain a file of member and personnel home telephone numbers, family business phone numbers, names and numbers of other individuals authorized by the family to make decisions regarding emergency treatment.
- Maintain a file listing members with known medical needs with instructions for emergency.
- Maintain a list of staff members trained to deliver serious injury and/or death notification in conjunction with emergency response.

Response

In non-critical situations:

- Administer first aid, if necessary.
- Contact family members.

In critical situations:

- Call 911 and/or emergency medical services and emergency 911 communications.
- Administer first aid to the extent possible.
- Limit activity near the affected member(s).
- Notify the family of the affected member(s). If the family cannot be contacted immediately, continue attempts to contact family members and keep a record or procedures, times and actions.
- If the member is transported to a hospital, a staff member should accompany the member.
- Keep a record of procedures administered (first aid, CPR, etc.) the times and actions.
- If violence was involved, keep the incident scene secured. Do not disturb possible evidence. Identify witnesses and keep them separated.

In the event of death:

- Be aware that any situation involving death is considered a crime scene. Secure the scene and restrict activity in and around the crime scene. Trained law enforcement personnel will process the scene.
- Limit activity up to, and including, a lockdown, if necessary.
- Initiate the Family Reunification Protocol, if necessary.
- Provide available information to staff, and members.
- Initiate the Media Response Protocol.
- Remove personal items of the deceased from room, etc. when allowed by law enforcement and/or medical examiner.
- Stop any pre-incident notices and/or memos of any kind, from inadvertently being sent to the family.

Continuity of Operations Plan

In the event of an emergency or disaster, the Executive Team will be responsible for identifying additional resources to meet the needs of members and the community.

- As a preventative measure, the server is utilized to back all important documents including, staff, members, volunteers, financial, and operational. The server can be accessed off site as long as there is power to the Club Service Center.
- A current backup copy of all computer files on the server will be added to the server daily.
- A log of key activities during an emergency will kept on the OneDrive and will be shared with all members of the Emergency Management Team. Key activities include but are not limited to a protocol being activated, announcements/notifications made (specifying by who, by which mode of communication and when), updated on the reunification of families, etc.
- The Finance Liaison will be the individual who will oversee administrative responsibilities and requirements that will be used to provide accountability for finances and resources that are used.
- The Boys & Girls Club will use QuickBooks for keeping financial records; tracking resource needs; tracking the source and use of resources; acquiring ownership of resources; compensating the owners of private property used by the Club.

Organizational Profile

Criteria		Wood Valley	Tarpon Springs	Pinellas Park	Ridgecrest	Northside	Royal Theater
Type of Surrounding Community		Suburban	Suburban	Suburban	Suburban	Urban	Urban
Year of Construction		1982	1963			1977	1948
Are the following pieces of equipment and campus locations checked on a regular basis?	Fire/Life Safety Systems (i.e., fire pump, fire panel, alarm system) & Life Systems (AED)	Monthly		Yes	Alarm - Yes	Yes	Yes
	HVAC	N/A	Yearly	Yes	Yes	Yes	Yes
	Fire Suppression	N/A	N/A	Yes	No	Yes	Yes
	Fire Extinguishers	Annual Inspection (November)	Yearly	Yes	Yes	Yes	Yes
	Smoke/Heat Detectors	Inspected monthly	Bi-annually		Yes	Yes	Yes
	Generators	N/A	N/A	Yes	N/A	N/A	N/A
	Security Alarm	Tested monthly	Daily		Yes	Yes	Yes
	Kitchen	Monthly	Daily	Yes	Yes	Yes	Yes
	Playground	Formal inspection bi-monthly; visual sweep daily	Daily	N/A	No	N/A	Yes
Were mechanical, custodial and electrical rooms found to be locked?		Yes	Yes	No	Yes	Yes	Yes
Were all chemicals properly stored, labeled and in their original containers?		Yes	Yes	Yes	Yes	Yes	Yes
Average # of visitors weekly		15	5		5	100	10
Average # of visitors daily		3	5		1	75	2
Names & credentials of members/families who work in public safety (law enforcement, fire, EMS).		None	N/A	N/A	N/A	N/A	N/A
Emergency Management Agency Contact Information		**Police** 727-562-4242 **Fire** 727-324-2444	**Police** 727-938-2849 **Fire** 727-938-3737	**Pinellas Park Police Dept** 727-369-7864	**City of Largo** 727-587-6730	**City of St. Pete** 727-893-7780	**City of St. Pete** 727-893-7780

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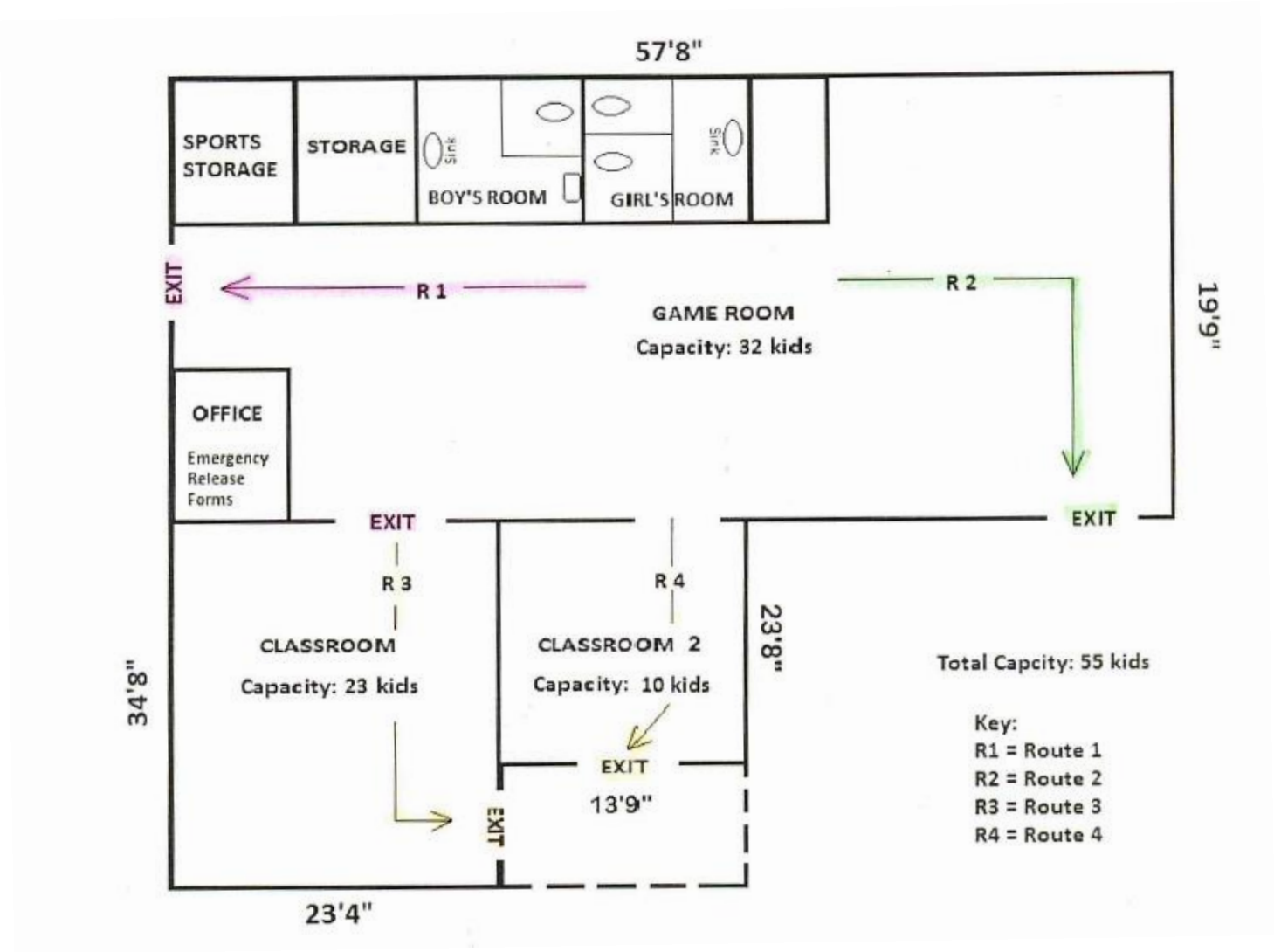
Wood Valley Plan

Floor Plan



Evacuation Locations & Reunification Plan

- Moccasin Lake Park
- Cliff Stephens Park
- Eisenhower Elementary School

Tornado Protocol

- Go into “Tornado Safe Space,” the two restrooms (capacity: 15 in each).

Security Alarm

The alarm panel is located on the wall on the left-hand side as soon as you enter the front door. Club Director & Area Director know the alarm code. A record of all codes are with the COO & Director of Finance.

Continuing Operations

In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations:

Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?

Essential functions - what are they?

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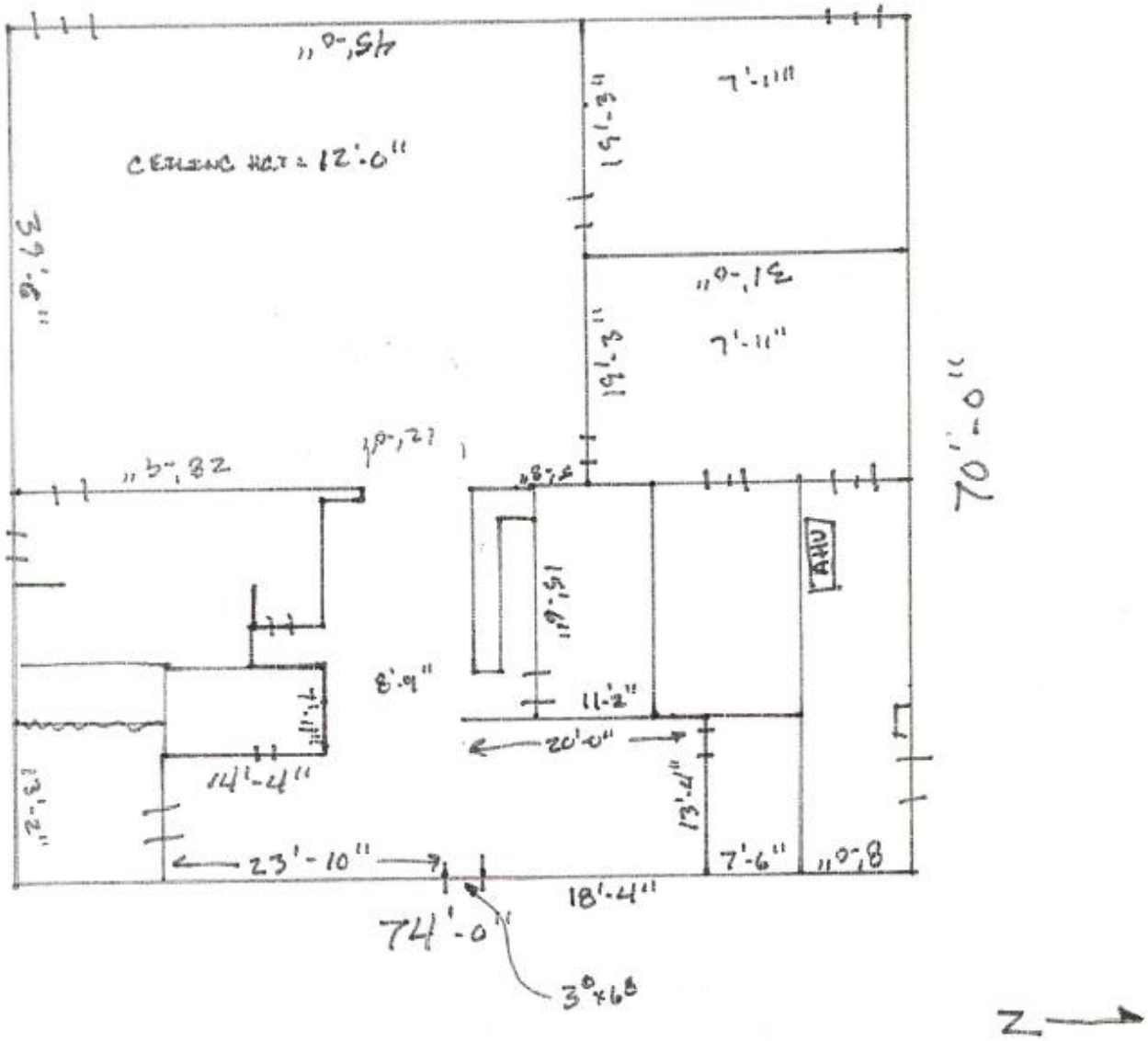
COMMITMENT TO SAFETY

Tarpon Springs Plan

Floor Plan



Evacuation Locations & Reunification Plan

- Shepherd Center
- The Bayou
- Family Dollar

Tornado Safe Space

- The two Bathrooms & Cage Room.
    - The two bathrooms would be filled first and the remainder of youth will be moved to the Cage Room.
    - There is a window in the Girl's bathroom which must be boarded up in the case of a Tornado Watch.

Security Alarm

The alarm panel is located on the column to the left of the front desk if you are looking at the front door.

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COMMITMENT TO SAFETY

Club Director & Area Director know the alarm code. A record of all codes are with the COO & Director of Finance.

Continuing Operations

In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations: Tarpon Springs Library, St. Nicholas Hall, and St. Petersburg College Tarpon Springs Campus.

Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?

Essential functions - what are they?

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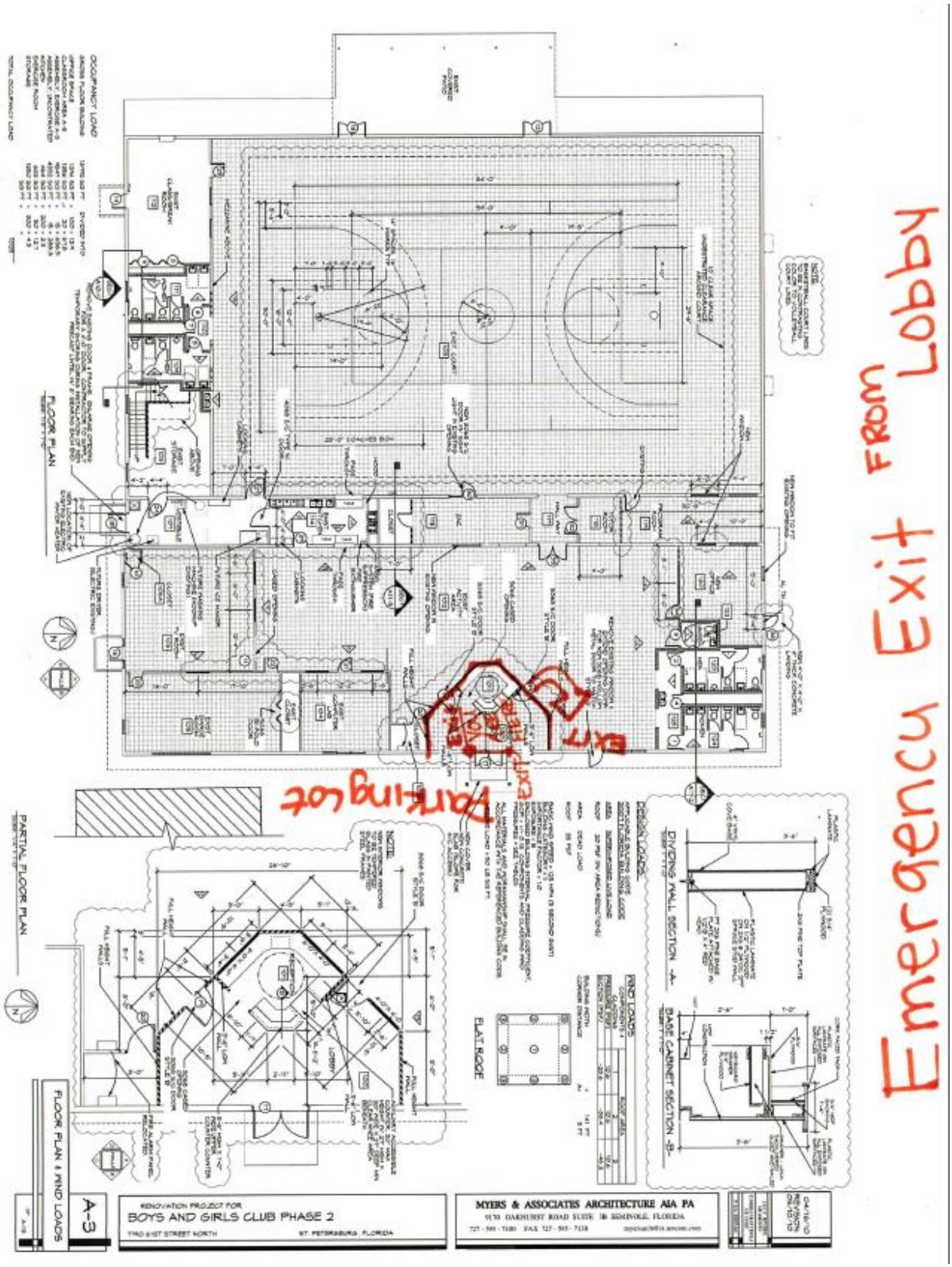
COMMITMENT TO SAFETY

Pinellas Park Plan

Floor Plan



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Evacuation Locations & Reunification Plan

- Girls Inc.
- Community Christian Academy: 6565 78th Ave n. Pinellas Park FL, 33781
- Pinellas Park Senior Center: 7625 59th street n. Pinellas Park FL, 33781
- City Works: 6051 78th Ave n. Pinellas Park FL, 33781

Tornado Protocol

- Go into "Tornado Safe Space," the Games Room and line up against the wall closest to the Gym, further from windows.

Security Alarm

The alarm panel Club Director & Area Director know the alarm code. A record of all codes are with the COO & Director of Fiannce.

Continuing Operations

- In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations: Community Christian Church, SPC Gibbs, Girls Inc.

Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?

Essential functions - what are they?

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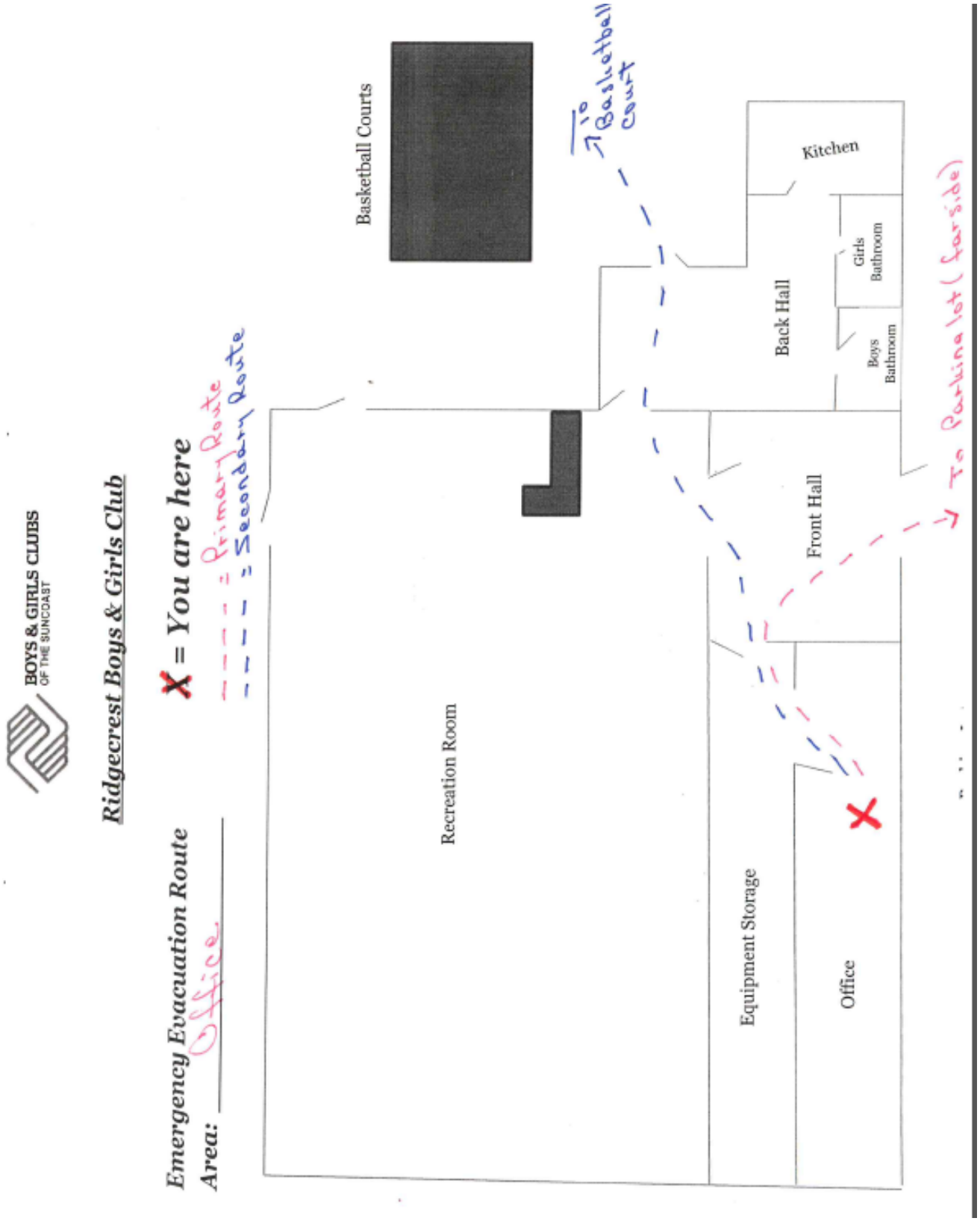
Ridgecrest Plan

Floor Plan



BOYS & GIRLS CLUBS OF AMERICA
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Evacuation Locations & Reunification Plan

- Ridgecrest YMCA: 1801 119th St N, Largo, FL 33778
- Largo Fire Station 39, 12398 134th Ave, Largo, FL 33774
- Southwest Recreation Complex, 13120 Vonn Rd, Largo, FL 33774

Tornado Protocol

When alarm sounds, members will be instructed to line up against interior wall, kneel, and bent forward with hands locked behind the head and neck. They will stay in this potion until director gives an all clear announcement.

Security Alarm

Club Director & Area Director know the alarm code. A record of all codes are with the COO & Director of Finance.

Continuing Operations

In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations: Ridgecrest YMCA: 1801 119th St N, Largo, FL 33778 and GRAYDI: 12601 Wilcox Rd, Largo, FL 33774.

Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?

Essential functions - what are they?

BOYS & GIRLS CLUBS OF AMERICA
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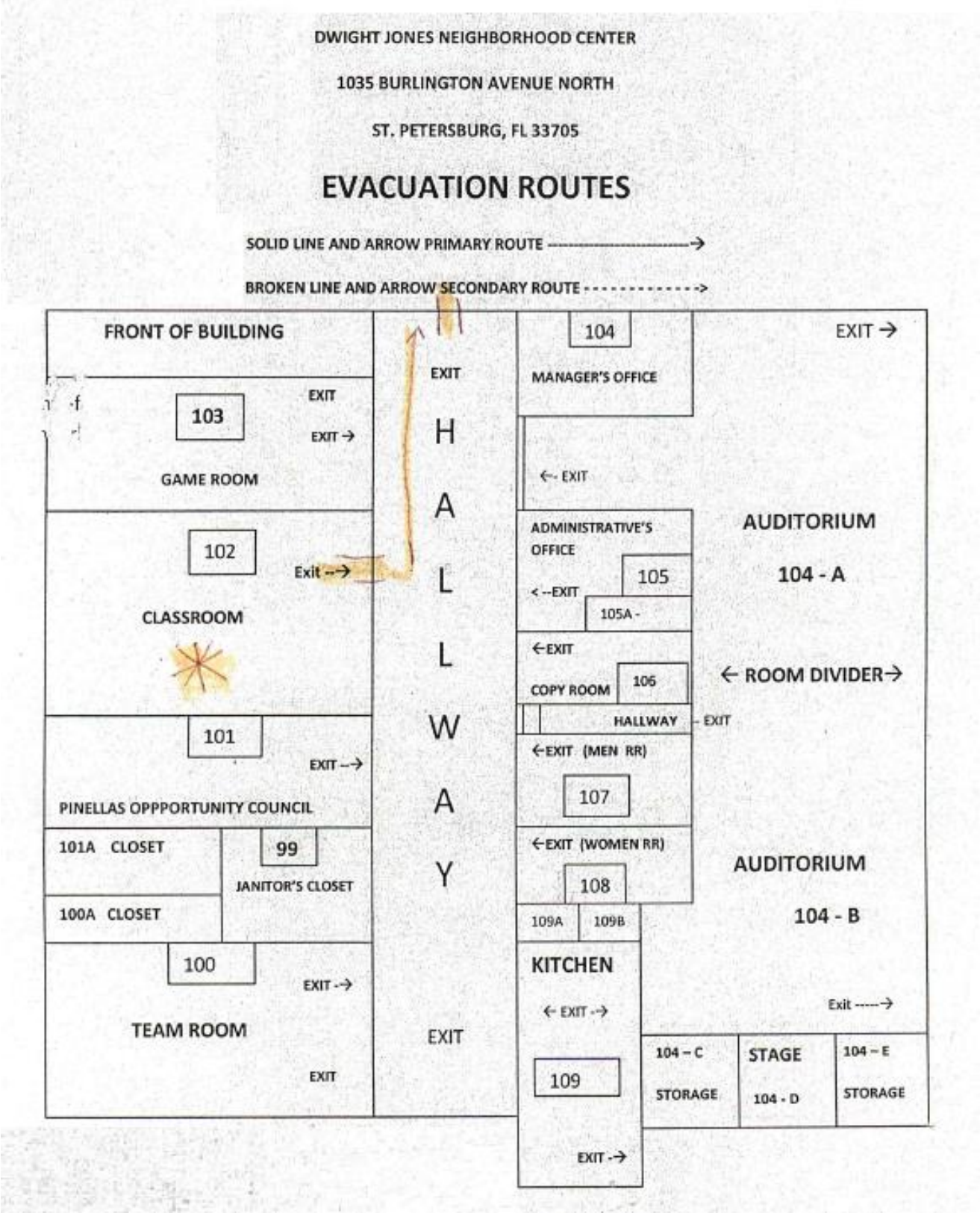
Northside Plan

Floor Plan



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COMMITMENT TO SAFETY

Evacuation Locations & Reunification Plan

- Unity Park
- Police Department
- Royal Theater

Tornado Protocol

- Staff and children move into the two bathrooms and the remainder on the auditorium stage
- Glass in auditorium is shatter proof

Security Alarm

The security alarm panel is located in the janitorial closet in the hallway which is located behind the double doors on the left-hand side upon entering the building from the parking lot.

Continuing Operations

In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations: St. Petersburg College – Midtown Campus, Campbell Park Elementary School.

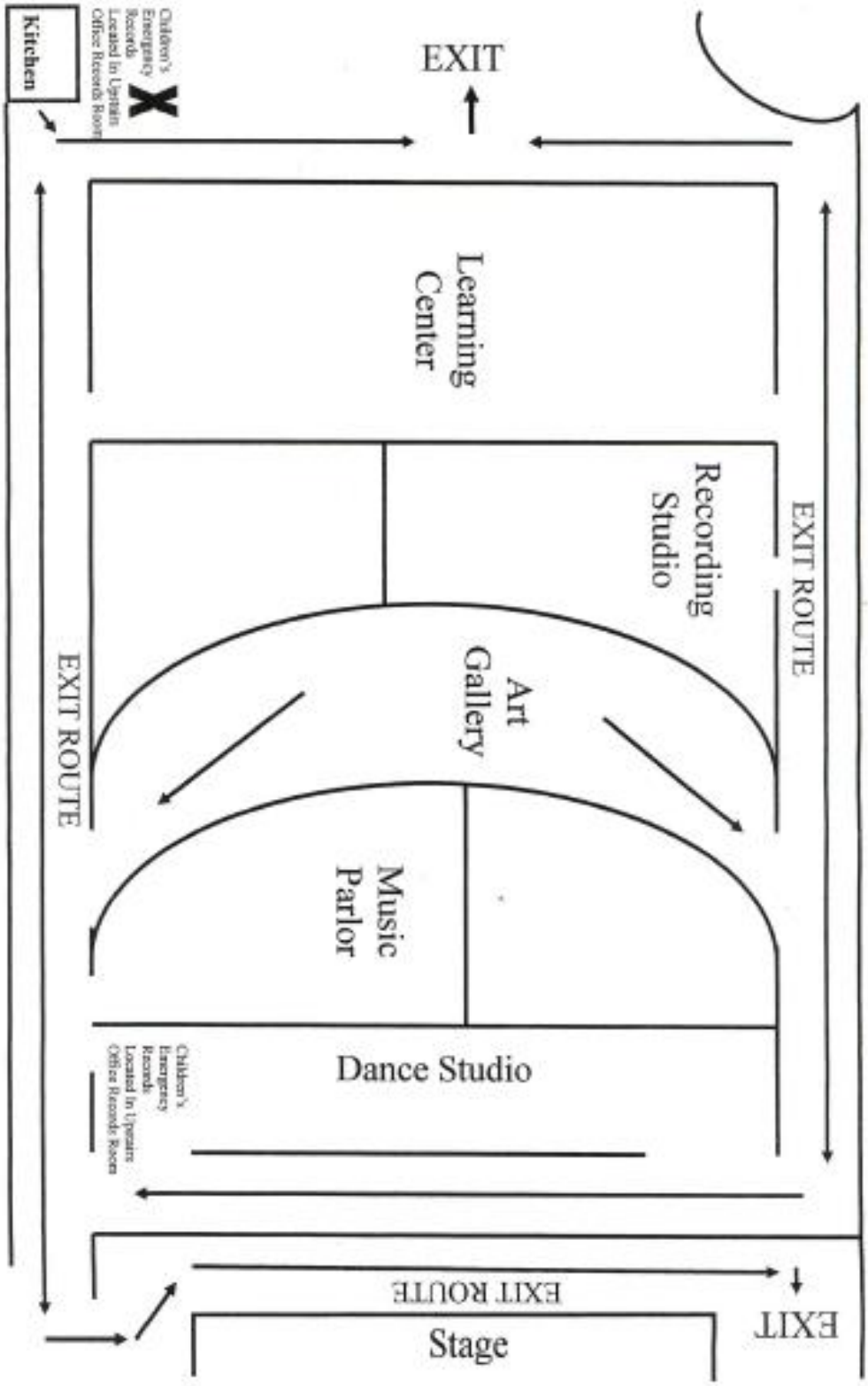
Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?
Essential functions - what are they?

Royal Theater Plan

Floor Plan



BOYS & GIRLS CLUBS OF AMERICA
COMMITMENT TO SAFETY

Evacuation Locations & Reunification Plan

- St. Petersburg College – Midtown
- Melrose Elementary School Parking Lot
- Mount Zion Christian Academy Parking Lot

Tornado Protocol

- Go into "Tornado Safe Space," the Learning Center. Do not use gym as shelter!

Security Alarm

The security alarm panel is located in kitchen immediately to right of the door as you enter the room. EEI is the alarm company.

Continuing Operations

In order to continue providing services to youth and families in our community, especially during a time of crisis, we are working to build partnerships with the following organizations: St. Petersburg College – Midtown Campus, St. Petersburg Main Library, St. Petersburg College – Downtown Campus.

St. Pete Midtown – who is the contact? Need contact info.

Upon arrival at the Continuity facility, Continuity personnel will:

- Report immediately to [insert location] for check-in and in-processing;
- Receive all applicable instructions and equipment;
- Report to their respective workspace as identified in [location] or as otherwise notified during the activation process; Retrieve pre-positioned information and activate specialized systems or equipment;
- Monitor the status of [Organization Name] personnel and resources;
- Continue [Organization Name] Essential Functions;
- Prepare and disseminate instructions and reports, as required;
- Comply with any additional Continuity reporting requirements with the FEMA Operations Center;
- Notify family members, next of kin, and emergency contacts of preferred contact methods and information

Go Box-what should go in it? Where should it be kept? Should these be purchased and prepared pre or post-crisis?

Essential functions - what are they?

BOYS & GIRLS CLUBS OF AMERICA
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Remind.com Log In

- Janet: Log in: jarnold@bgcsun.org; Password: Waddle2018
- Brittanee: Log in: 727-495-1111; Password: Chanel17
- Eldon: Log in: ehollomon@bgcsun.org; Password: Suncoast1!
- Niki:

Alarm Codes & Passwords

- Royal Theater: Code: 1022 and Password: BGCS
- Ridgecrest: Code: 9444 and Password: Access granted to April Gagnon- Asst. Property Manager, Austin Rea- Property Maintenance Supervisor (Austin is the first contacted when the alarm is tripped.)
- Tarpon Springs: code: 2816; Password: BGCS
- Wood Valley: code 0611; Password: BGCS
- Pinellas Park: Password: PParkBGCS
- Northside:

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BOYS & GIRLS CLUBS
OF THE SUNCOAST

COVID-19 Reopening Plan & Checklist

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Best Practices for Operating a Childcare Program amid COVID-19

Drop Off/Pick Up:

- Mark spaces 6 feet apart on sidewalk outside facility for families to line up for entry.
- Offer hand sanitizing stations outside and inside the facility.
- Have designated staff person ready to check in each child and staff member behind a safety barrier, such as a face shield or wearing a mask.
- Require each child & staff member have their temperature checked before entry with a non-contact thermometer or clean the thermometer with alcohol between each child (temperature should be under 100 degrees F).
- Survey anyone that enters your building using the most current COVID-19 symptoms.
- Parents will drop off their children at the door and will not be permitted to enter the building to limit exposure.
- Children should sanitize hands upon arrival to the Club, then report directly to their respective classroom.
- At pick up, have someone at the door to retrieve the child keeping parent outside.

Staffing:

- Be prepared ahead of time for staff shortages.
- Staff from closed centers can be used at other centers during this time.
- Background screening required, DCF has issued modified background screening procedures.
- First aid/CPR is still required.
- General DCF/ELC training requirements are being waived right now.
- If staff are using a staff room for breaks, be sure to include that room in your cleaning schedule.
- Staff bathrooms should also be sprayed and allowed to air dry frequently.
- Have staff wear masks at work.
- Club Directors shall maintain a checklist and ensure all rules and regulations are being followed. Such checklist shall be submitted weekly for review.

Social Distancing:

- Social distancing is not natural for children.
- Keep children in small groups, using a 1:15 ratio (Have children use same classroom as much as possible (otherwise intensify cleaning efforts between classroom changes and after hours).
- Same children all day, no mixing or combining (even at drop off/pick up).
- Have children eat in their classrooms and minimize time spent outside of classroom.

- If bathroom is shared and/or not directly connected to classroom, sanitize and disinfect hourly.
- No large group activities or events per governor's guidelines.
- Have same staff with same group daily, and minimize staff changes with each group of children.
- Offer multiple activities in each classroom to promote children naturally social distancing themselves.
- Playgrounds- sanitize equipment at opening time, then have one group at a time use equipment sanitizing between each group. Children can line up six feet apart along the fence line while the staff member sprays the equipment letting it dry before the next group's outside time.

Cleaning/Sanitizing/Disinfection Procedures:

- Clean all common areas and high traffic areas throughout the day.
- Create a schedule for cleaning doorknobs, touchscreens, keyboards, cabinet handles, light switches and other areas that are touched often.
- Remove any toys "mouthed" by children until it is clean and ready for use.
- Remove all cloth toys or dress up clothes from play areas.
- Playgrounds should be sprayed with disinfectant and allowed to air dry between each group.
- Make sure staff and children are washing/sanitizing their hands appropriately using the CDC guidelines.
- Handwashing should be required at CDC recommended times, and in general at every opportunity.
- Handwashing with soap and water is recommended over hand sanitizer when it is available. Be sure to monitor children around hand sanitizer.

Food Service:

- All food should be served in the classroom or outside at picnic tables.
- Only one person should prepare food to limit exposure, if possible.
- Family style service should not be used during this time.
- Have children spread out at tables to eat leaving chairs in between if possible
- Disposable paper products are recommended to avoid returning items to the kitchen after use in the classroom.

Illness:

- Have a very strict illness policy for staff and children.
- Send any staff member or child home when exhibiting COVID symptoms.
- Have isolation(s) area set up in the event a child needs a place to wait for their parent to pick them up.

- Spray the isolation(s) area and allow to air dry between use by children.
- Do not have multiple children in the same isolation area.
- If a child or staff member is diagnosed with COVID-19, close the areas that were used and call COO. COO will call Epidemiology "EPI" **(727-824-6932)** for further instructions.

Program Capacity and Space Breakdown

In order to align with the health and safety best practices provided by the Center for Disease Control and Prevention (CDC), BGCS will reduce its capacity for each building and limit all program spaces to 10 people.

Scenario 1 with CDC Restrictions: Staff-to-child ratio will reduce to 1:7 (to include staff floaters for cleaning, sanitizing and breaks) and all persons will be positioned at least six feet apart. Each group will take turns using the outdoor space. Additional staff will be hired to account for potential staff shortages due to illness or termination.

Scenario 2 WITHOUT CDC Restrictions: The staff-to-child ratio would be no greater than 1:15, but will be determined by BGCS as necessary.

Scenario 1: Ratio 1:7				
	Program Spaces	**Total Capacity**	**Member Count**	**Program Staff**
Northside/Royal Theater	5	50	45	7
Pinellas Park	8	76	68	10
Wood Valley	3	30	27	4
Tarpon Springs	3	30	27	4
Ridgecrest	1	10	9	2

Scenario 2: Ratio 1:15				
	Program Spaces	**Total Capacity**	**Member Count**	**Program Staff**
Northside/Royal Theater	5	117	117	8
Pinellas Park	8	150	150	10
Wood Valley	3	65	65	5
Tarpon Springs	3	70	70	5
Ridgecrest	1	64	64	5

BOYS & GIRLS CLUBS
OF THE SUNCOAST

Opening Procedures

A. Morning Preparation

1. Club Director and one other staff will arrive at least 45 minutes prior to opening. Temperatures of staff will be taken and recorded on daily chart.
2. Unlock all program/staff spaces and disinfect interior and exterior door handles and reception desk keyboard.
3. Disinfect all staff walkie-talkies and line up at reception.
4. Turn on all lights and set up computer, staff wellness checklist, health questionnaire, hand sanitizer and thermometer at table in front of exterior door ten minutes prior to the remaining staff arrival.

B. Staff Arrival

1. Verbal screening questionnaire is administered by Club Director.
2. Temperatures taken and recorded on daily chart.
3. Staff must wear masks.
4. All staff must wash hands upon entry into building.
5. Staff must sanitize their hands before and after clocking into their shift.

C. Staff Wellness Screening – Performed by Club Director: Before staff arrive, Club Director should remain at exterior check-in table ready to take temperatures and administer verbal health questionnaire upon staff arrival

1. Verbal Questionnaire

Staff are required to answer these questions daily prior to entering the building:

i. Have you had fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 5 days?

ii. Have you been exposed to someone who has been diagnosed with the COVID-19?

iii. Have you traveled internationally in the last two weeks?

If the staff answers **yes** to any of these questions, they will be sent home and asked to return only when they are able to answer **no** to all questions.

2. Temperature Check

Once the staff passes the verbal questionnaire, the Club Director should wear gloves, mask and face shield/safety goggles and take forehead temperature of staff member twice.

Club Director to note verbal screening acknowledgment and record both temperature readings on intake form.

If lower than 100 degrees F – Staff may enter building and proceed to handwashing station. Club Director to note on checklist.

If 100 degrees or higher - Staff must be sent home until fever free without fever reducing medication for at least 3 days.

D. Program Preparation

Staff Daily Safety Briefing: Once all staff have arrived and clocked in, Club Director or Staff Member in Charge (SMIC) must lead a daily safety review of general hygiene practices, safety reminders, and any special circumstances of situations of which the team needs to be aware.

After the Daily Safety Briefing, staff should ensure:

- ✓ All rooms must have hand sanitizer and restroom doors are propped open.
- ✓ They are positioned at the drop-off points with their walkie-talkies, child wellness screening/verbal questionnaire and thermometers fifteen minutes before first program session starts.

Club Director/SMIC should ensure the following are ready for member drop-off:

- ✓ Sign-In checklist with verbal health questionnaire acknowledgment.
- ✓ Gloves.
- ✓ Thermometers.
- ✓ Disposable masks.
- ✓ Staff are smiling & greeting everyone.

After clocking in staff members should ensure:

- ✓ Maximum of 15 children per program space.
- ✓ Each space has tables and children are positioned at least six feet apart from one another.
- ✓ Each workstation and all equipment should be wiped down with warm soap and water or disinfectant cleaner/wipes fifteen minutes before the first program session starts.

BOYS & GIRLS CLUBS
OF THE SUNCOAST

Drop-Off Procedures

Member Wellness Screening

Before members arrive, staff should position themselves at drop-off, ready to administer verbal health questionnaire and take temperatures upon member arrival.

1. Verbal Questionnaire

Parent/child are required to answer these questions daily prior to member entering the building:

1. Has your child had fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 5 days?
2. Has your child been exposed to someone who has been diagnosed with the COVID-19?
3. Have you or your child traveled internationally in the last two weeks?

If the parent answers **yes** to any of these questions, the child will not be admitted into the program and will be asked to return when they are able to answer **no**.

2. Temperature Check

- Support staff should wear gloves, mask and face shield/safety goggles and take temperature of member twice.
- Support Staff will note verbal screening acknowledgement. If lower than 100 degrees F – Member may enter building and proceed to handwashing station.
- If 100 degrees or higher - Member must be sent home until fever-free without fever reducing medication for at least 3 days.

Protocol Surrounding Health Concerns

If member exhibit signs of illness or experiences any symptoms, staff will implement the following protocol:

1. Staff to walkie-talkie Club Director/SMIC and inform of situation.
2. Club Director/SMIC and one support staff will retrieve member for visual assessment in pre-designated isolation room (classroom or office).
   a. Staff will take member's temperature (gloves, mask and face shield/safety goggles must be worn).
   b. First Aid may be administered (gloves, mask and face shield/safety goggles must be worn).
3. Club Director/SMIC calls parent and requests that the member be picked up as soon as possible.

4. Club Director/SMIC will document detailed account of incident, persons present, symptoms, steps taken, and outcome to include in end of day summary.

Parent Pick-Up Procedures

A. Parents remain outside of building.
B. Table is set-up outside for staff with sign-out rosters and walkie-talkies.
C. Members are called via walkie-talkie to meet parents outside.
D. Staff to note that member has been picked up and departure time.

Staff Closing Procedures

A. Facilities Maintenance (after last member leaves the program space)
    1. Disinfect all tabletops, devices, and equipment used during program, including office spaces and reception area.
    2. Disinfect all door handles (interior and exterior).
    3. Wipe down switch plates and turn off all lights.

B. Staff Departure
    a. Staff to clock out using device at reception. Hand sanitizer must be used before and after clocking out.
    b. Club Director/SMIC to ensure all exterior and interior doors are closed and locked, arm facility, and exit the building.

Staff Training Overview

I. Objectives
    a. Ensure the safety of our members and their families at Club facilities.
    b. Ensure the safety of staff during program.
    c. Provide staff with the tools to administer quality programming under new safety protocols.

II. Overview
Staff will undergo extensive training around new processes and procedures the week prior to re-opening on June 8th. Staff will go through virtual and in-person trainings. Club Directors will oversee a “run-of-show” to assess the readiness of each site prior to clearing for re-opening.

    a. Virtual Training

i. Overview of new Club plan and protocols
ii. Guidelines for staff health and safety upon arrival to Club
iii. General health guidelines for staff safety off the clock
iv. Uniform requirements
v. Safety scenarios
vi. Staff Q&A

b. In-Person Training
    i. Review of health screening
    ii. Overview of facilities maintenance
    iii. Overview of programming
    iv. Practice-run for each function
        1. Staff entering building at start of shift
        2. Prepping program area
        3. Brief programming/activity practice
        4. Cleaning program area
        5. Drop-off process
        6. Pick-up process
        7. Closing program area
    v. Formal run-through with leadership

BOYS & GIRLS CLUBS
OF THE SUNCOAST

Supplies and Equipment

Facilities/Cleaning Supplies

- Disinfectant Wipes
- Hand Sanitizer with pumps
- Clorox/Bleach
- Spray Bottles
- Alcohol Based Solvents for technology equipment
- Lysol Spray
- Paper Towels
- Toilet Paper
- Brooms/Dust Pans
- Mops/Steamers

Health/Medical Supplies

- Thermometers (temporal/infrared preferred)
- Face shields/safety goggles for staff
- Disposable face masks
- Alcohol wipes for thermometers
- Rubbing Alcohol
- Gloves (all sizes)
- Zip lock bags (all sizes)
- Band-Aids
- First Aid Kit

Other Supplies

- Program Materials
- Cones/Markers/Tape to mark 6 feet distance
- Walkie talkies
- Clipboards
- Permanent markers
- Pens

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: _Boys & Girls Clubs of the Suncoast_____

Project Name: _Boys & Girls Clubs of the Suncoast Mental Health Programming-Oren's Quest

FROM (date): __9/1/2020_____ TO (date): 12/30/2020_____

Budget Category/Line Item	Organizational Budget - Total	Pinellas CARES Grant
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*	0	0
Equipment *(computers, furniture, etc., less than $3,000 per item)*	1,338	1,338
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	3,000	3,000
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	0	0
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	1,656	1,656
Training *(staff development, conferences, long distance travel)*	10,000	10,000
Design, Printing, Marketing & Postage (for direct program related services only)	5,000	5,000
Capital *(Buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)*	0	0
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*	205940	205,940
De Minimis Cost (Administration Fee, Indirect Cost, etc.)	22693	22693
TOTAL	249627	249627

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

Organization Name: Boys & Girls Clubs of the Suncoast
Project Name: Boys & Girls Clubs of the Suncoast Mental Health Programming-Oren's Quest
FROM *(month/year):* 09/2020 TO *(month/year):* 12/20

Personnel *(salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)*
N/A

Equipment (computers, phone, furniture, etc., less than $3,000 per item)
The line item includes the purchase of a laptop computer for use by the contracted BGCS employee.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)
This line item includes printing, journals and stress reduction items for use by The Well for Life.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)
N/A

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)
This line item includes mileage reimbursement for the contracted BGCS employee. The individual will need to travel between all six Clubs and the main office.

Training (staff development, conferences, long distance travel)
This line item includes all staff training facilitated by The Well for Life, contracted mental health speakers for staff presentations, contractors for facilitating wellness activities for staff, and a wellness-focused staff retreat.

Design, Printing, Marketing & Postage (for direct program related services only)
This line item includes the production of a marketing video for use in reporting and future iterations of the program.

Capital (buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)
N/A

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)
This line item includes $22,000 in support of a Boys & Girls Club contracted employee who will oversee all aspects of the mental health program including consistent implementation across all six Clubs, outcomes, fidelity in program evaluation and reporting. The remaining balance of the line item supports the staff of The Well for Life with respect to case management, counseling, wellness activity facilitation and program consultation. The Well for Life's proposal is attached to this document.

De Minimis Cost (Administrative Fee, Indirect Cost, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

We have used the 10% rate to cover the costs associated with administrative functions including grant writing and reporting, financial oversight and operational monitoring.

PROFESSIONAL SERVICES

Boys & Girls Club

Oren's Quest

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INTRODUCTION

COVID-19 has elevated the critical need for equitable behavioral services that are trauma-informed, healing centered, culturally relevant and community based.

To this end, we acknowledge your position and request for service:

- Building a case management program through investments in staff and resources.
- Identifying Club members to refer to the case management program by administering a behavioral health assessment.
- Eliminating the barriers to behavioral health services that prevent Club members from receiving treatment.
- Provide counseling and support to staff, Club members and families
- Establish a network of community partnerships to provide behavioral health and related services to Club members in the program.

1. COMPANY OVERVIEW

New Visions of The Well, Inc, the non-profit arm of The Well for Life, is a ***Healing Space***. Our mission is to build connected and empowered community through healing centered practice while acknowledging legacies of trauma and resilience. Through training and development, alliance building, advocacy and service provision, we envision a community engaged in Active Healing and Well-Being. We activate ***Healing Spaces*** through three vehicles:

- **Training and Development:** *We Train*. We support the pipeline of competent and diverse practitioners of color. We support the acquisition of new knowledge, skills and culturally responsive practice through research, clinical practicum and internship, continuing education, supervision and consultation opportunities. We are a continuing education provider for the Florida Board Clinical Social Workers, Marriage & Family Therapy *and* Mental Health Counseling. We are also a Continuing Education provider for the Florida Certification Board. We strive to be the Training Provider of Choice concerning Equitable Behavioral Health Practices, Culturally Responsive Care and Healing Centered Practice. **WE TEACH & LEARN.**
- **Alliance Building:** *We Build Constituencies*. We organize providers, faith communities, consumers and communities of color. Our Collective's NET-WORKS. We provide unique opportunities for collaboration, co-creation of healing space and opportunities to engage in advocacy around equitable behavioral health policies and practices. We strive to be the partner and expert of choice. As the Village, **We LISTEN & ADVOCATE.**
- **Clinical Service Provision:** *We Serve.* We align with individuals, families and communities to leverage strengths and partner in vulnerabilities. Through trauma-informed lenses, activated in healing centered practices; we provide culturally relevant, community-based services. Services include Individual, Group and Family Counseling, Psychoeducational Services, Care Management, Workforce Clinical Services, Independent Living Support, Peer Support and health promotion opportunities. We strive to be the Provider of Choice, especially for people and communities of color.

2. SERVICE OVERVIEW

The Well has the unique opportunity to respond to youth, young adults, and the committed individuals that are critical to their sense of well-being. Training, mental health consultation, case management, assessment, and direct clinical service provision will be provided to support the structured environment of the Boys and Girls Club and respond to the behavioral health needs of club members.

- **Opportunity: The Well will increase the degree of social connectedness, increase navigation and access to needed behavioral health resources and build a network that will continue to provide support post epidemic. Target populations are club members and attached caregivers, direct service staff, and leadership.**
- **Services Delivery Format:**
    - Services will be delivered at 7 of the Pinellas County Club Locations and 1 Virtual Club option will be available for Members and Community affiliates.
    - Clinical Services may be delivered in club, office or accessible community location.
    - Virtual Services will be provided via the Zoom Platform.
    - Telephone consultation and support services will be available to staff and club members/families Monday - Friday 9:00 am – 5:00 pm.

Training and Consultation

- **Training and Group Consultation**

    - Training Sessions (All Staff meetings and Directors Meetings- **5 sessions; 2 hours each)**
        - Stress management (self-care) - Tools and Practice
        - Coping Strategies During and After a Crisis - Learn & Practice
        - Building Positive Club Culture
        - Recognizing and Responding to Stressors – Relationship-Based Caregiving.
        - Reflective Practice & Supervision

    - Quarterly Consultation Sessions (All Staff meetings and Directors). Group consultation sessions (no more than **10 individuals per group**) to support implementation and fidelity to the training and mentorship protocol for trauma informed, healing centered care. (*28 sessions – based on 60* staff/directors; 7 groups of 10 individuals x 4 quarterly sessions = 28 sessions)

    - Training 2x per year for all staff

    - **Positive Culture Screen –** Brief Program Culture Assessment. This assessment identifies the strengths, strategies and struggles of clubs building positive center culture. We understand that culture impacts the quality of response to members experiencing behavioral health difficulties.

Staff Wellness Consultation and Implementation Support

- **Staff Wellness Consultation and Care (SWC)** – These services aim to enhance the general wellness of staff and quality of trauma-informed, healing-centered engagement. Identifying personal and professional factors that impact the implementation of effective responses to trauma is critical. This is especially true as we collectively navigate COVID-19 and other adverse experiences that club members experience. Full-time and Part-time staff are eligible for up to **5 individual or family SWC sessions**. Individuals needing additional services, will be provided a sliding scale fee schedule.

Onsite/Virtual Mental Health Consultation & Services

- **Positive Culture Screen –** Brief Program Culture Screen – Site Specific. This assessment identifies the strengths, strategies and struggles of clubs building positive center culture. We understand that culture impacts the quality of response to members experiencing behavioral health difficulties.

- **Mental Health Consultation**– Mental Health Specialists (MHS) will provide site specific training and mental health consultation services. MHS will spend time modeling, mentoring, and monitoring interventions that support mental health.

- **Group Wellness Activities – MHS will lead or co-lead** Weekly Wellness Sessions with club members.

- **Club Member Team Meetings (CMTM)/Referral Coordination** - Typically, 30% of members will need enhanced behavioral health support. Individuals identified needing targeted care will receive a CMTM and/or direct service referral. CMTM minimally consists of BGC staff, MHS and youth's caregiver with additional formal and informal supports encouraged.

- **Individual and family counseling** - Typically, 30% of members will need enhanced behavioral health interventions. MHS will provide onsite or community-based wellness services.

Reflective Supervision and Consultation

- Reflective supervision/consultation (RS/C) relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. The primary objectives of RS/C include the following: Form a trusting relationship between supervisor and practitioner, establish consistent and predictable meetings and times, remain emotionally present, teach/guide, nurture/support, apply the integration of emotion and reason, foster the reflective process to be internalized by the supervisee, explore the parallel process and to allow time for personal reflection, and attend to how reactions to the content affect the process.

Training and Consultation					
Service	**Hours**	**Targeted Service Level**	**Product**	**Cost**	**Comments**
Training Sessions (All Staff meetings and Directors Meetings- 5 sessions)	12	30-60 Staff and Directors	Training Plan, Training Sessions, Pre-Post Evaluation Scores •Stress management (self-care) - Tools and Practice – 2/ hours •Coping strategies during and after crisis - Learn and practice •Building Positive Club Culture • Recognizing and Responding to Stressors – Relationship Based Caregiving. • Reflective Practice & Supervision	$1,500	
Quarterly Consultation Sessions (All Staff meetings and Directors). Group consultation sessions (>10 per group) to support implementation and fidelity to the training and mentorship protocol for trauma informed, healing centered care.	7	30-50 Staff and Directors	Group Quarterly Consultation Session Written Group Professional Development/Consultation Plan	$875	(10 per group) to support implementation and fidelity to the training and mentorship protocol for trauma informed, healing centered care. Based on 60 staff/directors participating in 4 sessions
Positive Culture Screen	8	1	Survey, Analysis, Feedback Report, Recommendations – Training Plan, Implementation Plan, etc.	$1000.00	$125.00/HR
Staff Wellness Consultation and Implementation Support					
Staff Wellness Consultation and Care	150	30 unduplicated participants during grant period.	On-Call Consultation and Emotional Support – (15- minute sessions) Virtual Weekly Wellness Group Individual Sessions	$18,750	30 * 5 = 150 Unit Cost $125.00/HR (Bundled Rate)
Onsite/Virtual Mental Health Consultation & Services					
Positive Culture Screen	10	7 sites	Report This screen identifies the strengths, strategies and struggles of clubs building positive center culture. We understand that culture impacts the quality of response to members experiencing behavioral health difficulties.	$1000	$100/Unit

Program Level - Mental Health Consultation	280	40 staff + 200	Mental Health Specialists (MHS) will provide site specific training and mental health consultation services. (MHS) will spend time modeling, mentoring, and monitoring interventions that support mental health.	$28,000	1 hours per week * 7 clubs
Group Wellness Activities	126	83 participants	In-Person/Virtual Wellness Activities and Staff Support	$12,600	1.5 hours per week 7 clubs + (6 in person + 1 virtual)
Case Management Team Meeting/ Referral Coordination	498	83	Case Management Team Meeting Referral/Resource Coordination	$39,840	$80.00/Unit Cost 6 hours per participant
Individual and family counseling.	498	83	Direct Counseling Services	$62,250	400 club members * 30% = 120 $125.00/Unit Cost
Reflective Supervision and Consultation	12	20	Virtual - Group Reflective Supervision and Consultation	1500	$125/ Unit Cost
Total				**$167,315**	
PT - Project Administrator / Clinical Supervisor			Clinical Supervisor, Project Reports, Liaison, Quality Assurance	20,000	
Program Materials			Printing, Journals, Stress Reduction items	$3,000	
Total				**23,000**	
Project Total				**$190,315**	

OUTCOMES

Potential Benefits/Outcomes

Club members will acquire the knowledge, attitudes, and skills to: • Recognize and manage their emotions • Set and achieve positive goals • Demonstrate caring and concern for others • Establish and maintain positive relationships • Make responsible decisions • Handle interpersonal situations effectively resulting in improved **social-emotional** skills, attitudes about self and others, connection to school, positive **social** behavior, and academic performance; they also reduced students' conduct problems and **emotional** distress. And while many of these social emotional learning interventions are geared towards and will benefit club members, there will likely be positive impact on staff who participate as well.

EAP

Staff members will have access to up to 5 confidential short term solution focused counseling sessions with a qualified mental health professional. Topics often leading to the initiation of include but are not limited too

- Illness and injury
- Minor medical emergencies
- Relationship concerns
- Marriage and family concerns
- Grief and loss
- Stress management
- Emotional distress
- Financial and personal legal issues

These services have been shown to help employers reduce absenteeism, workers' compensation claims, health care costs, accidents and grievances. In addition, they can address safety and security issues, improve employee productivity and engagement, and reduce costs related to employee turnover.

*Any incidences of counseling mandated as a condition of employment, such as an incident of a professional improvement plan, will also remain confidential, however employer can be informed of employee's adherence to the PIP in the areas of attendance and engagement.

As a result of Oren's Quest, a comprehensive training, consultation, clinical support and caRe management response to COVID-19 and heightened racial trauma exposure, we anticipate the following outcomes:

1. Retention or satisfactory transition of Staff and Club Members.

2. Increased or Maintenance of reported Social Connectivity

3. Decreased symptoms of Mental Health or Increased report of life satisfaction.
4. Increased identification and/or utilization of adaptive coping strategies.
5. Staff increased confidence in using trauma-informed interventions and principles
6. Staff increased competence in trauma informed, healing centered strategies.
7. Increased or maintained satisfaction of Professional Quality of Life.