

Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Boys & Girls Clubs of the Suncoast

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Boys & Girls Clubs of the Suncoast Vans

EIN*

59-1566799

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1971

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

Our mission 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, demonstrate good character and citizenship, and live a healthy lifestyle.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

F73DR24AQ1V1

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$8,969,641.00

Amount Requested*

The maximum grant amount is \$199,999.

\$190,031.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Since 1959, Boys & Girls Clubs of the Suncoast has sought to provide high-quality, out-of-school-time Club experiences proven to ensure our young people, especially those that need us most, are on track to graduate from high school with a plan for their future, demonstrate good character and citizenship, and live a healthy lifestyle. We offer a variety of comprehensive programming designed to appeal to the unique ages, interests and needs of Pinellas County's most disadvantaged youth. While we are nationally recognized, we are locally run, ensuring every Club site is responsive to the specific needs of the community it serves. At Boys & Girls Clubs of the Suncoast we recognize that in order to facilitate great futures for our youth we need to address

the needs of the family as a whole. In addition to offering periodic financial literacy workshops and health screening fairs to parents and caregivers, each Club director and their staff seek to develop close relationships with our members in order to evaluate and cater to the unique needs and circumstances of the child. This is designed to ensure that issues and challenges can be recognized and dealt with as they arise, creating a safe, dynamic and quality experience for the entire family, and maximizing our ability to impact their lives.

With eight Club locations in Pinellas County, strategically placed in areas identified as high need, we seek to serve young people whom other agencies have difficulty reaching. We are governed by a volunteer board comprised of thirty-six community leaders, and maintain a charter in good standing with Boys & Girls Clubs of America. Throughout our history, BGCS has served tens of thousands of youth, many from economically disadvantaged circumstances, through our evidence-informed, life-altering programming. Our approach to youth development is three-pronged and focuses on the areas of academic success, healthy lifestyles and good character and citizenship development.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Boys & Girls Clubs of the Suncoast (BGCS) seeks to remove all barriers to Club attendance for youth in Pinellas County, an issue exacerbated by the COVID-19 pandemic. This is particularly important in terms of low-income families, the primary demographic we serve. According to the United States Department of Health and Human Services, nearly half of families that make less than \$40,000 a year report that someone in their household has lost a job or taken a pay cut as a result of the pandemic. Among this population, data has consistently shown us that the two greatest barriers to youth out of school time program participation are financial constraints and access to transportation. Currently, 93% of Club members served qualify for the free and/or reduced lunch program, an indicator of federal poverty level. Also, 73% of our youth come from single-parent homes, another predictor of poverty. In order to address the challenges facing these communities, BGCS maintains a fleet of vehicles to ensure all members can physically make it to the Club sites outside of school hours, and to provide youth with opportunities to attend workforce develop experiences, educational field trips, and other off-site events. Without access to this important resource, the vast majority of our Club members would be unable to regularly attend programming.

In addition, our current fleet of vehicles is aging. Many of our vans are 15 years old and experiencing major maintenance issues, rendering them unsafe for the transport of youth. In the past year, BGCS has had to replace the alternator and fuel pump on several vehicles, and has also had to repair the electrical systems, air conditioners, and various other mechanical concerns. It is imperative that we address these issues immediately to ensure our ability to continue to provide this resource.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

Like so many other individuals and organizations, Boys & Girls Clubs of the Suncoast had to pivot our programs and resources to address needs that were most pressing during the COVID-19 crisis. This necessitated the delaying of a comprehensive campaign that was originally launched in the fall of 2019. The campaign was intended to raise funds for the replacement and updating of our existing fleet of vehicles. The project was shelved to allow BGCS to focus on more pressing needs including food distribution to youth and tutoring for disadvantaged students who were falling further behind their more advantaged peers as a result of the pandemic. In the interim, the health crisis highlighted and exacerbated the inequities present in these communities and demonstrated an even greater need among low-income youth for out of school time programming. The removal of barriers to transportation is a big part of this.

Additionally, BGCS experienced a significant loss of revenue during the pandemic as the main fundraiser, the Annual Gala, was moved to an online format. This caused a 40% reduction in revenue from 2019 to 2020, a trend which continued into 2021. The revenue loss ignited a domino effect whereby BGCS went from having more than a month of operating reserves down to less than a half a month. In addition to the fundraiser, resources were dedicated to basic needs such as hot meals to kids and teens. In fact, BGCS went from serving 76,000 meals in 2019 to serving 155,000 meals in 2021. BGCS also raised its minimum wage for part-time employees in order to remain competitive in a market where labor became scarce and, to address inflation. Starting wages went from \$10 an hour to \$15 an hour and then to \$17 an hour in 2022. Existing employees such as fundraising staff had to re-focus efforts towards addressing these gaps.

Lastly, inflation has taken a major toll on the organization. The steadily rising costs of supplies and equipment has had an impact on the immediate needs of the organization as well as the cost of vehicles in the market. Despite all of these challenges, BGCS has experienced an explosion in the number of youth and families seeking our programs. From 2020-2022 there has been a more than 50% increase in our youth served and registered members, demonstrating a community need that has only increased throughout the pandemic.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?

- How does it address the negative economic harm you described in the previous question?

Boys & Girls Clubs of the Suncoast (BGCS) is requesting funding in support of the purchase of six Ford 350 12-passenger transit vans to replace six of our aging vans which are used to transport kids and teens to the Clubs, and for educational field trips and other off-site experiences. The vans will be used for our out of school time programs across the county with locations in South St. Petersburg, Pinellas Park, Largo, Clearwater, and Tarpon Springs. The request also covers vehicle wraps, booster seats for younger children, and alarms required by the Department of Children and Families. A Ford Transit 350 cargo van has a mileage expectancy of 150,000 miles prior to the vehicle needing extensive repairs. Most owners report that this translates to about 10-15 years depending on the distance travelled.

Our current vehicles are experiencing major mechanical issues and have been in need of replacement for a couple of years. The project was put off so that BGCS could pivot to more immediate needs during the COVID-19 pandemic. Our subsequent loss of revenue and increase in resources needed for other programs has required us to seek other funding sources, beyond the one secured in 2021, to meet this need.

Given the importance of safe transportation to facilitate attendance, vehicle replacement is an invaluable component of quality programs and services. Ensuring all of our facilities have reliable vehicles for use during programming is an important step in that process. Replacing older vehicles will ensure youth safety and will cut down on our maintenance operating costs, freeing up resources which can be allotted to other areas of continuous quality improvement and to the provision of new and exciting opportunities for our kids and teens.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

BGCS' mission compels us to work to address systemic racial inequity. Our Clubs stand committed to following guidance from the social determinants of health through a focus on economic prosperity for young people. More than 77% of the youth we serve are African American or persons of color and 93% qualify for the free and/or reduced lunch program, an indicator of federal poverty level. Additionally, 76% of our members live in single-parent households. BGCS has intentionally placed its Clubs in areas that have high need and/or low-income families which research shows disproportionately affects minority populations. It has always been our mission to close the opportunity gap that exists for these kids and teens and to provide resources that are needed to achieve their full potential for a successful future. Given the exacerbation of inequity resulting from the COVID-19 global health crisis, we recognize these efforts are more important than ever.

If BGCS is fortunate enough to receive funding through this ARPA grant opportunity, the purchase of new vans will directly impact these individuals through the provision of transportation from school sites to the Clubs during the out of school time hours, eliminating that barrier to Club attendance. We know that this need

remains high given the fact that our average daily attendance levels have nearly doubled since the onset of the pandemic.

Number Served*

How many people will directly benefit from this capital purchase annually?

900

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

4625 East Bay Drive, Suite 103, Clearwater, FL, 33764

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The vehicles purchased utilizing the American Rescue Plan Act funds will provide transportation for kids and teens at all eight of our Club sites. Boys & Girls Clubs of the Suncoast has facilities in Tarpon Springs, Clearwater, Largo, Pinellas Park, and two locations in South St. Petersburg. Additionally, we recently partnered with the Salvation Army in St. Petersburg to open a Club at their site, as well as with the Azalea Middle School to operate out of school time programming at the school site. Students attending the Azalea program utilize BGCS transportation for pickup in the morning prior to the beginning of school, and for drop off at home after Club hours in the afternoon.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Boys & Girls Clubs of the Suncoast has served Pinellas County for over sixty years. Our longevity in the community, coupled with our national partnership with Boys & Girls Clubs of America, has allowed us to build trust and brand recognition, and our commitment to excellence in quality and programming has demonstrated our organizational sustainability. Our CEO, who is himself a person of color and an alum of a Boys & Girls Club, has been working with the board governance committee to ensure the diversity of leadership in our organization is a better reflection of our community. As a result of these recruitment efforts,

our board is roughly equal in terms of gender, and 20% of our directors are persons of color, a 13% increase over our previous fiscal year.

Additionally, BGCS has worked tirelessly to collaborate with other community organizations to ensure we are maximizing our impact on communities that have traditionally been difficult to reach. Our strong partnership with the Pinellas County School Board and the Juvenile Welfare Board of Pinellas County has allowed us to identify other youth organizations and offer resources and best practice sharing opportunities. These relationships have also enabled us to participate in community wide forums and task groups including the Campaign for Grade Level Reading in Pinellas County and the Family Services Initiative through which our staff can continue to impact our community. Organizations such as United Way Suncoast, the Junior League of St. Petersburg, Pinellas County Sheriff's Office, St. Petersburg Chamber of Commerce, St. Petersburg College, University of South Florida, and Suncoast Center provide us with resources and other services which we can offer to our members and their families.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC
LGBTQ+

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Bids.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties.

Budget Summary*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases.xlsx

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

Juvenile Welfare Board of Pinellas County - \$150,000

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

Boys & Girls Clubs of the Suncoast anticipates a decrease in operating costs. This will primarily come in the form of decreased maintenance expenses as a result of the replacement of older vehicles that have major electrical and mechanical issues, with new vehicles. The transit vans for which we are requesting funding have an average expectancy of 150,000 miles before they will need extensive repairs. Additionally, newer technology has increased miles per gallon with respect to fuel so the costs of running the vehicles will also decrease. Any change in our insurance premium costs will be offset by these cost savings.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

FYE 2023 Budget summary.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2021-2023 Board Roster Public (revised 6.17.22).pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 990.pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

2021 Audit.pdf

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

2022 COI.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

FY22 BGCS_Amendment #1_Capital Award Letter.docx.pdf

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

We have attached a copy of our grant agreement with Juvenile Welfare Board of Pinellas County in support of a portion of this project.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Bids.pdf
- Budget-Template-Small-Capital-Purchases.xlsx
- FYE 2023 Budget summary.xlsx
- 2021-2023 Board Roster Public (revised 6.17.22).pdf
- 2021 990.pdf
- 2021 Audit.pdf
- 2022 COI.pdf
- FY22 BGCS_Amendment #1_Capital Award Letter.docx.pdf



Purchase Agreement

Paul Sfero
 Ferman Ford
 24825 US Hwy 19 N.
 Clearwater, FL 33763

Service, Selection and Value Since 1895.

Buyer	Co-Buyer	Vehicle
Boys & Girls Clubs Of The Suncoast Mandy Burnette 4625 E Bay Dr Ste 103 Clearwater, FL 33764 D: (727) 351-4994, C: (865) 414-5245 mburnette@bgcsun.org		2023 Ford Truck Transit Wagon 3dr Van T150 Low Roof XL VIN: Stock #: Mileage: Color:

Purchase Details	
Retail Price:	\$52,960.00
Sales Price:	\$52,960.00
Savings:	\$0.00
Accessories:	\$0.00
Government Fees:	\$553.45
Pre-Delivery Service Fee:	\$0.00
Total Taxes	\$0.00
Total Sales Price:	\$53,513.45
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
Cash Price:	\$53,513.45

X _____
 Customer Signature

X _____
 Manager Signature

 Date

 Date

Disclaimer:

Printed 8/25/22 11:33 AM

The payments shown above are estimates and include estimated taxes, title, and fees. Final payments and terms are subject to third party lender or lease company approval. The purchase or lease of a vehicle is subject to the terms and conditions contained within the final buyers order or lease order and any subject lease or retail installment sales contract.



Preview Order 2352 - X2Y 350 Low Roof Pass RWD : Order Summary Time of Preview: 08/25/2022 09:23:14

Dealership Name : Ferman Ford

Sales Code : F24205

Dealer Rep.	Kenny Lemaster	Type	Retail	Vehicle Line	Transit	Order Code	2352
Customer Name	Boys & Girls	Priority Code	19	Model Year	2023	Price Level	320

DESCRIPTION	MSRP	DESCRIPTION	MSRP
X2Y0 T350 LR PASS XL RWD	\$48630	50 STATE EMISSIONS	\$0
148" WHEELBASE	\$0	REVERSE SENSING SYSTEM	\$0
OXFORD WHITE	\$0	FRONT FOG LAMPS	\$0
VINYL	\$0	ELEC AIR TEMP CONTROL	\$0
DARK PALAZZO GRAY	\$0	SYNC 4 AM/FM BLUETOOTH	\$930
PREFERRED EQUIPMENT PKG.301A	\$0	CRUISE CONTROL	\$325
.XL TRIM	\$0	HIGH RES REAR VIEW CAMERA	\$0
3.5L PFDI V6 (GAS)	\$0	MYKEY	\$5
.10-SPEED TRANSMISSION	\$0	SRW - STEEL W/ SILVER COVER	\$35
.235/65R16C BSW ALL-SEASON	\$0	BLIND SPOT ASSIST 1.0	\$0
3.73 NON-LIMITED SLIP AXLE	\$0	RUNNING BOARD	\$310
JOB #1 ORDER	\$0	PRIVACY GLASS	\$500
CV LOT MANAGEMENT	\$0	SIDE SENSING SYSTEM	\$480
FRONT LICENSE PLATE BRACKET	\$0	E-85 FLEX FUEL CAPABLE	\$0
AUTO START STOP REMOVAL	\$-50	FUEL CHARGE	\$0
9250# GVWR PACKAGE	\$0	PRICED DORA	\$0
2WAY DRV/PASS PALAZZO VINYL	\$0	DESTINATION & DELIVERY	\$1795

MSRP

TOTAL BASE AND OPTIONS

\$52960

DISCOUNTS

NA

TOTAL

\$52960

This order has not been submitted to the order bank.

This is not an invoice.

Retail Worksheet

Send to F&I

Deal #

Deal Date

Deal Type

Financial Inst.

Program

Deal Status **Stored**

Sales Price	
MSRP	40,525.00
Discount	-500.00
Selling Price	41,025.00
Aftermarkets	0.00
Doc Fee	899.00
VSI Premium	0.00
ESC Premium	0.00
Maintenance	0.00
GAP Premium	0.00
LAH/IUI	0.00
Prior Lease Bal	0.00
License Fee	403.90
Dealer Fees	0.00
Total Fees	642.90
Total Taxes	2,579.78
Total Price	45,146.68
Trade Difference	41,025.00

Down Payment	
Cash Down	0.00
Deposit	0.00
Total Rebates	0.00
Total Trade Allow	0.00
Total Trade Payoff	0.00
Total Net Trade	0.00
Total Def Down	0.00
Total Down Payment	0.00

Payment	
Term ▲▼	1
Sell Rate	0
AOR	
# Days 1st Payment	44
Payments Per Year	12
1st Payment Date	09/29/2022 <input type="button" value="Q"/>
Prepaid Fin Charge	0.00
APR	
Amount Financed	45,146.68
Finance Charge	0.00
Total of Payments	45,146.68
Total Sales Price	45,146.68

Vehicle

New Used Demo Cert.

Stock #

Year

Make

Model

Style

Odometer

Buyer

Customer #

Last

First

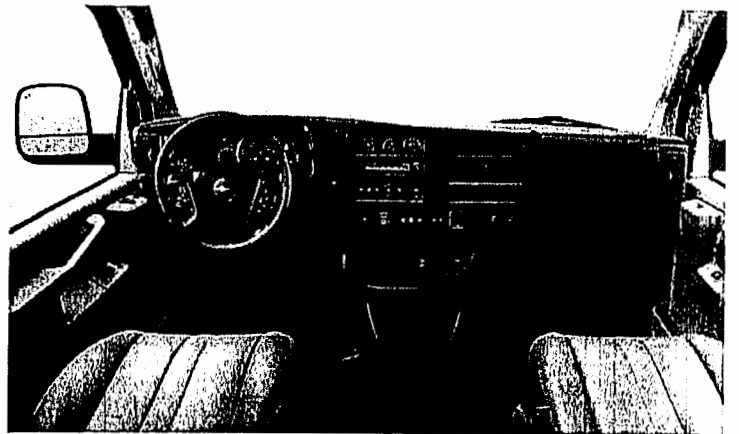
Company

Reg State

County

Payment 45,146.68

*w/Brake alert
total out the
door. Subject
to rebates at
time of delivery*



VEHICLE DETAILS

Standard Vehicle Price

\$37,200

Selected Colors

\$0

(GAZ) Summit White
\$0

(93W) Medium Pewter, Custom Vinyl
\$0



Selected Packages (1)

\$395

DRIVER CONVENIENCE PACKAGE

\$395

Highlights Include:

(N33) Manual tilt steering column

(K34) Cruise control

Selected Options (16)

\$1,235

(E24) Swing-out passenger-side door
\$0

(GU6) 3.42 rear axle ratio
\$0

(LV1) 4.3L V6 Gas engine
Standard

(M5U) 8-speed automatic transmission
Standard

(QB5) 16" steel wheels, includes Gray center caps
Standard



(UD7) Rear Park Assist
\$295

(AR7) Vinyl front bucket seats
Standard

(NP5) Leather-wrapped steering wheel
\$185

(1105) Dual-note horn

(1105) AM/FM stereo with MP3 player

- Help reduce wheel lockup and maintain steering control during hard braking on most slippery surfaces
 - May require additional optional equipment
- 31 gallon (117.3 liters), fuel tank
- Mid-frame location
- Aluminized stainless-steel muffler and tailpipe

terior

- AM/FM stereo with MP3 player
- AM/FM stereo with MP3 playback capability, seek-scan and digital clock
 - Auxiliary jack connects portable media devices
 - TheftLock and random select
 - 2 front door speakers
- Wi-Fi® hotspot capable
- Terms and limitations apply. See onstar.com (<http://onstar.com>) or dealer for details.

Vinyl front bucket seats

- High back bucket seats
- Each seat has its own armrest and head restraint

12-passenger seating

- 4 row configuration
- Bucket seats in front
- Seating for 3 in rows 2 and 3
- Room for 4 in the last row
- 4-passenger seat includes a 2-piece configuration with a 50/50 split

Console, engine cover with open storage bin

- Keep valuables and smaller items secure

Cupholders

- 3 on engine console cover

Rubberized vinyl floor covering

- Black
- Covers entire length of floor
- Provides good traction and convenient cleanup

Steering wheel

- Urethane

Instrumentation

- Speedometer, fuel level, engine temperature, tachometer, voltage and oil pressure

Driver Information Center

- Includes warning messages and vehicle information
- Average vehicle speed and fuel economy
- Fuel range
- Trip odometer
- Tire pressure and oil life

Oil-life monitoring system

- Indicates when to change the oil based on engine operating conditions
- Alerts the driver with a message in the Driver Information Center

Power steering

8-point digital compass

- Adds confidence when you venture into unfamiliar territory
- Located in the Driver Information Center
- May require additional optional equipment

Power windows

Power door locks

- Allows you to lock and unlock doors easily whether it's from the driver or passenger seat or from outside using the key f
- Lockout protection helps you avoid locking keys in the vehicle

Electrical theft-deterrent system

- Immobilizes the engine to help prevent theft

12-volt power outlets

- Located on dash above engine cover console

120-volt power outlet

- 3-prong auxiliary household-style outlet
- Can be used to plug in electrical equipment, such as a cell phone or a portable device

Air conditioning

- Cools and dehumidifies the air inside the vehicle
- Allows you to manually control temperature, fan speed and sources of airflow

Rear air conditioning

Rear auxiliary heater

Front license plate kit

safety

StabiliTrak, electronic stability control system with traction control

- Automatically helps enhance control, particularly during emergency maneuvers, by adjusting the brakes and engine torque

actually travelling

- Applies selective brake pressure to individual wheels to help the driver keep the vehicle on the path being steered
- Includes Traction Control that detects wheel slippage and applies brake pressure and/or reduces engine power to help the driver maintain control when accelerating on wet or snow-covered roads
- Includes Trailer Sway Control
- Hill Start Assist

Transmission/brake shift interlock

Hill Start Assist

- When you are stopped on an incline, this feature keeps the brakes engaged for a split second as you transition from brake pedal to gas pedal
- Automatically releases once you press down on the accelerator
- Prevent vehicle roll-back while the driver moves his/her foot from the brake to the accelerator pedal

Door beams, steel-side

Daytime Running Lamps

Rear Vision Camera

- Shows you an image of the area directly behind your vehicle when you're in Reverse at low speeds¹
- Selectable dynamic guidelines laid over the display image assist in parking maneuvers by showing the vehicle's path
- This may help you park and avoid nearby objects

¹ Safety or driver assistance features are no substitute for the driver's responsibility to operate the vehicle in a safe manner. The driver should remain attentive to traffic, surroundings and road conditions at all times. Visibility, weather, and road conditions may affect feature performance. Read the vehicle's owner's manual for more important feature limitations and information.

2 airbags

- Frontal airbags for driver and front passenger¹

¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.

Airbag system

- Seat-mounted side-impact airbags for driver and front passenger¹
- Head-curtain airbags for first 3-rows in outboard seating positions¹

¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.

Airbag deactivation switch, frontal passenger-side (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

OnStar® & Chevrolet Connected Services capable

- Terms and limitations apply. See onstar.com (<http://onstar.com>) or dealer for details.

LATCH System

- Lower Anchors and Tethers for Children system helps make it easy to install and secure a compatible child restraint seat

Tire Pressure Monitoring System

- Monitors the pressure in each tire and alerts you if there is a low-pressure condition in one or more of the tires¹

¹ Does not monitor spare tire.

- **MSRP excludes tax, title, license and dealer fees.**
- **MSRP excluding installation, taxes and wheel components (if applicable). Dealer prices may vary. Some accessories may require purchase of additional equipment and/or services. See dealer for details.**
- **MSRP excludes tax, title, license, dealer fees and optional equipment. See dealer for details.**

Affordable Signs & Wraps
 6859 HAINES RD N
 Pinellas Park, FL 33781 US
 727-498-8900
 affordablesignsandwraps@yahoo.com
 http://www.AffordableSignsAndWraps.com



Estimate

ADDRESS

Cassie Kackley
 Boys & Girls Clubs of the
 Suncoast
 4625 East Bay Drive
 Suite 103
 CLEARWATER, FL 33764 US

ESTIMATE # 3918
DATE 09/06/2022

ACTIVITY	QTY	PRICE	AMOUNT
WRAPS:FULL WRAP	1	3,600.00	3,600.00
TRANSIT 350 VAN LOW ROOF FULL WRAP (EXCEPT ROOF OR BUMPERS)			
WRAPS:FLEET DISCOUNT	1	-720.00	-720.00
FLEET PRICING APPLICABLE TO ORDERS WITH 3 OR MORE VEHICLES			
ART & DESIGN	1	0.00	0.00
ARTWORK AND DESIGN - NO CHARGE			

CUSTOMER IS A NON-PROFIT ORGANIZATION
 AND IS SALES TAX EXCEMPT

TOTAL

\$2,880.00

FLEET PRICE APPLIED - SO YOUR VANS WILL HAVE THE SAME
 PRICE EVERYTIME UNLESS THE VEHICLE COLFIGURATION
 CHANGES.

WE REQUIRE 50% SECURITY DEPOSIT ON YOUR FIRST VAN SO
 WE CAN GENERATE THE ART.

BALANCE IS DUE WHEN ART IS FULLY APPROVED AND THE
 INSTALLATION HAS BEEN SCHEDULED.,

DUE TO THE FACT THAT PRICES ARE CONSTANTLY
 CDHANGING IN TODAY'S MARKET, PRICE IS VALID FOR 30
 DAYS. AFTER 30 DAYS WE CAN PRESENT A REVISED PRICE IF
 THE COST OF THE MATERIAL HAS CHANGED.
 ON THE SECOND VAN AND ANY OTHER VAN AFTER, PAYMENT
 WILL BE DUE INFULL AT THE TIME YOU PLACE YOUR ORDER.

James Vehar <james@discountsignsandwraps.com>

Hi, Cassie

Thank you for the email and the information of the VANS.

Looks like these are long based low roof Van.

We can wrap it at **\$3500** per Van.

We normally wrap XL Low roof Van \$4000.

We are giving you a "Giving Back to The Community" discount and multi vehicle Discount.

I am assuming The Boys and Girls Club of the Suncoast is 501c3. So therefore no Sales Tax.

\$3500 is out the door cost.

Design included.


Please check us out on Google. We are a 5 Star Family operated Local Business. 😊

<https://g.page/discountsignsandwraps?share>

Respectfully

James

Shopping cart

Product	Price	Quantity	Subtotal
 Kopilot Childcare	\$187.00	1	\$187.00

Product code

Cart totals

Subtotal	\$187.00
Shipping	Ship Per Product: \$20.00 Shipping to FL.
Tax	\$14.03
Total	\$221.03



Contact us

DST America LLC

contact@drivekopilot.com

Address

5401 West Kennedy Boulevard,
Suite 100



[Home](#)

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[Contact Us](#)



Item

Qty Price



EP1plus System (Florida – Daycares)

EP1 Components:EP1plus Essential Components (AC01)

User Type :Daycare

Vehicle Type : Passenger Van

Disclaimer:Yes

1

\$156.54

Subtotal: **\$156.54**

Estimated Taxes: **\$10.96**

Cart Total: \$167.50



CANADIAN TRADEMARK
NUMBER: TMA491584
CANADIAN TRADEMARK
NUMBER: TMA562124 USA
PATENT NUMBER: 5874891
USA TRADEMARK NUMBER:
2402344

Cart (1 item)



Pickup tomorrow, after 11am [Change](#)

Largo Supercenter - We'll hold your order for 4 days.

Order updated to pickup.

[Back to shipping](#)

Subtotal (1 item) **\$16.98**

Taxes Calculated at checkout

Estimated total **\$16.98**

Best seller



Cosco Rise Harness Backless Booster Car Seat, Black **\$16.98**
Actual Color: Black
\$16.98/ea

Gift Eligible

Add Walmart Protection Plan by Allstate

[Details](#)

3-Year plan - \$3.00

Add Expert Help

[Details](#)

Car Seat Installation - \$80.00

This order is a gift.



Earn 5% cash back on Walmart.com
[Learn how](#)

[Remove](#) [Save for later](#) - 1 +

SHOP THE FINAL DAYS OF OUR LABOR DAY SAVINGS. SHOP NOW >

Search

📍 ST. Petersburg Lowe's Open until 10 PM >



Prices, Promotions, styles, and availability may vary. Our local stores do not honor online pricing. Prices and availability of products and services are subject to change without notice. Errors will be corrected where discovered, and Lowe's reserves the right to revoke any stated offer and to correct any errors, inaccuracies or omissions including after an order has been submitted.

Shopping Cart (1)

Empty Cart Empty Cart

📍 ST. Petersburg Lowe's Change

📍 Pickup at ST. Petersburg Lowe's

📄 1 Item



\$39.42

Cosco - Cosco Topside Booster Car Seat - Leo

Model: 24111001
SKU: 24111001

[Save For Later](#)

1 +



Pickup at ST. Petersburg Lowe's

FREE Store Pickup
Get it by Tue, Sep 12, 9 AM

Delivery

Ship to Home
Get it by Tue, Sep 12, 9 AM

Scheduled for **9/12/22**
Available on Orders of \$50+

Order Summary

📄 1 Item	\$39.42
	Calculated at Checkout
Add Promo Code	▼
Estimated Total	\$39.42

🔙 Back to Top



📧 My Email Address

📧 My Email Address

📧 My Email Address

📧 My Email Address

Boys & Girls Clubs of the Suncoast Budget

July 1, 2022 - June 30, 2023

	Actual <i>FYE 2021</i>	Estimated <i>FYE 2022</i>	<i>Budget FYE 2023</i>
Revenue			
4010 Total Individual Contributions	871,360	350,000	273,300
4020 Total Corporate Contributions	285,930	270,000	325,800
4030 Total Foundations and Trusts	34,923	40,000	35,000
4250 Total BGCA	29,379	13,380	-
4410 Total United Way Contributions	394,166	445,000	297,000
4510 Total Government Agency Grants	1,980,307	3,099,642	5,635,027
4520 Total Federal Grants	735,009	47,035	172,500
4530 Total State Grants & Local	357,247	223,673	614,259
5180 & 5210 Total Program and Membership Fees	27,876	45,100	43,500
Workforce Readiness		8,500	431,935
5820 Total Special Events	172,519	220,000	220,000
Total Other Revenue	20,937	28,940	20,520
Operating Revenue	4,909,653	4,791,270	8,068,841
Expenditures			
7200 Salaries and Related Expenses	2,352,217	3,242,090	6,088,073
7500 Contract Service Expenses (Professional Fees)	224,813	229,850	326,057
8100 Technology and Office Expenses	116,071	212,175	277,016
8200 Facility and Equipment Expenses	357,188	342,150	342,396
8300 Travel and Meetings Expenses	-	22,000	102,936
8400 Participant Expenses (Program Services)	594,763	348,191	614,751
8500 Insurance & Org. dues	48,803	65,000	78,271
8600 Business Expenses	39,265	58,248	51,750
8800 Marketing /Fundraising Expenses	43,381	35,400	89,500
8900 Vehicle Expense	73,547	85,945	73,368
Operating Expenses	3,850,048	4,641,049	8,044,117
Operating Profit	1,059,605	150,221	24,723
Food Program			
Total 43806 Food Revenue	374,726	443,317	1,005,949
Total 8700 Food Program Expenses	395,876	450,632	924,524
Net Food Margin	(21,150)	(7,315)	81,425
Total Operating Profit	1,038,455	142,906	106,148
Non-Operating Revenue			
		-	150,000
Capital Revenue			
	74,989	16,159	150,000
Total Capital Revenue	74,989	16,159	150,000
Total Organizational Profit			
	1,113,444	159,065	406,148

INTERNAL USE ONLY
BOYS & GIRLS CLUBS OF THE SUNCOAST
Pinellas County, Florida
CORPORATE BOARD ROSTER
Revised: June 17, 2022

2021-2023 OFFICERS

<p>Jeff Tanzer Kyle Barr Rolfe Duggar, Esq. Christie Sullivan, Esq. Beth Horner, Esq. Danielle Cartier Wendt, CPA Elizabeth Constantine, Esq. Angela Wright Doug Lewis</p>	<p>Board Chair Vice Chair Vice Chair Vice Chair Vice Chair Treasurer Secretary Immediate Past Chair Past Chair</p>
---	---

2021-2023 CORPORATE BOARD OF DIRECTORS
***bold indicates members of the Executive Committee**

Member Name	Business Information
Patrick Ahern	<u>ServisFirst Bank</u> Vice President Commercial Banking 4221 W. Boy Scout Blvd. Suite 100 Tampa, FL 33607
Kyle Barr <i>Chair Human Resources Committee</i>	<u>Bay Care Health System</u> SVP/Chief HR Officer 2985 Drew Street Clearwater, FL 33759
Karol Bullard <i>Guild Chair</i>	<u>Bascom's Steakhouse</u> 3665 Ulmerton Rd. Clearwater, FL 33762
Danielle Cartier Wendt, CPA <i>Treasurer</i>	<u>Cartier CPAs, LLC</u> 5737 9 th Ave. North St. Petersburg FL 33710
Charles "Chuck" Catanese	<u>PNC Bank</u> Vice President One Tampa Center 201 North Franklin St., Suite 1500 Tampa, FL 33602

<p>Jim Coats <i>Florida Alliance State Board Member</i></p>	<p><u>Pinellas County Sherriff's Office</u> (formerly) Former Pinellas County Sheriff 146 Marina Del Rey Clearwater, FL 33767</p>
<p>Dr. Jamelle Conner <i>Vice Chair Quality Programming Committee</i></p>	<p><u>St. Petersburg College</u> Vice President of Student Affairs 13805 58th Street North St. Petersburg FL 33760</p>
<p>Elizabeth Constantine, Esq. <i>Corporate Secretary</i></p>	<p><u>Pinellas County State Attorney's Office</u> Prosecuting Attorney 1010 Central Ave., Unit 420 St. Petersburg 33705</p>
<p>Brian Davis <i>Incoming Chair</i></p>	<p><u>Operations Tech Data</u> Senior Vice President of Americas 16202 Bay Vista Dr. Clearwater, FL 33760</p>
<p>Dr. Rachel Dawkins <i>Chair Quality Programming</i></p>	<p><u>Johns Hopkins All Children's Pediatric and Adolescent Medicine Clinics</u> Medical Director 501 6th Ave S St. Petersburg, FL 33701</p>
<p>Mark C. Dawson</p>	<p><u>Well Fargo</u> Senior Vice President 4100 4th St. N., 3rd floor St. Petersburg, FL 33703</p>
<p>Rolfe Duggar, Esq. <i>Vice Chair/Legal Advisor</i></p>	<p><u>Rolfe Duggar, P.A.</u> Attorney at Law 4699 Central Avenue, Suite 101 St. Petersburg, FL 33713</p>
<p>Mariano Dy-Liacco</p>	<p><u>TechData</u> Vice President & GM Global Field Services 13604 Liana Rose Way Tampa, FL 33618</p>

Deonte Echols	<u>Bank of America</u> VP, Consumer Banking Market Leader Tampa Bay Region
Sheriff Bob Gualtieri, Esq.	<u>Pinellas County Sheriff's Office</u> Pinellas County Sheriff 10750 Ulmerton Road Largo, FL 33778
Michael Hajek III, CPA	<u>Hajek & Hajek CPA's</u> Owner 5308 Central Ave. St. Petersburg, FL 33707
Ameyon Hawkins	<u>Nielsen Global Media</u> Sr. Program Manager 11327 Quiet Forest Drive Tampa, FL 33625
Lee Hooper	Community Advocate
Beth Horner, Esq. <i>Vice Chair</i>	<u>TL Capital, LLC</u> EVP/ Chief Trust Officer 1513 E. 8 th Avenue Tampa, FL 33605
Shameka Jones, Pharm. D <i>Chair Safety Committee</i>	<u>Blue Cross Blue Shield, Florida</u> Medicare Clinical Pharmacist P.O. Box 35162 St. Petersburg, FL 33705
Albert Kaminsky	<u>Charter Communications</u> Director, State Government Affairs 700 Carillon Pkwy St. Petersburg, FL 33716

Coleen Sterns Leith	<u>Marketing Matters</u> President
Doug Lewis <i>Past Chair</i>	<u>City of Pinellas Park</u> City Manager 5141 78 th Avenue N Pinellas Park, FL 33781
Holly Moore <i>Area Council Liaison</i>	<u>TECO, An Emera Company</u> Director State Partnerships & Strategy An Emera Company 702 N. Franklin Street P.O. Box 111 Tampa, FL 33601-0111
Gonzalo Mora	<u>Bank Encore</u> Senior Vice President Commercial Banking 3138 Timberview Dr. Dunedin, FL 34698
Ronald M. Ricardo, CPA <i>Chair Audit Committee</i>	13850 Lake Point Dr, Clearwater FL 33762
Ashley Stamey	<u>International Diamond Center</u>
Christie Sullivan, Esq. <i>Vice Chair/Asst. Legal Advisor</i>	<u>McFarland, Gould, Lyons, Sullivan, & Hogan, P.A.</u> Attorney at Law 311 S. Missouri Avenue Clearwater, FL 33756
Leroy Sullivan, Jr.	Retired 12304 Wycliff Place Tampa, FL 33626
Jeff Tanzer <i>Board Chair</i>	<u>Tampa Bay Rays</u> Vice President, Ticket Sales & Services One Tropicana Drive Saint Petersburg, Florida 33705

Ashley Ward-Singleton <i>Vice Chair Safety Committee</i>	<u>Quintairos, Prieto, Wood & Boyer, P.A</u> Attorney at Law 1410 N Westshore Blvd #200, Tampa, FL 33607
Angela Wright <i>Immediate Past Chair</i>	<u>Edward Jones</u> Financial Advisor 360 Central Ave., Suite 1320 St. Petersburg, FL 33701
Maritza Iacono	<u>Duke Energy</u> Chief of Staff & Florida Utility Strategy Director
Katie Gower	<u>Moss Construction</u> Business Development Director
Colin Wilson	<u>Retired</u> St. Petersburg, FL
Lila Miller	<u>Bank of America</u> Sr. Trust Officer and Sr. Vice President 1416 51st Ave NE St. Petersburg, Florida 33703
Nicole Burroughs, MBA	<u>Raymond James</u> Director, Associate Conflicts of Interest Compliance 880 Carillon Parkway St. Petersburg, FL 33716

BGCS – SENIOR STAFF

Freddy Williams President & CEO	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 fwilliams@bgcsun.org	B: (727) 524-2427 Ext. 108 C: (850) 319-5505
Marlene Alonso Executive Assistant to Freddy Williams	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 malonso@bgcsun.org	B: (727) 524-2427 C: (407) 541-9771
Mandy Burnette Chief Operating Officer	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 mburnette@bgcsun.org	B: (727) 524-2427 Ext. 107 C: (865) 414-5245
Cassie Kackley Chief Development Officer	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 ckackley@bgcsun.org	B: (727) 524-2427 Ext. 106 C: (321) 624-7260
Mark Palmer Director of Finance	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 mpalmer@bgcsun.org	B: (727) 524-2427 Ext.105 C: 404-484-1135
Beth Fenger Chief Impact Officer	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 bfenger@bgcsun.org	B: (727) 524-2427 C: (404) 663-7341
Cindy Bauer VP of Human Resources	4625 East Bay Dr., Suite 103 Clearwater, FL 33764 cbauer@bgcsun.org	B: (727) 524-2427 ext. 102 C: (813) 230 - 9804

PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4625 EAST BAY DRIVE #103 City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33764 F Name and address of principal officer: FREDDY WILLIAMS SAME AS C ABOVE	D Employer identification number 59-1566799 E Telephone number 727-524-2427 G Gross receipts \$ 5,876,428. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BGCSUN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1970		M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDING DAILY ACCESS TO A SAFE PLACE, CARING MENTORS, & HIGH-IMPACT PROGRAMS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	127
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,356,009.
9		Program service revenue (Part VIII, line 2g)	58,478.	27,877.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	53.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,227.	-4,636.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,383,260.	5,813,838.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	420.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,886,256.	2,357,870.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 251,143.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,609,792.	2,545,681.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,496,468.	4,903,551.
	19	Revenue less expenses. Subtract line 18 from line 12	-113,208.	910,287.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,966,260.	End of Year 3,543,242.
	21	Total liabilities (Part X, line 26)	601,137.	351,775.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,365,123.	3,191,467.

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 FREDDY WILLIAMS, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KRISTINA HIMROD	Preparer's signature KRISTINA HIMROD
	Date 02/11/22	Check if self-employed <input type="checkbox"/> PTIN P01544190
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
	Firm's address ▶ 2523 US HIGHWAY 27 S SEBRING, FL 33870-4926	Phone no. 863-385-1577

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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: 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

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 \$ 4,097,084. including grants of \$) (Revenue \$ 27,877.) 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 \$)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,097,084.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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		127
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?		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?		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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 34		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 34		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		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		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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 **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
FREDDY WILLIAMS - 727-524-2427
4625 EAST BAY DRIVE #103, CLEARWATER, FL 33764

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FREDDY WILLIAMS PRESIDENT AND CEO	40.00			X			121,252.	0.	27,322.	
(2) AMANDA BURNETTE CHIEF OPERATING OFFICER	40.00			X			94,924.	0.	5,384.	
(3) CASSANDRA KACKLEY CHIEF DEVELOPMENT OFFICER	40.00			X			80,510.	0.	3,641.	
(4) MARK PALMER DIRECTOR OF FINANCE	40.00			X			74,717.	0.	5,384.	
(5) JEFF TANZER BOARD CHAIRPERSON	5.00	X		X			0.	0.	0.	
(6) BRIAN DAVIS CHAIR ELECT	5.00	X		X			0.	0.	0.	
(7) DANIELLE CARTIER-WENDT TREASURER	5.00	X		X			0.	0.	0.	
(8) ELIZABETH CONSTANTINE CORPORATE SECRETARY	5.00	X		X			0.	0.	0.	
(9) ROLFE DUGGAR VICE CHAIR	5.00	X		X			0.	0.	0.	
(10) CHRISTIE SULLIVAN VICE CHAIR	5.00	X		X			0.	0.	0.	
(11) BETH HORNER VICE CHAIR	5.00	X		X			0.	0.	0.	
(12) KYLE BARR VICE CHAIR	5.00	X		X			0.	0.	0.	
(13) ANGELA WRIGHT IMMEDIATE PAST CHAIR	5.00	X		X			0.	0.	0.	
(14) DOUG LEWIS PAST CHAIR	5.00	X		X			0.	0.	0.	
(15) PATRICK AHERN BOARD MEMBER	5.00	X					0.	0.	0.	
(16) KAROL BULLARD BOARD MEMBER	5.00	X					0.	0.	0.	
(17) CHARLES CATANESE BOARD MEMBER	5.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIM COATS BOARD MEMBER	5.00	X						0.	0.	0.
(19) DR. JAMELLE CONNER BOARD MEMBER	5.00	X						0.	0.	0.
(20) DR. RACHEL DAWKINS BOARD MEMBER	5.00	X						0.	0.	0.
(21) MARK DAWSON BOARD MEMBER	5.00	X						0.	0.	0.
(22) MARIANO DR-LIACCO BOARD MEMBER	5.00	X						0.	0.	0.
(23) DEONTE ECHOLS BOARD MEMBER	5.00	X						0.	0.	0.
(24) BOB GUALTIERI BOARD MEMBER	5.00	X						0.	0.	0.
(25) MICHAEL HAJEK BOARD MEMBER	5.00	X						0.	0.	0.
(26) AMEYON HAWKINS BOARD MEMBER	5.00	X						0.	0.	0.
1b Subtotal								371,403.	0.	41,731.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								371,403.	0.	41,731.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEE HOOPER BOARD MEMBER	5.00	X					0.	0.	0.	
(28) TRACEY JAENSCH BOARD MEMBER	5.00	X					0.	0.	0.	
(29) DR. SHAMEKA JONES BOARD MEMBER	5.00	X					0.	0.	0.	
(30) LEE HOOPER BOARD MEMBER	5.00	X					0.	0.	0.	
(31) ALBERT KAMINSKY BOARD MEMBER	5.00	X					0.	0.	0.	
(32) HOLLY NILLER BOARD MEMBER	5.00	X					0.	0.	0.	
(33) GONZALO MORA BOARD MEMBER	5.00	X					0.	0.	0.	
(34) RONALD RICARDO BOARD MEMBER	5.00	X					0.	0.	0.	
(35) ASHLEY STAMEY BOARD MEMBER	5.00	X					0.	0.	0.	
(36) COLEEN STERNS-LEITH BOARD MEMBER	5.00	X					0.	0.	0.	
(37) LEROY SULLIVAN BOARD MEMBER	5.00	X					0.	0.	0.	
(38) ASHLEY WARD-SINGLETON BOARD MEMBER	5.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	394,167.				
	b Membership dues	1b					
	c Fundraising events	1c	191,169.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,024,662.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,180,546.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 473,549.				
	h Total. Add lines 1a-1f			5,790,544.			
Program Service Revenue	2 a PROGRAM REVENUE	Business Code					
		900099	27,877.	27,877.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			27,877.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53.			53.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	4,359.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	4,359.				
	d Net rental income or (loss)			4,359.		4,359.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 191,169. of contributions reported on line 1c). See Part IV, line 18	8a		37,071.				
b Less: direct expenses	8b	62,590.					
c Net income or (loss) from fundraising events			-25,519.		-25,519.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	16,524.			16,524.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			16,524.			
12 Total revenue. See instructions			5,813,838.	27,877.	0.	-4,583.	

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	424,254.	119,164.	245,706.	59,384.
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	1,677,573.	1,466,654.	100,243.	110,676.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,903.	18,661.	2,447.	795.
9 Other employee benefits	83,257.	67,907.	6,145.	9,205.
10 Payroll taxes	150,883.	114,336.	24,237.	12,310.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,240.	2,053.	124.	63.
c Accounting	35,958.	32,628.	2,209.	1,121.
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 Sch. O.)	69,062.	63,308.	3,815.	1,939.
12 Advertising and promotion	52,047.	39,342.	8,426.	4,279.
13 Office expenses	169,489.	150,542.	13,973.	4,974.
14 Information technology	143,059.	117,171.	17,169.	8,719.
15 Royalties				
16 Occupancy	367,942.	301,249.	44,230.	22,463.
17 Travel	88,954.	85,209.	2,484.	1,261.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,576.	1,194.	253.	129.
20 Interest	2,653.	349.	2,304.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,123.	204,230.	4,893.	
23 Insurance	47,537.	36,022.	7,637.	3,878.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	771,114.	724,196.	42,180.	4,738.
b USDA PROGRAM	357,295.	342,932.	14,116.	247.
c CONTRACTED PROGRAM TRAN	147,893.	147,893.		
d DUES	37,480.	25,338.	9,402.	2,740.
e All other expenses	42,259.	36,706.	3,331.	2,222.
25 Total functional expenses. Add lines 1 through 24e	4,903,551.	4,097,084.	555,324.	251,143.
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	427,797.	1	641,639.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	452,317.	3	661,192.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,887.	9	9,375.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,777,046.		
	b Less: accumulated depreciation	10b 1,802,815.	2,051,259.	10c 1,974,231.
	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	0.	15	256,805.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,966,260.	16	3,543,242.	
Liabilities	17 Accounts payable and accrued expenses	164,496.	17	322,465.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	227,641.	23	17,949.
	24 Unsecured notes and loans payable to unrelated third parties	209,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	11,361.
	26 Total liabilities. Add lines 17 through 25	601,137.	26	351,775.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,089,784.	27	2,952,578.
	28 Net assets with donor restrictions	275,339.	28	238,889.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,365,123.	32	3,191,467.
33 Total liabilities and net assets/fund balances	2,966,260.	33	3,543,242.	

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	5,813,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,903,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	910,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,365,123.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-76,383.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,560.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,191,467.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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

2020

Open to Public Inspection

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2339087.	2676278.	2899112.	3356009.	5790544.	17061030.
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						
4 Total. Add lines 1 through 3	2339087.	2676278.	2899112.	3356009.	5790544.	17061030.
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)						22,236.
6 Public support. Subtract line 5 from line 4.						17038794.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2339087.	2676278.	2899112.	3356009.	5790544.	17061030.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5,098.	4,412.	9,510.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	132,727.	167,087.	229,102.			528,916.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	533.	7,770.	9,700.	4,240.	16,524.	38,767.
11 Total support. Add lines 7 through 10						17638223.
12 Gross receipts from related activities, etc. (see instructions)					12	172,322.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	96.60	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.68	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	Yes	No	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Horizontal lines for supplemental information input.

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

2020

Name of the organization

BOYS & GIRLS CLUBS OF THE SUNCOAST INC.

Employer identification number

59-1566799

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC.	Employer identification number 59-1566799
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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	 <hr/> <hr/> <hr/>	\$ <u>1,887,512.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>394,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>177,792.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>142,503.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>209,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC.	Employer identification number 59-1566799
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>375,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>148,277.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>321,088.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC.	Employer identification number 59-1566799
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	KN95 MASKS _____ _____ _____	\$ 375,000.	10/28/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC.	Employer identification number 59-1566799
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

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

2020

Open to Public Inspection

Name of the organization BOYS & GIRLS CLUBS OF THE SUNCOAST INC. 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		2,729,748.	1,172,673.	1,557,075.
c Leasehold improvements		40,569.	31,631.	8,938.
d Equipment		839,873.	598,511.	241,362.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,974,231.

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. (Col. (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. (Col. (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) RELATED PARTY RECEIVABLE	256,805.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	256,805.

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) HOLDING ACCOUNT FOR BCGA TRAINING	
(3) EVENT	11,361.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,361.

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

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	5,895,651.
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	87,429.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,616.
e	Add lines 2a through 2d	2e	81,813.
3	Subtract line 2e from line 1	3	5,813,838.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,813,838.

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	5,067,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	163,812.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	534.
e	Add lines 2a through 2d	2e	164,346.
3	Subtract line 2e from line 1	3	4,903,551.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,903,551.

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 X, LINE 2:

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 CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-616.
INTERCOMPANY ELIMINATION	-5,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-5,616.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EXPENSES	-616.
INTERCOMPANY ELIMINATION	-5,000.
BAD DEBTS EXPENSE	6,150.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	534.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization **BOYS & GIRLS CLUBS OF THE SUNCOAST INC.** 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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	228,240.			228,240.
	2 Less: Contributions	191,169.			191,169.
	3 Gross income (line 1 minus line 2)	37,071.			37,071.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	42,915.			42,915.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	12,055.			12,055.
	9 Other direct expenses	7,620.			7,620.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				62,590.
11 Net income summary. Subtract line 10 from line 3, column (d)				-25,519.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		11,580.	REPLACEMENT COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6	16,104.	REPLACEMENT COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	84	35,469.	REPLACEMENT COST
26 Other ▶ (FURNITURE & F)	X	1	27,000.	REPLACEMENT COST
27 Other ▶ (COMPUTERS)	X	3	4,940.	REPLACEMENT COST
28 Other ▶ (PROGRAM SUPPL)	X	5	3,356.	REPLACEMENT COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2020

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

2020

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF THE SUNCOAST INC.

Employer identification number

59-1566799

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**PLACE, CARING ADULT MENTORS, AND HIGH-IMPACT PROGRAMS DURING CRITICAL
NON-SCHOOL HOURS.**

FORM 990, PART VI, SECTION A, LINE 1:

**THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE
CORPORATION, THE MOST RECENT PAST CHAIRMAN, AND AT THE DISCRETION OF THE
CHAIRMAN ONE OR MORE MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE
COMMITTEE SHALL HAVE THE SAME AUTHORITY AS THE BOARD OF DIRECTORS, SUBJECT
TO REVERSAL BY A MAJORITY VOTE OF THE BOARD. MEETINGS MAY BE CALLED BY THE
CHAIRMAN, CHAIR-ELECT IN THE ABSENCE OF THE CHAIRMAN, OR BY TWO (2) MEMBERS
OF THE EXECUTIVE COMMITTEE. NOTICE OF ANY MEETINGS OF THE EXECUTIVE
COMMITTEE SHALL BE GIVEN TO ALL EXECUTIVE COMMITTEE MEMBERS TELEPHONICALLY
OR BY ELECTRONIC MAIL AT LEAST ONE (1) DAY IN ADVANCE OF THE MEETING.**

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

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

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

**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, SECTION B, LINE 15A:

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

Schedule O (Form 990 or 990-EZ) 2020

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

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, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBTS EXPENSE	-6,150.
CONSOLIDATED ELIMINATION OF FOUNDATION ACTIVITY	-1,410.
TOTAL TO FORM 990, PART XI, LINE 9	-7,560.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Name of the organization

BOYS & GIRLS CLUBS OF THE SUNCOAST INC.

Employer identification number
59-1566799

OMB No. 1545-0047
2020
Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOYS & GIRLS CLUBS OF THE SUNCOAST FOUNDATION, INC. - 20-5598246, 4699 CENTRAL AVENUE SUITE 101, ST. PETERSBURG, FL 33713	RAISE FUNDS FOR BOYS & GIRLS CLUBS OF THE SUNCOAST INC	FLORIDA	501C3	LINE 12A, I	BOYS & GIRLS CLUBS OF THE SUNCOAST INC.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2021 AND 2020



WEALTH ADVISORY | OUTSOURCING
AUDIT, TAX, AND CONSULTING

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**BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
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YEARS ENDED JUNE 30, 2021 AND 2020**

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INDEPENDENT AUDITORS' REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Boys & Girls Clubs of the Suncoast, Inc. (the Club), and Boys & Girls Clubs of the Suncoast Foundation, Inc. (the Foundation or the Affiliate), (collectively, the Organization), which comprise the consolidated statements of financial position as of June 30, 2021 and 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated 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 entity'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 consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position and consolidating statement of activities are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The consolidating statement of financial position and consolidating statement of activities and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 14, 2021, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Tampa, Florida
December 14, 2021

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2021 AND 2020

ASSETS	2021	2020
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 847,577	\$ 352,710
Contributions and Grants Receivable, Current Portion	557,323	254,414
In-Kind Lease Receivable	76,383	76,383
Prepaid Expenses	9,375	34,887
Custodial Funds Held for Others	11,361	-
Cash Restricted for Capital Improvements	41,000	75,087
Total Current Assets	1,543,019	793,481
PROPERTY AND EQUIPMENT, NET	1,974,231	2,051,259
IN-KIND LEASE RECEIVABLE, LONG-TERM PORTION	27,486	103,869
CONTRIBUTIONS AND GRANTS RECEIVABLE, LONG-TERM PORTION	-	17,651
Total Assets	\$ 3,544,736	\$ 2,966,260
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 172,857	\$ 85,293
Accrued Expenses	149,608	79,203
Custodial Accounts	11,361	-
Long-Term Debt, Current Portion	-	205,291
Capital Lease Obligation, Current Portion	4,559	4,402
Total Current Liabilities	338,385	374,189
PAYCHECK PROTECTION PROGRAM LOAN	-	209,000
CAPITAL LEASE OBLIGATION, NET OF CURRENT PORTION	13,390	17,948
Total Liabilities	351,775	601,137
NET ASSETS		
Without Donor Restrictions:		
Undesignated	2,794,136	1,929,848
Board-Designated- Royal Theater	159,936	159,936
With Donor Restrictions	238,889	275,339
Total Net Assets	3,192,961	2,365,123
Total Liabilities and Net Assets	\$ 3,544,736	\$ 2,966,260

See accompanying Notes to Consolidated Financial Statements.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE			
Support:			
Contributions	\$ 786,505	\$ 405,707	\$ 1,192,212
In-Kind Contributions	480,509	45,000	525,509
Grants	1,767,471	1,585,945	3,353,416
United Way	201,634	192,533	394,167
Loan Forgiveness	-	209,000	209,000
Total Support	3,236,119	2,438,185	5,674,304
Special Fundraising Events Revenue	200,271	-	200,271
Less: Fundraising Events Expense	(27,653)	-	(27,653)
Net Special Fundraising Events	172,618	-	172,618
Revenue:			
Membership Dues	5,783	-	5,783
Program Revenue	22,094	-	22,094
Other Revenue	20,936	-	20,936
Total Revenue	48,813	-	48,813
Net Assets Released from Donor Restrictions	2,474,635	(2,474,635)	-
Total Support and Revenue	5,932,185	(36,450)	5,895,735
EXPENSES			
Program Services - Youth Development	4,250,936	-	4,250,936
Management and General	565,439	-	565,439
Fundraising	251,522	-	251,522
Total Expenses	5,067,897	-	5,067,897
CHANGE IN NET ASSETS	864,288	(36,450)	827,838
Net Assets - Beginning of Year	2,089,784	275,339	2,365,123
NET ASSETS - END OF YEAR	\$ 2,954,072	\$ 238,889	\$ 3,192,961

See accompanying Notes to Consolidated Financial Statements.

**BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2020**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
SUPPORT AND REVENUE			
Support:			
Contributions	\$ 434,029	\$ 75,000	\$ 509,029
In-Kind Contributions	231,614	133,286	364,900
Grants	1,104,057	1,103,531	2,207,588
United Way	4,976	199,690	204,666
Total Support	<u>1,774,676</u>	<u>1,511,507</u>	<u>3,286,183</u>
Special Fundraising Events Revenue	313,105	-	313,105
Less: Fundraising Events Expense	<u>(117,076)</u>	<u>-</u>	<u>(117,076)</u>
Net Special Fundraising Events	196,029	-	196,029
Revenue:			
Membership Dues	8,995	-	8,995
Program Revenue	49,433	-	49,433
Other Revenue	<u>9,388</u>	<u>-</u>	<u>9,388</u>
Total Revenue	67,816	-	67,816
Net Assets Released from Restrictions	<u>1,462,372</u>	<u>(1,462,372)</u>	<u>-</u>
Total Support and Revenue	3,500,893	49,135	3,550,028
EXPENSES			
Program Services - Youth Development	2,825,154	-	2,825,154
Management and General	604,017	-	604,017
Fundraising	<u>214,963</u>	<u>-</u>	<u>214,963</u>
Total Expenses	<u>3,644,134</u>	<u>-</u>	<u>3,644,134</u>
CHANGE IN NET ASSETS	(143,241)	49,135	(94,106)
Net Assets - Beginning of Year	<u>2,233,025</u>	<u>226,204</u>	<u>2,459,229</u>
NET ASSETS - END OF YEAR	<u>\$ 2,089,784</u>	<u>\$ 275,339</u>	<u>\$ 2,365,123</u>

See accompanying Notes to Consolidated Financial Statements.

**BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2021**

	Supporting Services				Total
	Program Services	Management and General	Fundraising	Total Support Services	
Salaries and Related Expenses:					
Salaries	\$ 1,574,952	\$ 317,369	\$ 164,638	\$ 482,007	\$ 2,056,959
Employee Benefits	93,161	36,257	14,956	51,213	144,374
Payroll Taxes	114,336	24,238	12,310	36,548	150,884
Total Salaries and Related Expenses	<u>1,782,449</u>	<u>377,864</u>	<u>191,904</u>	<u>569,768</u>	<u>2,352,217</u>
Other Expenses:					
Contracted Transportation	147,893	-	-	-	147,893
Depreciation	204,230	4,893	-	4,893	209,123
Equipment Expense	87,956	18,646	9,470	28,116	116,072
Information Technology	8,214	1,741	884	2,625	10,839
In-Kind Materials and Services	571,413	30,579	-	30,579	601,992
Insurance	59,869	12,692	6,446	19,138	79,007
Interest Expense	349	2,304	-	2,304	2,653
Membership Dues	-	4,006	-	4,006	4,006
National and State Dues	15,737	3,336	1,694	5,030	20,767
Occupancy	184,801	39,176	19,896	59,072	243,873
Printing and Publications	19,155	4,061	2,062	6,123	25,278
Professional Fees and Contract Services	146,985	8,860	4,500	13,360	160,345
Repairs and Maintenance	92,604	-	-	-	92,604
Special Events Expenses	-	-	27,653	27,653	27,653
Supplies	709,926	28,403	-	28,403	738,329
Travel and Training	19,447	4,123	2,094	6,217	25,664
Vehicle Expenses	73,546	-	-	-	73,546
Youth Development	11,003	-	-	-	11,003
Other Expenses	115,359	24,755	12,572	37,327	152,686
Total Other Expenses	<u>2,468,487</u>	<u>187,575</u>	<u>87,271</u>	<u>274,846</u>	<u>2,743,333</u>
Less: Expenses Netted Against Revenues on the Statements of Activities:					
Fundraising Events Expense	-	-	(27,653)	(27,653)	(27,653)
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 4,250,936</u>	<u>\$ 565,439</u>	<u>\$ 251,522</u>	<u>\$ 816,961</u>	<u>\$ 5,067,897</u>

See accompanying Notes to Consolidated Financial Statements.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2020

	Supporting Services				Total
	Program Services	Management and General	Fundraising	Total Support Services	
Salaries and Related Expenses:					
Salaries	\$ 1,181,385	\$ 330,034	\$ 121,058	\$ 451,092	\$ 1,632,477
Employee Benefits	90,989	25,419	9,324	34,743	125,732
Payroll Taxes	92,659	25,885	9,495	35,380	128,039
Total Salaries and Related Expenses	<u>1,365,033</u>	<u>381,338</u>	<u>139,877</u>	<u>521,215</u>	<u>1,886,248</u>
Other Expenses:					
Depreciation	214,460	4,550	814	5,364	219,824
Equipment Expense	45,936	12,833	4,707	17,540	63,476
In-Kind Materials and Services	331,426	14,372	-	14,372	345,798
Insurance	58,557	16,359	6,000	22,359	80,916
Interest Expense	12,054	925	-	925	12,979
Membership Dues	-	345	-	345	345
National and State Dues	19,811	5,535	2,030	7,565	27,376
Occupancy	140,989	39,387	14,447	53,834	194,823
Printing and Publications	12,374	3,457	1,268	4,725	17,099
Professional Fees and Contract Services	71,480	19,969	7,325	27,294	98,774
Repairs and Maintenance	34,704	-	-	-	34,704
Special Events Expenses	-	-	117,076	117,076	117,076
Supplies	254,910	71,212	26,121	97,333	352,243
Travel and Training	21,817	6,095	2,236	8,331	30,148
Vehicle Expenses	109,037	-	-	-	109,037
Youth Development	33,413	-	-	-	33,413
Other Expenses	99,153	27,640	10,138	37,778	136,931
Total Other Expenses	<u>1,460,121</u>	<u>222,679</u>	<u>192,162</u>	<u>414,841</u>	<u>1,874,962</u>
Less: Expenses Netted Against Revenues					
on the Statements of Activities:					
Fundraising Events Expense	-	-	(117,076)	(117,076)	(117,076)
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 2,825,154</u>	<u>\$ 604,017</u>	<u>\$ 214,963</u>	<u>\$ 818,980</u>	<u>\$ 3,644,134</u>

See accompanying Notes to Consolidated Financial Statements.
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**BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 827,838	\$ (94,106)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation	209,123	219,824
Gain on Sale of Property and Equipment	(500)	-
In-Kind Lease Receivable	76,383	(19,102)
Grants Restricted for Capital Improvements	(131,746)	(184,772)
Forgiveness of Paycheck Protection Program Loan	(209,000)	-
Change in Operating Assets and Liabilities:		
Contributions and Grants Receivable	(285,258)	(90,414)
Prepaid Expenses	25,512	16,449
Accounts Payable	87,564	31,900
Accrued Expenses	70,405	26,794
Custodial Accounts	11,361	-
Net Cash Provided (Used) by Operating Activities	681,682	(93,427)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(132,095)	(236,175)
Proceeds on Sale of Property and Equipment	500	-
Net Cash Used by Investing Activities	(131,595)	(236,175)
CASH FLOWS FROM FINANCING ACTIVITIES		
Grants Restricted for Capital Improvements	131,746	184,772
Proceeds from Paycheck Protection Program Loan	-	209,000
Repayment of Long-Term Debt	(209,692)	(63,179)
Net Cash Provided (Used) by Financing Activities	(77,946)	330,593
NET INCREASE IN CASH, CASH EQUIVALENTS, AND RESTRICTED CASH	472,141	991
Cash, Cash Equivalents, and Restricted Cash - Beginning of Year	427,797	426,806
CASH, CASH EQUIVALENTS, AND RESTRICTED CASH - END OF YEAR	\$ 899,938	\$ 427,797
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Noncash Investing and Financing Activities:		
Purchase of Property and Equipment with Long-Term Debt	\$ -	\$ 24,533
Cash During the Year for:		
Interest	\$ 2,653	\$ 12,979

See accompanying Notes to Consolidated Financial Statements.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Boys & Girls Clubs of the Suncoast, Inc. (the Club) 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 Club'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. The Club's programs and activities are dedicated to promoting leadership, character, health, and career development, while emphasizing social, cultural, and educational growth. The Club is supported primarily through private donor contributions, grants, and contracts from government agencies.

The Club's controlled affiliate is the Boys & Girls Clubs of the Suncoast Foundation, Inc. (the Foundation) is a nonprofit organization incorporated in the state of Florida on April 1, 2005. The Foundation was created to support the mission of the Club.

Principles of Consolidation

The consolidated financial statements include the accounts of the Club and the Foundation (collectively, referred to hereinafter as the Organization). The Organizations have been consolidated due to the presence of common control and economic interest as required under U.S. GAAP. All significant intercompany transactions and balances have been eliminated in consolidation.

Basis of Accounting

The accompanying consolidated 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. 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 stipulated purpose for which the resource has been fulfilled, or both.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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

	2021	2020
Cash and Cash Equivalents	\$ 847,577	\$ 352,710
Custodial Funds Held for Others	11,361	-
Cash Restricted for Capital Improvements	41,000	75,087
Total Cash, Cash Equivalents, and Restricted		
Cash Shown in the Statements of Cash Flows	\$ 899,938	\$ 427,797

Contributions and Grants

Contributions and grants received are classified as with and without donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions and grants receivable are recognized when an unconditional promise to give is received. Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. The Organization has not recorded the present value discount for long-term contributions as they have determined it does not materially impact the consolidated financial statements. An allowance for doubtful contributions and grants receivable is considered unnecessary, as management considers all accounts to be collectible.

Conditional Contributions and Grants – that is, those with a measurable performance or other barrier and a right of return – are recognized only when the conditions on which they depend are substantially met and the promises become unconditional. Payments received before conditions are substantially met are recorded as deferred revenue in the accompanying consolidated statements of financial position.

There were a total of approximately \$3,210,000 in conditional contributions and grants awarded in the year ended June 30, 2021. Of the total conditional contributions and grants awarded, approximately \$2,987,000 depend on incurring qualified expenses and approximately \$223,000 depend on achieving a specified outcome.

There were a total of approximately \$2,092,000 in conditional contributions and grants awarded in the year ended June 30, 2020. Of the total conditional contributions and grants awarded, approximately \$2,035,000 depend on incurring qualified expenses and approximately \$57,000 depend on achieving a specified outcome.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions and Grants (Continued)

Consequently, at June 30, 2021, conditional contributions and grants approximating \$650,000, have not been recognized in the accompanying consolidated statement of activities because the conditions on which they depend have not yet been met. Of the total conditional contributions not recognized, all depend on incurring qualified expenses.

Consequently, at June 30, 2020, conditional contributions and grants approximating \$507,000, have not been recognized in the accompanying consolidated statement of activities because the conditions on which they depend have not yet been met. Of the total conditional contributions not recognized, all depend on incurring qualified expenses.

In-Kind Contributions

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 consolidated 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 consolidated statements of activities since it is not susceptible to objective measurement or valuation.

Special Fundraising Events

Special fundraising events revenue comprise an exchange element based on the value of the benefits provided, and a contribution element for the difference between the total support and the exchange element. The exchange element includes the meals provided, which is recognized over time as the event occurs, and the auction items purchased at the events, which is recognized at the point in time when the auction ends. The performance obligation is met over time as the event occurs. Special fundraising event revenues consisted of the following for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Contribution Revenue	\$ 177,556	\$ 205,275
Exchange Revenue:		
Auction Items	22,715	78,130
Meals	-	29,700
Total Special Fundraising Event Revenue	<u>\$ 200,271</u>	<u>\$ 313,105</u>

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Program Fees

Program fees include membership dues, program service fees, summer camp fees, and rental income. Program fees and related receivables are reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing services to their program participants. Revenue is recognized as performance obligations are satisfied.

Membership dues include annual memberships. Annual membership dues are renewed each fiscal year starting July 1st. With membership dues, a member is guaranteed a spot within one of the clubs. Revenue is recognized at a point in time upon payment as the membership is nonrefundable and contains no material performance obligation.

Program revenues include program service fees and summer camp fees. Program service fees are weekly dues charged to members for access to the clubs, including STEM and other academic training, tutoring services, introduction to secondary education options, and online learning. Summer camp fees are weekly dues charged to members to provide summer camp and educational activities. Revenue is recognized over time as services are performed.

Other revenue includes rental income. Rental income represents fees charged to members for the use of the facility. Revenue is recognized over time as facility access provided.

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 using the straight-line method. Leasehold improvements are depreciated over the shorter of useful life of the asset or 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. The estimated useful lives of the assets are as follows:

Buildings and Building Improvements	1.5 to 30 Years
Leasehold Improvements	10 Years
Furniture and Equipment	5 to 10 Years
Vehicles	5 Years

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Club 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 consolidated financial statements.

The IRC provides for taxation of unrelated business income under certain circumstances. The Club 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 Foundation has filed for tax-exempt status. The application has not been processed as of December 14, 2021.

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 consolidated financial statements.

Functional Allocation of Expenses

The following program and support services are included in the accompanying consolidated 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 various programs and related supporting services have been summarized on a functional basis in the consolidated statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated to one or more of the appropriate program and supporting services benefited. These expenses are allocated based on estimated time and effort of personnel.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of consolidated 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.

Change in Accounting Estimate

During 2021, the Organization changed its functional method of allocating supplies from indirect allocation based on estimated time and effort of personnel to direct allocation. The Organization believes that the new method more accurately allocates its expenditures within the consolidated statement of functional expenses. The accounting change has not been applied retrospectively. There is no impact on the change in net assets as a result of this change in accounting estimate.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying consolidated financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

Subsequent Events

The Organization has evaluated subsequent events through December 14, 2021, which is the date the consolidated financial statements were available to be issued.

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 consolidated statement of financial position date, comprise the following as of June 30:

	<u>2021</u>	<u>2020</u>
Cash and Cash Equivalents	\$ 847,577	\$ 352,710
Contributions and Grants Receivable, Current Portion	557,323	254,414
Total Financial Assets	1,404,900	607,124
Less: Donor-Imposed Purpose Restrictions	(135,020)	(75,087)
Total Financial Assets Available for General Expenditure Within One Year	<u>\$ 1,269,880</u>	<u>\$ 532,037</u>

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 \$422,000. To help manage unanticipated liquidity needs, the Organization has committed a line of credit in the amount of \$250,000 which it could draw upon.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 3 IN-KIND LEASE RECEIVABLE

The Organization was given rent-free (or below market) leases on certain properties where the 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, 2021 and 2020 is reflected in the accompanying consolidated statements of financial position.

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

Year Ending June 30:	Amount
2022	\$ 76,383
2023	27,486
Total	\$ 103,869

NOTE 4 PROPERTY AND EQUIPMENT

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

	2021	2020
Land	\$ 166,856	\$ 166,856
Buildings and Building Improvements	2,729,748	2,614,413
Leasehold Improvements	40,569	40,569
Furniture and Equipment	471,865	454,812
Vehicles	353,651	378,585
Construction In Progress	14,357	14,650
Total	3,777,046	3,669,885
Less: Accumulated Depreciation	(1,802,815)	(1,618,626)
Net Property and Equipment	\$ 1,974,231	\$ 2,051,259

Depreciation expense for the years ended June 30, 2021 and 2020 was approximately \$209,000 and 220,000, respectively.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 4 PROPERTY AND EQUIPMENT (CONTINUED)

The Buildings category above includes approximately \$564,000 of capital improvement on the Royal Theater club that was funded by a U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) which was 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, 2034. According to the City of St. Petersburg resolution 2016-405 forgiveness of this lien was accelerated to December 31, 2022. The outstanding balance at June 30, 2021 is \$535,338. The CDBG proceeds were recognized as income at the time of receipt since management believes the likelihood of repayment is remote.

The Buildings category also includes approximately \$567,000 of capital improvements on the Pinellas Park club that was funded by HUD CDBG passed through Pinellas County. Among other CDBG requirements, the property is required to be used as a center benefiting the youth and at least 51% of the persons benefitting from the activities be Pinellas 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. There is no mortgage agreement with the County related to these HUD CDBG funds.

NOTE 5 LONG-TERM DEBT

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

<u>Description</u>	<u>2021</u>	<u>2020</u>
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.	\$ -	\$ 205,291
Less: Current Portion	<u>-</u>	<u>205,291</u>
Long-Term Debt, Excluding Current Portion	<u>\$ -</u>	<u>\$ -</u>

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 6 NET ASSETS WITH DONOR RESTRICTIONS

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

	<u>2021</u>	<u>2020</u>
Purpose Restrictions:		
Capital Improvements	\$ 41,000	\$ 75,087
Club-Specific Expenses	50,300	-
Club-Specific Salaries	34,720	-
Food Program	9,000	-
Total Purpose Restrictions	<u>135,020</u>	<u>75,087</u>
Time Restrictions:		
In-Kind Leases Receivable	103,869	180,252
Grants Receivable	-	20,000
Total Time Restrictions	<u>103,869</u>	<u>200,252</u>
 Total	 <u>\$ 238,889</u>	 <u>\$ 275,339</u>

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

	<u>2021</u>	<u>2020</u>
Purpose Restrictions Released:		
Capital Improvements	\$ 165,833	\$ 164,239
Summer Care	117,533	88,800
Out of School Care	-	80,890
At Risk Mentoring	208,145	166,074
Food Program	580,133	366,921
Substance Abuse Program	177,792	178,560
School Readiness Program	63,327	57,333
Literacy Program	292,007	224,871
Payroll Protection	209,000	-
Behavioral Health Program	321,088	-
Junior Staff Program	30,000	-
Swimming Program	6,885	-
Club-Specific Expenses	80,000	-
Club-Specific Salaries	34,230	-
Sanitation Supplies	47,279	-
Total Purpose Restrictions Released	<u>2,333,252</u>	<u>1,327,688</u>
Time Restrictions Released:		
Road Traffic Education	-	10,500
Junior Staff Program	20,000	10,000
In-Kind Leases Receivable	121,383	114,184
Total Time Restrictions Released	<u>141,383</u>	<u>134,684</u>
 Total	 <u>\$ 2,474,635</u>	 <u>\$ 1,462,372</u>

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 7 IN-KIND REVENUE AND EXPENSES

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

	2021	2020
In-Kind Revenues:		
Donated Facilities	\$ 45,000	\$ 133,286
Donated Supplies, Materials, and Services	480,509	231,614
Total	\$ 525,509	\$ 364,900
	2021	2020
In-Kind Expenses:		
Donated Facilities	\$ 121,383	\$ 114,184
Donated Supplies, Materials, and Services	480,609	231,614
Total	\$ 601,992	\$ 345,798

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.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 9 RETIREMENT PLAN

The Organization operates the Boys & Girls Clubs 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, 2021 and 2020 the Organization made contributions to the Plan of approximately \$14,000, and \$19,000, respectively.

NOTE 10 LINE OF CREDIT

In May 2018, the Organization opened a line of credit with a financial institution. The available line is \$250,000 with an outstanding balance bearing interest at the institution's prime rate of 3.5% interest rate and a maturity date of May 15, 2022. For the years ended June 30, 2021 and 2020 the line of credit balance is \$-0-.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

NOTE 11 LOAN FORGIVENESS

On April 11, 2020, the Organization received a loan from a financial institution in the amount of \$209,000 to fund payroll, rent, utilities, and interest on mortgages and existing debt through the Paycheck Protection Program (the PPP Loan). The original loan agreement was written prior to the PPP Flexibility Act of 2020 (June 5) and was due over twenty-four months deferred for six months. Subsequent to this, the law changed the loan deferral terms retroactively. The PPP Flexibility Act and subsequent regulations supersede the loan agreement. The PPP Loan bears interest at a fixed rate of 1.0% per annum, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration (SBA). Payment of principal and interest is deferred until the date on which the amount of forgiveness is remitted to the lender or, if the Organization fails to apply for forgiveness within 10 months after the covered period, then payment of principal and interest shall begin on that date. These amounts may be forgiven subject to compliance and approval based on the timing and use of these funds in accordance with the program. The covered period from 4/13/2020 – 6/5/2020 is the time that the Organization has to spend their PPP Loan funds.

The PPP Loan was forgiven in full by the financial institution on December 21, 2020 and was recorded as Loan Forgiveness in the accompanying consolidated statement of activities as of June 30, 2021. The SBA may review funding eligibility and usage of funds for compliance with program requirements based on dollar thresholds and other factors. The amount of liability, if any, from potential noncompliance cannot be determined with certainty; however, management is of the opinion that any review will not have a material adverse impact on the Organization's financial position.

BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATING STATEMENT OF FINANCIAL POSITION
JUNE 30, 2021
(SEE INDEPENDENT AUDITORS' REPORT)

ASSETS	<u>Club</u>	<u>Foundation</u>	<u>Eliminating Entries</u>	<u>Total</u>
CURRENT ASSETS				
Cash and Cash Equivalents	\$ 589,278	\$ 258,299	\$ -	\$ 847,577
Contributions and Grants Receivable, Current Portion	557,323	-	-	557,323
In-Kind Lease Receivable	76,383	-	-	76,383
Prepaid Expenses	9,375	-	-	9,375
Custodial Funds Held for Others	11,361	-	-	11,361
Cash Restricted for Capital Improvements	41,000	-	-	41,000
Total Current Assets	<u>1,284,720</u>	<u>258,299</u>	<u>-</u>	<u>1,543,019</u>
PROPERTY AND EQUIPMENT, NET	1,974,231	-	-	1,974,231
IN-KIND LEASE RECEIVABLE, LONG-TERM PORTION	27,486	-	-	27,486
RELATED PARTY LOAN RECEIVABLE	<u>256,805</u>	<u>-</u>	<u>(256,805)</u>	<u>-</u>
Total Assets	<u><u>\$ 3,543,242</u></u>	<u><u>\$ 258,299</u></u>	<u><u>\$ (256,805)</u></u>	<u><u>\$ 3,544,736</u></u>

**BOYS & GIRLS CLUBS OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATING STATEMENT OF FINANCIAL POSITION (CONTINUED)
JUNE 30, 2021
(SEE INDEPENDENT AUDITORS' REPORT)**

LIABILITIES AND NET ASSETS	<u>Club</u>	<u>Foundation</u>	<u>Eliminating Entries</u>	<u>Total</u>
CURRENT LIABILITIES				
Accounts Payable	\$ 172,857	\$ -	\$ -	\$ 172,857
Accrued Expenses	149,608	-	-	149,608
Custodial Accounts	11,361	-	-	11,361
Capital Lease Obligation, Current Portion	4,559	-	-	4,559
Total Current Liabilities	<u>338,385</u>	<u>-</u>	<u>-</u>	<u>338,385</u>
CAPITAL LEASE OBLIGATION, NET OF CURRENT PORTION	13,390	-	-	13,390
RELATED PARTY LOAN PAYABLE	<u>-</u>	<u>256,805</u>	<u>(256,805)</u>	<u>-</u>
Total Liabilities	351,775	256,805	(256,805)	351,775
NET ASSETS				
Without Donor Restrictions:				
Undesignated	2,792,642	1,494	-	2,794,136
Board-Designated- Royal Theater	159,936	-	-	159,936
With Donor Restrictions	238,889	-	-	238,889
Total Net Assets	<u>3,191,467</u>	<u>1,494</u>	<u>-</u>	<u>3,192,961</u>
Total Liabilities and Net Assets	<u>\$ 3,543,242</u>	<u>\$ 258,299</u>	<u>\$ (256,805)</u>	<u>\$ 3,544,736</u>

BOYS & GIRLS CLUB OF THE SUNCOAST, INC. AND AFFILIATE
CONSOLIDATING STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2021
(SEE INDEPENDENT AUDITORS' REPORT)

	<u>Club</u>	<u>Foundation</u>	<u>Eliminating Entries</u>	<u>Total</u>
SUPPORT AND REVENUE				
Support:				
Contributions	\$ 1,192,128	\$ 84	\$ -	\$ 1,192,212
In-Kind Contributions	525,509	-	-	525,509
Grants	3,353,416	-	-	3,353,416
United Way	394,167	-	-	394,167
Loan Forgiveness	209,000	-	-	209,000
Total Support	<u>5,674,220</u>	<u>84</u>	<u>-</u>	<u>5,674,304</u>
Special Fundraising Events Revenue	200,271	-	-	200,271
Less: Fundraising Events Expense	(27,653)	-	-	(27,653)
Net Special Fundraising Events	<u>172,618</u>	<u>-</u>	<u>-</u>	<u>172,618</u>
Revenue:				
Membership Dues	5,783	-	-	5,783
Program Revenue	22,094	-	-	22,094
Other Revenue	20,936	-	-	20,936
Total Revenue	<u>48,813</u>	<u>-</u>	<u>-</u>	<u>48,813</u>
Total Support and Revenue	5,895,651	84	-	5,895,735
EXPENSES				
Program Services - Youth Development	4,250,936	-	-	4,250,936
Management and General	565,439	-	-	565,439
Fundraising	251,522	-	-	251,522
Total Expenses	<u>5,067,897</u>	<u>-</u>	<u>-</u>	<u>5,067,897</u>
CHANGE IN NET ASSETS	827,754	84	-	827,838
Net Assets - Beginning of Year	<u>2,363,713</u>	<u>1,410</u>	<u>-</u>	<u>2,365,123</u>
NET ASSETS - END OF YEAR	<u>\$ 3,191,467</u>	<u>\$ 1,494</u>	<u>\$ -</u>	<u>\$ 3,192,961</u>

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Boys & Girls Clubs of the Suncoast, Inc., and Affiliate
Tampa, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Boys & Girls Clubs of the Suncoast, Inc. (the Club), and Boys & Girls Clubs of the Suncoast Foundation, Inc. (the Foundation), (collectively, the Organization), which comprise the consolidated statement of financial position as of June 30, 2021, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 14, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Organization's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose



CliftonLarsonAllen LLP

Tampa, Florida
December 14, 2021

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Boys & Girls Clubs of the Suncoast, Inc., and Affiliate
Tampa, Florida

Report on Compliance for Each Major Federal Program

We have audited Boys & Girls Clubs of the Suncoast, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Boys & Girls Clubs of the Suncoast, Inc.'s major federal programs for the year ended June 30, 2021. Boys & Girls Clubs of the Suncoast, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Boys & Girls Clubs of the Suncoast, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Boys & Girls Clubs of the Suncoast, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination Boys & Girls Clubs of the Suncoast, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Boys & Girls Clubs of the Suncoast, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of Boys & Girls Clubs of the Suncoast, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Boys & Girls Clubs of the Suncoast, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Boys & Girls Clubs of the Suncoast, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



CliftonLarsonAllen LLP

Tampa, Florida
December 14, 2021

**BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED JUNE 30, 2021**

Federal Grantor/Pass through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
Department of Agriculture				
Direct Program:				
Child Nutrition Cluster				
Summer Food Service Program for Children	10.599		\$ -	\$ 181,784
<i>Passed through Florida Department of Health:</i>				
Child and Adult Care Food Program	10.558	A-5542	-	192,942
Total Department of Agriculture			-	374,726
Department of Housing and Urban Development				
<i>Passed through the City of St. Petersburg:</i>				
Community Development Block Grants - Entitlement Grants	14.218	B-01-MC-12-0017	-	535,338
<i>Passed through Pinellas County:</i>				
COVID-19-Community Development Block Grants - Entitlement Grants	14.218	55200216	-	47,279
Total Department of Housing and Urban Development			-	582,617
Department of Justice				
Direct Program:				
Juvenile Mentoring Program	16.726		-	65,643
Department of Treasury				
Direct Program:				
COVID-19-Coronavirus Relief Fund	21.019		-	321,088
<i>Passed through Pinellas County:</i>				
COVID-19-Coronavirus Relief Fund	21.019	55200216	-	92,000
Total Department of Treasury			-	413,088
Department of Health and Human Services				
<i>Passed through Early Learning Coalition of Pinellas County:</i>				
Child Care and Development Block Grant	93.575	607131633	-	84,950
Total Expenditures of Federal Awards			\$ -	\$ 1,521,024

See accompanying Notes to Schedule of Expenditures of Federal Awards.

BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
JUNE 30, 2021

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) presents the activity of all federal awards of Boys & Girls Clubs of the Suncoast, Inc. for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The Schedule presents only a selected portion of the operations of Boys & Girls Clubs of the Suncoast, Inc., therefore, it is not intended to and does not present the consolidated financial position, changes in net assets, or cash flows of Boys & Girls Clubs of the Suncoast, Inc.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance for all awards with the exception of CFDA 21.019, which follows criteria determined by the Department of Treasury for allowability of costs. Under these principles, certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE 3 COMMUNITY DEVELOPMENT BLOCK GRANT

The Boys & Girls Clubs of the Suncoast, Inc. is a subrecipient of a grant to the City of St. Petersburg, Florida funded through HUD to rehabilitate the multipurpose facility at 1011 22nd Street South, St. Petersburg, FL 33712 (the Property). The rehabilitation was performed for the purposes of operating the Property as an after school and summer activity center, providing health, social, educational, vocational, cultural arts, character, and leadership development opportunities to 450 boys and girls ages 6-17. On April 23, 2002, the Club executed a mortgage with the City of St. Petersburg for \$535,338 for the renovation of the Property. The principal balance was to be forgiven on January 1, 2034, if the property is dedicated to low and moderate income households. According to the City of St. Petersburg resolution 2016-405 forgiveness of this lien was accelerated to December 31, 2022. The outstanding balance at June 30, 2021 is \$535,338.

**BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
JUNE 30, 2021**

Section I – Summary of Auditors’ Results

Financial Statements

1. Type of auditors’ report issued: Unmodified
2. Internal control over financial reporting:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency identified? _____ yes x none reported
3. Noncompliance material to financial statements noted? _____ yes x no

Federal Awards

1. Internal control over major federal programs:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency identified? _____ yes x none reported
2. Type of auditors’ report issued on compliance for major federal programs: Unmodified
3. Any audit findings disclosed that are required To be reported in accordance with 2 CFR 200.516(a)? _____ yes x no

Identification of Major Federal Programs

CFDA Numbers

14.218

21.019

Name of Federal Program or Cluster

CDBG-Entitlement Grants Cluster: Community Development Block Grants

COVID-19-Coronavirus Relief Fund

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

_____ yes x no

**BOYS & GIRLS CLUB OF THE SUNCOAST, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
JUNE 30, 2021**

Section II – Financial Statement Findings

Our audit did not disclose any matters required to be reported in accordance with *Government Auditing Standards*.

Section III – Findings and Questioned Costs – Major Federal Programs

Our audit did not disclose any matters required to be reported in accordance with Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Bank of America Charitable Foundation 100 N. Tryon St. Charlotte NC 28255	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED 	
POLICY NUMBER 		EFFECTIVE DATE: 	
CARRIER 	NAIC CODE 		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Bank of America Charitable Foundation is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract. Cancellation: Thirty (30) day's notice except for Ten (10) day's notice for non-payment of premium.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. NAIC # 18058 INSURER B: Bridgefield Casualty 10335 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 1,000,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT						\$ 500,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Bank of America Charitable Foundation MA5-100-18-06 100 Federal St Boston MA 02110	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Bank of America Charitable Foundation is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract. Cancellation: Thirty (30) day's notice except for Ten (10) day's notice for non-payment of premium.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur

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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Bank of America Enterprise Business&Community Engagement 101 E. Kennedy Blvd. Mailcode: FL1-400-16-08 Tampa FL 33602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED 	
POLICY NUMBER 			
CARRIER 	NAIC CODE 		
		EFFECTIVE DATE: 	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Bank of America Charitable Foundation is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract. Cancellation: Thirty (30) day's notice except for Ten (10) day's notice for non-payment of premium.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER		CONTACT NAME: Michelle Liwosz, CIC	
Lassiter-Ware Insurance		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
1300 N. Westshore Blvd		E-MAIL ADDRESS: MichelleL@lassiterware.com	
Suite 110		INSURER(S) AFFORDING COVERAGE	
Tampa FL 33607		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
INSURED		INSURER B: Bridgefield Casualty	10335
Boys & Girls Clubs of the Suncoast, Inc		INSURER C:	
4625 East Bay Drive		INSURER D:	
Suite 103		INSURER E:	
Clearwater FL 33764		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Board of Trustees St. Petersburg College 14025 58th Street North Clearwater FL 33760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

The Board of Trustees, St. Petersburg College and the Leepa-Rattner Museum of Art are included as additional insureds under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Boys & Girls Clubs of America 1275 W. Peachtree St. N.W. Atlanta GA 30309	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Boys & Girls Clubs of America is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract, the sexual misconduct coverage and the excess sexual misconduct policy.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER		CONTACT NAME: Michelle Liwosz, CIC	
Lassiter-Ware Insurance		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
1300 N. Westshore Blvd		E-MAIL ADDRESS: MichelleL@lassiterware.com	
Suite 110		INSURER(S) AFFORDING COVERAGE	
Tampa FL 33607		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
INSURED		INSURER B: Bridgefield Casualty	10335
Boys & Girls Clubs of the Suncoast, Inc		INSURER C:	
4625 East Bay Drive		INSURER D:	
Suite 103		INSURER E:	
Clearwater FL 33764		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

City of Clearwater Parks and Recreation Department 100 S. Myrtle Avenue Clearwater FL 33756	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

City of Clearwater Parks and Recreation Department is included as an additional insured under the terms and conditions of the attached forms and the General Liability and Automobile Liability Policies, when additional insured status is required by written contract. Excess Liability Policy extends over the underlying General Liability and Automobile Liability Policies.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607	CONTACT NAME: Michelle Liwosz, CIC	PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
	E-MAIL ADDRESS: MichelleL@lassiterware.com		
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity Ins.		18058
	INSURER B: Bridgefield Casualty		10335
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A		0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur
							Abuse & Molestation \$3,000,000 Aggr
							Professional Liab \$1,000,000 Occur


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

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All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

City of Pinellas Park 5141 78th Ave N Pinellas Park FL 33780	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

City of Pinellas Park is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

City of Saint Petersburg Real Estate & Property Mgmt Attn: Ava Nelson PO Box 2842 St Petersburg FL 33731-2842	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

RE: 1035 Burlington Avenue North, St Petersburg, (City Lease No. L-5410)

City of Saint Petersburg is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. NAIC # 18058 INSURER B: Bridgefield Casualty NAIC # 10335 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

City of St. Petersburg Arts and International Relations PO Box 2842 St. Petersburg FL 33731	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

RE: Royal Theater 1011 22nd Street, South St. Petersburg, FL 33712

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com		FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Philadelphia Indemnity Ins.		18058	
		INSURER B: Bridgefield Casualty		10335	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764					

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 1,000,000	
	MED EXP (Any one person)						\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
	AGGREGATE						\$ 4,000,000	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT						\$ 500,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							\$3,000,000 Aggr	
	Professional Liab						\$1,000,000 Occur	


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

City of Tarpon Springs 324 E. Pine Street Tarpon Springs FL 34689	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER		CONTACT NAME: Michelle Liwosz, CIC	
Lassiter-Ware Insurance		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
1300 N. Westshore Blvd		E-MAIL ADDRESS: MichelleL@lassiterware.com	
Suite 110		INSURER(S) AFFORDING COVERAGE	
Tampa FL 33607		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
INSURED		INSURER B: Bridgefield Casualty	10335
Boys & Girls Clubs of the Suncoast, Inc		INSURER C:	
4625 East Bay Drive		INSURER D:	
Suite 103		INSURER E:	
Clearwater FL 33764		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N <input checked="" type="checkbox"/> N	N / A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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

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CERTIFICATE HOLDER**CANCELLATION**

Early Learning Coalition of Pinellas County, Inc. 2536 Countryside Blvd. Suite 500 Clearwater FL 33763	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED 	
POLICY NUMBER 			
CARRIER 	NAIC CODE 		
		EFFECTIVE DATE: 	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

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Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

Locations: Royal Theater Club:1011 22nd St S St Petersburg FL 33712; Northside Club:1035 Burlington Ave N, St Petersburg FL 33705; Tarpon Springs Club:111 W Lime St, Tarpon Springs, FL 34689; Pinellas Park Club:7790 61st N, Pinellas Park, FL 33781; Boys & Girls Clubs of the Suncoast:4625 East Bay Dr., Clearwater, FL 33764; Ridgecrest Club:12301 134th Ave., Largo, FL 33774 and Wood Valley Club:2816 Park Trail Lane, Clearwater, FL.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Housing Authority of the City of St. Petersburg 2001 Gandy Boulevard North St. Petersburg FL 33778	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8680 E-MAIL ADDRESS: MichelleL@lassiterware.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

JWB their officials, officers, and employees are included as additional insureds under the terms and conditions of the attached forms and the General

CERTIFICATE HOLDER**CANCELLATION**

Juvenile Welfare Board 14155 58th Street North Clearwater FL 33760	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Liability Policy, when additional insured status is required by written contract.

Locations: 1011 22nd St S St Petersburg FL, 1035 Burlington Ave N, St Petersburg FL, 111 W Lime St, Tarpon Springs, FL, 7790 61st N, Pinellas Park, FL and 2816 Park Trail Lane, Clearwater, FL

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Professional Liability policy #506-901487-5, United States Fire Insurance Company, NAIC #21113, 6/1/2021 - 6/1/2022, \$1,000,000 Each Occurrence, \$2,000,000 General Aggregate; \$0 Deductible

Crime policy# 107032116, Travelers Casualty & Surety, 1/14/22 - 1/14/25, NAIC#31194.

Limits: Employee Dishonesty - \$300,000 with \$1,000 deductible; Forgery or Alteration - \$300,000 with \$1,000 deductible; Robbery (on and off premises) - \$300,000 with \$1,000 deductible; Computer Fraud - \$300,000 with \$1,000 deductible; Funds Transfer Fraud - \$300,000 with \$1,000 deductible

Cyber policy# ESK0335296253, Lloyd's of London, 12/1/2021 - 12/1/2022, limits \$1,000,000 per claim \$1,000,000 aggregate limit with \$2,500 deductible; Written through Lloyd's Syndicate - No NAIC#.

The Umbrella policy Underlying Schedule includes General Liability and Auto Liability.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Y					MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$		
A	<input type="checkbox"/> UMBRELLA LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur	
							Abuse & Molestation	\$3,000,000 Aggr	
							Professional Liab	\$1,000,000 Occur	


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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Newport Investments, Inc. & ARK Property Solutions as Managing 1831 N Belcher Road Suite G-3 Clearwater FL 33765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

RE: 4625 East Bay Drive, Clearwater FL 33764 FOR SUITES 103

Newport Investments, Inc. & ARK Property Solutions as Managing Agent are included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Michelle Liwosz, CIC</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (800) 845-8437</td> <td>FAX (A/C, No): (888) 883-8680</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: MichelleL@lassiterware.com</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Ins.</td> <td>18058</td> </tr> <tr> <td>INSURER B: Bridgefield Casualty</td> <td>10335</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Michelle Liwosz, CIC		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680	E-MAIL ADDRESS: MichelleL@lassiterware.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins.	18058	INSURER B: Bridgefield Casualty	10335	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764																					

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 1,000,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
	AGGREGATE						\$ 4,000,000	
							\$	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT						\$ 500,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 500,000	
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							Abuse & Molestation	\$3,000,000 Aggr
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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER

CANCELLATION

Pinellas County - Board of County Commissioners 315 Court Street Clearwater FL 33756	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED 	
POLICY NUMBER 		 	
CARRIER 	NAIC CODE 	EFFECTIVE DATE: 	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

Locations:

- Boys & Girls Clubs of the Suncoast - Royal Theater, 1011 22nd Street South, Saint Petersburg, FL 33712.
- Boys & Girls Clubs of the Suncoast - Tarpon Springs, 111 W Lime St, Tarpon Springs, FL 34689.
- Boys & Girls Clubs of the Suncoast - Pinellas Park, 7790 61st Street North, Pinellas Park, FL 33781.
- Boys & Girls Clubs of the Suncoast - Nelson & Nelli Perri Education Center, 7748 61st Street North, Pinellas Park, FL 33781.
- Boys & Girls Clubs of the Suncoast - After School Program at Dunedin Middle Schools, 3030 McMullen Booth Rd, Clearwater, FL 33759.
- Boys & Girls Clubs of the Suncoast - Northside, 1035 Burlington Ave North, Saint Petersburg, FL 33705.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER		CONTACT NAME: Michelle Liwosz, CIC	
Lassiter-Ware Insurance		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
1300 N. Westshore Blvd		E-MAIL ADDRESS: MichelleL@lassiterware.com	
Suite 110		INSURER(S) AFFORDING COVERAGE	
Tampa FL 33607		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
INSURED		INSURER B: Bridgefield Casualty	10335
Boys & Girls Clubs of the Suncoast, Inc		INSURER C:	
4625 East Bay Drive		INSURER D:	
Suite 103		INSURER E:	
Clearwater FL 33764		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County A Political Subdivision of the State of Florida c/o 440 Court Street 2nd Floor	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clearwater FL 33756	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

RE: 111 Lime Street, Tarpon Springs, FL, 34689

Pinellas County A Political Subdivision of the State of Florida c/o Community Development Division are included as additional insured(s) under the terms and conditions of the attached forms and General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607	CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680
	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. NAIC # 18058 INSURER B: Bridgefield Casualty NAIC # 10335 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764	

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur	

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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER

CANCELLATION

Pinellas County Housing Authority 11479 Ulmerton Road Largo FL 33778	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8680 E-MAIL ADDRESS: MichelleL@lassiterware.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation \$1,000,000 Occur Abuse & Molestation \$3,000,000 Aggr Professional Liab \$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Pontoon Solutions, Inc. and Bank of America, NA 10151 Deerwood Park Blvd. Building 200, Suite 400 Jacksonville FL 32256	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Pontoon Solutions, Inc. and Bank of America, NA are included as additional insured under the terms and conditions of the attached forms on the General Liability and Automobile Liability policies, on a primary and non-contributory basis, when additional insured status is required by written contract. Blanket Waiver of Subrogation is included as part of the General Liability and Automobile Liability policies and apply when required by written contract, provided the contract is executed prior to any loss.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 1,000,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

The attached page(s) noting additional terms, conditions, coverage and/or comments applies

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

School Board of Pinellas County Real Estate Department 11111 S Belcher Rd Largo FL 33773	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible

RE: Dunedin Highland Middle School, 70 Patricia Ave., Dunedin FL 33778

Certificate Holder is included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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

PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8680 E-MAIL ADDRESS: MichelleL@lassiterware.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

Tampa Bay Rays One Tropicana Drive St. Petersburg FL 33705	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lassiter-Ware Insurance		NAMED INSURED 	
POLICY NUMBER 		EFFECTIVE DATE: 	
CARRIER 	NAIC CODE 		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

Tampa Bay Rays Baseball Ltd., Sunburst Entertainment Group LLC, 501 SG, LLC, City of St. Petersburg, Florida, Pinellas County Board of County Commissioners c/o Real Estate Management Division, their officers, officials and employees are included as an additional insured under the terms and conditions of the attached forms and the General Liability Policy, when additional insured status is required by written contract with respect to events held at Tropicana Field and any other facility owned or managed by the Tampa Bay Rays Baseball Ltd., Sunburst Entertainment Group, LLC, and /or the City of St. Petersburg, Florida and the Pinellas County Board of County Commissioners.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
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							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur


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

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Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per

CERTIFICATE HOLDER**CANCELLATION**

United Way Suncoast 5201 W Kennedy Boulevard Suite 600 Tampa FL 33609	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Occurrence w/\$1,000 per claim deductible.

Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

United Way Suncoast is included as an additional insured, on a primary and non-contributory basis, under the terms and conditions of the attached forms and General Liability Policy when additional insured status is required by written contract.

AGENCY CUSTOMER ID: 00056107

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Lassiter-Ware Insurance		NAMED INSURED Boys & Girls Clubs of the Suncoast, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
RE: 2013 Ford, VIN: 1FBNE3BL2DDA11066

CERTIFICATE HOLDER**CANCELLATION**

Bureau of Motorist Compliance Neil Kirkman Building 2900 Apalachee Parkway Tallahassee FL 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
 Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
 RE: 2015 Chevy, VIN: 1GB3G3BG3E1170430

CERTIFICATE HOLDER**CANCELLATION**

Bureau of Motorist Compliance Neil Kirkman Building 2900 Apalachee Parkway Tallahassee FL 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
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Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

CERTIFICATE HOLDER**CANCELLATION**

Florida Alliance of Boys & Girls Clubs PO Box 14447 Tallahassee FL 32317	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER		CONTACT NAME: Michelle Liwosz, CIC	
Lassiter-Ware Insurance		PHONE (A/C, No, Ext): (800) 845-8437	FAX (A/C, No): (888) 883-8680
1300 N. Westshore Blvd		E-MAIL ADDRESS: MichelleL@lassiterware.com	
Suite 110		INSURER(S) AFFORDING COVERAGE	
Tampa FL 33607		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
INSURED		INSURER B: Bridgefield Casualty	10335
Boys & Girls Clubs of the Suncoast, Inc		INSURER C:	
4625 East Bay Drive		INSURER D:	
Suite 103		INSURER E:	
Clearwater FL 33764		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur	
							Abuse & Molestation	\$3,000,000 Aggr	
							Professional Liab	\$1,000,000 Occur	

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CERTIFICATE HOLDER**CANCELLATION**

Florida Department of Juvenile Justice 2737 Centerview Drive 2nd Floor Tallahassee FL 32399-3100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Philadelphia Indemnity Ins.		18058	
		INSURER B: Bridgefield Casualty		10335	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
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Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
RE: 2013 Chevy School Bus, Model UGM52NHWJSJ, VIN# 1GB3G3BG0D1108451

CERTIFICATE HOLDER**CANCELLATION**

Florida Transportation Systems, Inc. 6041 Orient Road Tampa FL 33610	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com		FAX (A/C, No): (888) 883-8680	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Philadelphia Indemnity Ins.			18058
		INSURER B: Bridgefield Casualty			10335
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000	
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000		
							MED EXP (Any one person)	\$ 5,000	
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							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PHUB816377	06/01/2022	12/01/2023	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EACH OCCURRENCE	\$ 4,000,000
							DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	AGGREGATE	\$ 4,000,000
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023		Abuse & Molestation	\$1,000,000 Occur
								Abuse & Molestation	\$3,000,000 Aggr
								Professional Liab	\$1,000,000 Occur

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

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Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

CERTIFICATE HOLDER**CANCELLATION**

For Information Only

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input type="checkbox"/> UMBRELLA LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur	
							Abuse & Molestation	\$3,000,000 Aggr	
							Professional Liab	\$1,000,000 Occur	

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

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 Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

CERTIFICATE HOLDER**CANCELLATION**

Good Samaritan Church 6085 Park Blvd. Pinellas Park FL 33781	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8680 E-MAIL ADDRESS: MichelleL@lassiterware.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES

CERTIFICATE NUMBER: 22-23 GL/Auto/UM 21-22

REVISION NUMBER:


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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CERTIFICATE HOLDER**CANCELLATION**

Leepa-Rattner Museum of Art at St. Petersburg College 600 E. Klosterman Road Tarpon Springs FL 34689	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com	FAX (A/C, No): (888) 883-8680
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
		INSURER B: Bridgefield Casualty	10335
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	Abuse & Molestation	\$1,000,000 Occur
							Abuse & Molestation	\$3,000,000 Aggr
							Professional Liab	\$1,000,000 Occur

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CERTIFICATE HOLDER**CANCELLATION**

St. Petersburg College Board of Trustees PO Box 13489 St. Petersburg FL 33733-3489	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
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		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
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							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
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							Abuse & Molestation	\$3,000,000 Aggr
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St. Petersburg College, SPC Downtown Center 244 2nd Ave. N St. Petersburg FL 33701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com		FAX (A/C, No): (888) 883-8680
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Philadelphia Indemnity Ins.		18058
		INSURER B: Bridgefield Casualty		10335
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764				


COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
								MED EXP (Any one person) \$ 5,000
								PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
								BODILY INJURY (Per person) \$
								BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE \$ 4,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
								E.L. EACH ACCIDENT \$ 500,000
								E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Abuse & Molestation and Professional Liability			PHPK2418924	06/01/2022	12/01/2023	E.L. DISEASE - POLICY LIMIT \$ 500,000	
							Abuse & Molestation \$1,000,000 Occur	
							Abuse & Molestation \$3,000,000 Aggr	
							Professional Liab \$1,000,000 Occur	

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

Employment Practices Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.
Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

CERTIFICATE HOLDER The Salvation Army 3800 9th Avenue N St. Petersburg FL 33713	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2022

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

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PRODUCER Lassiter-Ware Insurance 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		CONTACT NAME: Michelle Liwosz, CIC PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: MichelleL@lassiterware.com FAX (A/C, No): (888) 883-8680	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
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		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Boys & Girls Clubs of the Suncoast, Inc 4625 East Bay Drive Suite 103 Clearwater FL 33764			

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL/Auto/UM 21-22**REVISION NUMBER:**


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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2418924	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2418924	06/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB816377	06/01/2022	12/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0196-52044	12/19/2021	12/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
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 Directors & Officers Liability Policy #NPP1573040E Carrier: United States Liability Insurance Company 12/01/2021 - 12/1/2022 \$1,000,000 Per Occurrence w/\$1,000 per claim deductible.

CERTIFICATE HOLDER**CANCELLATION**

University of South Florida 140 7th Avenue S St. Petersburg FL 33701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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BOARD MEMBERS

Michael G. Mikurak, Chair
Gubernatorial Appointee

The Honorable Patrice Moore, Vice
Chair
Sixth Judicial Circuit Court

The Honorable Rick Butler,
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Superintendent

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Attorney

Division Chief Jim Millican
Gubernatorial Appointee

Susan Rolston
Gubernatorial Appointee

The Honorable Karen Seel
Pinellas County Commissioner

VACANT
Gubernatorial Appointee

Beth A. Houghton
Chief Executive Officer

Juvenile Welfare Board
of Pinellas County

14155 58th St. N., Ste. 100
Clearwater, FL 33760
P: 727.453.5600
F: 727.453.5610
JWBPinellas.org
@JWBPinellas

January 21, 2022

Freddy Williams, President/CEO
Boys & Girls Club of the Suncoast, Inc.
4625 East Bay Drive, Suite 103
Clearwater, FL 33764

Subject: FY22 Amendment #1 to JWB Agreement

Dear Mr. Williams,

This letter serves to amend the FY22 Agreement between Boys & Girls Club of the Suncoast, Inc. - Boys & Girls Club (COST) and the Juvenile Welfare Board of Pinellas County (JWB). On January 13, 2022, the Board approved an award in the amount of \$150,000 based on your application to the Non-Operating and Capital Projects Request for Applications that was released by JWB on September 10, 2021.

This is Amendment #1 to the Agreement and increases the total allocation from \$3,015,270 to \$3,165,270.

Upon full execution of this document, a budget amendment shall be submitted in Amplifund to reflect the allocation increase. You are requested to enter the amount of the allocation increase in the Competitive Capital line item only, regardless of the type of purchase to be made through this award.

Agencies should copy and paste the award language from the *Non-Operating and Capital Projects RFA Awards FY22* spreadsheet into the Competitive Capital line item narrative in the budget amendment. This spreadsheet can be found attached to the Notice of Intent to Award on the JWB web site at <https://www.jwbpinellas.org/about/funding-opportunities/>. The award language is listed in the spreadsheet under the column titled *Awarded Project Purchases*.

Items or services must be received/completed by September 30, 2022.

Further this letter amends the Agreement to include the following special conditions:

1. *Provider agrees that supporting documentation for purchases listed in the Non-Operating and Capital Projects Notice to Award shall be subject at all times to inspection, review, or audit by JWB personnel or its duly authorized agent.*
2. *Provider agrees to cooperate with JWB on the use of the JWB logo and/or branded signage and other public relations/communication opportunities as it relates to the project funded by this award.*

If applicable, the following special conditions will apply:

1. *Construction work must be performed by a licensed and insured contractor and in conformance with all laws, rules, and regulations including, but not limited to, obtaining required bonds or permits, as applicable.*
2. *Recipient must inspect all items received to ensure compliance with the specifications and that they are in good working order. JWB funds will not be used for any cost related to rework, repair, or revision of items purchased that do not conform to specifications.*

All other terms and conditions of the agreement shall remain the same. If you have any questions or concerns relating to this amendment, please contact me at cbrink@jwbpinellas.org. If these changes meet your approval, please sign on the signature line below and return to me.

Sincerely,

Carolyn Brink

Carolyn Brink
Senior Program Consultant

Beth Houghton

1/21/2022 | 2:14 PM EST

Beth Houghton
Chief Executive Officer
Juvenile Welfare Board of Pinellas
County

Date

Freddy Williams

1/21/2022 | 2:02 PM EST

Freddy Williams
President/CEO
Boys & Girls Club of the Suncoast,
Inc.

Date