Prepared For BOYS AND GIRLS CLUBS OF THE EMERALD d/b/a COAST INC

> 1150 Airport Rd Unit 172 Destin FL 32541 Telephone: 850-654-9235

Coastal Accounting of NW Florida PA 1150 Airport Rd Unit 172 Destin FL 32541 850-654-9235

July 15, 2021

SHERVIN RASSA BOYS AND GIRLS CLUBS OF THE EMERALD COAST INC 923 DENTON BLVD FORT WALTON BEACH, FL 32547

Enclosed is the 2020 Federal 990 tax return for BOYS AND GIRLS CLUBS OF THE EMERALD.

Your Federal tax return has been filed electronically. Please keep a copy of the return with your records.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

DOUGLAS T INGRAM JR

2020 TAX RETURN ENGAGEMENT LETTER

Dear Client:

Thank you for the opportunity to provide tax preparation services to you. The Internal Revenue Service imposes penalties upon taxpayers, and upon us as tax return preparers, for failure to observe due care in reporting for income tax returns. This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure a complete understanding of our mutual responsibilities, this engagement letter embodies the entire agreement regarding the services to be rendered by our firm for you.

We will prepare your 2020 federal and requested state income tax returns from information you furnish to us. This engagement pertains only to the 2020 tax year, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. It is your responsibility to provide all the necessary information in order for us to prepare accurate and complete income tax returns. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will render such accounting and bookkeeping assistance as determined necessary for the preparation of the income tax returns.

It is your responsibility to maintain the relevant original documentation (e.g., canceled checks, legal documents, and other data) that forms the basis of preparing your tax returns. We suggest you retain such documentation for a minimum of seven years for individual tax returns (indefinitely for estate and gift tax returns). Such original documentation may be needed in order to substantiate the items reported on your income tax return. Therefore, we suggest once your returns are completed that you review them to ensure you agree with the presentations of the items on the returns prior to signing them.

We will use our professional judgment in resolving questions where the law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. Pursuant to new standards prescribed in IRS Circular 230 and IRC 6694, we are forbidden from signing a tax return unless we have a reasonable belief that a tax position taken on the return will have a more likely than not probability of being sustained on its merits unless we disclose this tax position on a separate attachment to the tax return. However, under no circumstances may we sign a tax return with a tax position that has no reasonable basis.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the tax authorities. Any proposed adjustments by the examing agent are subject to certain rights of appeal. In the event your return is selected for examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred for such services.

Our fee for tax preparation services will be based upon the amount of time required charged at appropriate billing rates plus out of pocket expenses. All invoices are due and payable upon receipt.

We appreciate you selecting Coastal Accounting of NW Florida PA as your tax preparers.

Very truly yours,

Coastal Accounting of NW Florida PA

Privacy Policy Statement of Coastal Accounting of NW Florida PA as required by the Gramm-Leach-Bliley Act Public Law 106-102 Effective November 12, 1999

Coastal Accounting of NW Florida PA collects nonpublic personal information about you, and your family, if applicable, in order to properly prepare and complete your requested tax returns, from the following sources:

Information received from you on applications, tax preparation worksheets and other documents, such as interview information forms and client organizers whether submitted by you or completed on your behalf, used in the preparation of your tax return and other tax related forms.

Information about your history with us and/or other tax preparation firms offering similar services.

Information we receive from a consumer-reporting agency in accordance with tax related products requested by you.

Coastal Accounting of NW Florida PA will not disclose any of your nonpublic personal information to anyone, except as permitted by law or authorized by you.

If you decide to close your account(s) or become an inactive customer, Coastal Accounting of NW Florida PA will adhere to the privacy policies and practices as noted above.

Coastal Accounting of NW Florida PA restricts access to your public and nonpublic personal information, including your account information, to those employees and partnered companies who need to know that information to provide products and/or services requested by you.

Coastal Accounting of NW Florida PA maintains physical, electronic, and procedural safeguards that comply with the federal standards to guard your nonpublic personal information.

We know that you have confidence in our ability to perform the services requested by you. Equally important to us is your confidence in knowing that all your personal information is safe.

Please contact us at 850-654-9235 if you have any questions or concerns regarding our policy.

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)

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.

2020 Open to Public Inspection

Α	For the	e 2020 ca	lendar year, or tax year beginning , and ending		
В	Check if a	applicable:	C Name of organization BOYS AND GIRLS CLUBS OF THE EM	D Employer ide	entification number
	Address of	change	Doing business as COAST INC		
				59-1267050	0
	Name cha	ange	923 DENTON BLVD	E Telephone nu	umber
	Initial retu	urn	City or town State ZIP code		C1 C
	Tinal ratura	/tornsin stad	FORT WALTON BEACH FL 32547	850-862-16	516
	-inai return	/terminated	Foreign country name Foreign province/state/county Foreign postal code		
	Amended	d return		G Gross receipt	ts \$ 4317971.
	Applicatio	on pending	F Name and address of principal officer: SHERVIN RASSA	iis a group return for su	ubordinates? Yes X No
<u> </u>		sii penang		e all subordinates i	
I	Tax-exer	mpt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 If "	No," attach a list. S	See instructions
J	Website	: 🕨 WWI	N.BGCEC.COM H(c) Gro	oup exemption nur	nber 🕨
κ	Form of o	organizatio	n: X Corporation Trust Association Other ► L Year of forma	ation: 1967	M State of legal domicile: FL
ł	Part I	Su	mmary		
	1	Briefly of	describe the organization's mission or most significant activities: TO INSPI	RE AND EMI	POWER ALL
S		-	PEOPLE TO ACHIEVE THEIR FULL POTENTIAL.		
าลท					
err	2	Chook t	his box ▶ if the organization discontinued its operations or disposed of mo	ro than 25% a	fite not accete
Š	2				-
୍ଷ ୪	3		r of voting members of the governing body (Part VI, line 1a)		3 11
ŝ	4		r of independent voting members of the governing body (Part VI, line 1b)		4 10
įţį	5		umber of individuals employed in calendar year 2020 (Part V, line 2a)		5 94
Activities & Governance	6		umber of volunteers (estimate if necessary)		6 200
∢	7a		nrelated business revenue from Part VIII, column (C), line 12		7a
	b	Net unr	elated business taxable income from Form 990-T, Part I, line 11		7b
				Prior Year	Current Year
ē	8		utions and grants (Part VIII, line 1h)	298108	
Revenue	9		n service revenue (Part VIII, line 2g)	138210	
Š	10		nent income (Part VIII, column (A), lines 3, 4, and 7d)	23	
œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11045	5. 42312.
	12	Total rev	/enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447387	5. 4260308.
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits	s paid to or for members (Part IX, column (A), line 4)		
ŝ	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10).	231187	4. 2142437.
JSe	16a		ional fundraising fees (Part IX, column (A), line 11e)		
Expenses	b		ndraising expenses (Part IX, column (D), line 25) ▶ 71935.		
щ	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	208785	1. 1933102.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	439972	
	19		le less expenses. Subtract line 18 from line 12	7415	
Lo se				ing of Current Ye	
ets	20	Total as	ssets (Part X, line 16)	82075	
Ass	21		bilities (Part X, line 26)	50867	
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21 from line 20	31208	
	art II		gnature Block	51200	5. 190051.
			ry, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my l	knowledge
and	belief, it i	is true, cori	rect, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	wledge.
Sid	n			07/13/	12021
Sign Here			Signature of officer	Date	
ПС			SHERVIN RASSA CEO		
			Type or print name and title		
		Prir	nt/Type preparer's name Preparer's signature Date		PTIN
Ра	id			Chec	
Pre	eparer			10, 2001	employed P00793042
Us	e Only	v —	n's name ► COASTAL ACCOUNTING OF NW FL	Firm's EIN ► 20	
		Firn	n's address ► 1150 AIRPORT RD UNIT DESTIN FL 32541	Phone no. 85	50-654-9235
Ма	y the IF	RS discu	ss this return with the preparer shown above? See instructions		X Yes No
			uction Act Nation and the concrete instructions		Form 990 (2020)

Form 9	90 (2020)	BOYS AND GIRLS CLUBS OF THE EM	59-1267050 Page 2
Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	escribe the organization's mission:	
	BOYS A	AND GIRLS CLUBS OF THE EMERALD COAST INC IS A NOT-FOR-PROFIT	
	CORPOR	RATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA AS OF	
	JUNE 1	3, 1967 FOR THE PURPOSE OF PROMOTING HEALTH, SOCIAL,	
2		organization undertake any significant program services during the year which were not listed on	
		Form 990 or 990-EZ?	. Yes X No
		describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any program	
		?	. Yes X No
		describe these changes on Schedule O.	
4		e the organization's program service accomplishments for each of its three largest program service	
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	allocations to others,
	the total	expenses, and revenue, if any, for each program service reported.	
-	(0.1		
4a) (Expenses \$ 3627083. including grants of \$) (Revenue	e\$ /6/591.)
		DED RECREATION SERVICES FOR APPROXIMATELY 2,000 BOYS AND GIRLS	
		DEMIC SUCCESS- WE CONCENTRATE ON ON-TIME GRADE PROGRESSION AND	
		IMBERS GRADUATE HIGH SCHOOL WITH A PLAN FOR THEIR FUTURE. THY LIFESTYLES - WE PROVIDE DRUG AND ALCOHOL EDUCATION AS WELL	
		JCATION ON GOOD DECISION MAKING SKILLS AND LEADING UNSEDENTARY	
	LIFEST		
		CHARACTER / CITIZENSHIP - YOUTH ARE GOOD STEWARDS IN THE	
		NITY, PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES AND BULLYING	
		VIION PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e.\$)
40	(0000.		οφ)
	<u></u>		
4d	-	ogram services (Describe on Schedule O.)	`
4	(Expens)
4e	I otal pro	ogram service expenses 3627083.	

 Form 990 (2020)
 BOYS AND GIRLS CLUBS OF THE EM

 Part IV
 Checklist of Required Schedules

59-1267050	Page 3
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			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>	1	x			
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х			
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		
		3		~		
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>	4		х		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		A		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•				
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If					
	"Yes," complete Schedule D, Part I	6		Х		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х		
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>	8		x		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a					
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt					
4.0	negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х		
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>	10		х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21		
	VII, VIII, IX, or X as applicable.					
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х			
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>	11b		X		
С	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>	11c		х		
h	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	TIC		~		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a		Х		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	40	37			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X X		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-+a		21		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate					
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or					
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other					
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		v		
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		Х		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- 10	~ ~			
	If "Yes," complete Schedule G, Part III	19		х		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					

Form 990 (2020)
Part IV

		-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	22		v
240	employees? <i>If "Yes," complete Schedule J</i>	23		Х
248	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2-10		
Ū	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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%			37
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		37
20	If"Yes," complete Schedule L, Part IV	28c 29	х	Х
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	А	
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
25-	III, or IV, and Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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		Ī	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
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?	1c	х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . 2a 94 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a х If "Yes," enter the name of the foreign country ► b _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5b С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a х If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods а 7a 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c 7d d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . 7f 7g If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required? . g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 х 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a x Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: а 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.). 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . h 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. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b 13c С Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?... Х 16 16 If "Yes," complete Form 4720, Schedule O.

Form	990	(2020)
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Form 990 (2020) Part VI

Sect	ion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 11	-						
	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.	4 10							
D	Enter the number of voting members included on line 1a, above, who are independent	1b 10	-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation of the second secon		•		37				
2	any other officer, director, trustee, or key employee?		2		Х				
3	Did the organization delegate control over management duties customarily performed by or und		2		37				
	supervision of officers, directors, trustees, or key employees to a management company or othe		3 4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X X				
5 6	Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?		6		X				
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect		0		Λ				
/ d	one or more members of the governing body?		7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb		1 a		А				
b	stockholders, or persons other than the governing body?		7b		х				
8									
U	the year by the following:	iken duning							
а	The governing body?		8a	х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b								
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		х				
Sect	ion B. Policies (This Section B requests information about policies not required by the		ode.))					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such	-							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
b									
	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?								
40	describe in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and ap independent persons, comparability data, and contemporaneous substantiation of the deliberati								
2	The organization's CEO, Executive Director, or top management official.		15a	х					
a b	Other officers or key employees of the organization		15a	X					
D D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100	11					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement							
Iou	with a taxable entity during the year?		16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev								
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa								
	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9	-	on 50	1(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documer	its, 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								
	THE ORGANIZATION 923 DENTON BLVD FORT WALTON BEA FL 32547	850-862-16	тр						
	LOTI MATION DEVI MATION DEV LT 2724/								

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
	Check if Schedule O contains a response or note to any line in this Part VII								
	Employees, and Independent Contractors								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d							
Form 990 (2020)	BOYS AND GIRLS CLUBS OF THE EM	59-1267050 Page 7							

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.

1.0) SHARTIN RASSA 10 0 0 CEO x x x x x 150810. 0 JERECTOR x x x 0 0 0 .(3) CLINT ADEN 2 x x 0 0 0 .(4) DAVID ALLEN 2 x x 0 0 0 .(5) KALAN WASSON 2 x x 0 0 0 .(6) L EVANCHYK 2 x 0 0 0 0 .(7) ALEXA DAVIS 2 x 0 0 0 0 .(8) A VOISIN 2 x 0 0 0 0 .(9) P HiggINS 2 x 0 0 0 0 0 .(9) P HiggINS 2 x 0 0 0 0 0 .(10) B ZANNIS 2 x 0 0 0 0 0 .(11) JASON FLOYD </th <th>(A) Name and title</th> <th>(B) Average hours per week (list any hours for related organizations below dotted line)</th> <th>box, office office or director</th> <th>unles er an</th> <th>Pos neck ss pe</th> <th>erson lirect</th> <th>e that is cor/trust en/trust en/trust employee</th> <th>n an</th> <th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th> <th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th> <th>(F) Estimated amount of other compensation from the organization and related organizations</th>	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or director	unles er an	Pos neck ss pe	erson lirect	e that is cor/trust en/trust en/trust employee	n an	(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
(2) TODD WILKINSON 2 DIRECTOR x 0 0 (3) CLINT ADEN 2 x 0 0 (3) CLINT ADEN 2 x 0 0 0 (4) DAVID ALLEN x x 0 0 0 SECRETARY x x 0 0 0 (5) KALAN WASSON 2 x 0 0 0 (6) L EVANCHYK 2 x 0 0 0 (7) ALEXA DAVIS 2 x 0 0 0 DIRECTOR x 0 0 0 0 (6) L EVANCHYK 2 x 0 0 0 DIRECTOR x 0 0 0 0 (6) A VOISIN 2 x 0 0 0 (9) P HIGGINS 2 x 0 0 0 (10) B ZANNIS 2 2 0 0 0 DIRECTOR x 0 0 0 0 (11) JASON FLOY		40			v	v	x		150810	0	0
CHAIR ELECT X X X 0 0 0 (4) DAVID ALLEN 2 X X 0 0 0 SECRETARY X X X 0 0 0 (5) KALAN WASSON 2 X X 0 0 0 DIRECTOR X 0 0 0 0 0 (6) L EVANCHYK 2 0 0 0 0 DIRECTOR X 0 0 0 0 (6) L EVANCHYK 2 2 0 0 0 DIRECTOR X 0 0 0 0 (6) A VOISIN 2 2 0 0 0 (9) P HIGGINS 2 2 0 0 0 (10) B ZANNIS 2 2 0 0 0 0 DIRECTOR X 0 0 0 0 0 0 (11) JASON FLOYD 2 2 0 0 0 0 (12) <	(2) TODD WILKINSON DIRECTOR	2				21				-	
SECRETARY x x x 0 0 0 (5) KALAN WASSON 2 x 0 0 0 0 DIRECTOR x 0 0 0 0 0 0 (6) L EVANCHYK 2 x 0 0 0 0 DIRECTOR x 0 0 0 0 0 0 (7) ALEXA DAVIS 2 x 0 0 0 0 DIRECTOR x 0 0 0 0 0 0 0 (6) A VOISIN 2 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2			х				0	0	0
DIRECTOR X 0 0 0 (6) L EVANCHYK 2 X 0 0 0 DIRECTOR X 0 0 0 0 (7) ALEXA DAVIS 2 X 0 0 0 DIRECTOR X 0 0 0 0 (8) A VOISIN 2 X 0 0 0 DIRECTOR X 0 0 0 0 (9) P HIGGINS 2 X 0 0 0 (10) B ZANNIS 2 X 0 0 0 DIRECTOR X 0 0 0 0 (11) JASON FLOYD 2 X 0 0 0 (12) 1 1 1 1 1 1		2	-		x				0	0	0
DIRECTOR X 0 0 0 0 (7) ALEXA DAVIS 2 0 0 0 0 DIRECTOR X 0 0 0 0 (8) A VOISIN 2 0 0 0 0 DIRECTOR X 0 0 0 0 (9) P HIGGINS 2 0 0 0 0 (10) B ZANNIS 2 0 0 0 0 DIRECTOR X 0 0 0 0 (11) JASON FLOYD 2 1 0 0 0 (13)		2	-						0	0	0
DIRECTOR x 0 0 0 (6) A VOISIN 2 x 0 0 0 DIRECTOR x 0 0 0 0 DIRECTOR x 0 0 0 0 (9) P HIGGINS 2 x x 0 0 0 (10) B ZANNIS 2 x x 0 0 0 DIRECTOR x x 0 0 0 0 (11) JASON FLOYD 2 3 0 0 0 (12) 3 3 3 3 3 3 3 (13) 3 3 4 4 4 4 4 4		2							0	0	0
DIRECTOR x 0 0 0 0 (9) P HIGGINS 2 x x 0 0 0 CHAIRMAN x x 0 0 0 0 (10) B ZANNIS 2 0 0 0 0 DIRECTOR x 0 0 0 0 (11) JASON FLOYD 2 0 0 0 0 DIRECTOR x 0 0 0 0 (11) JASON FLOYD 2 0 0 0 DIRECTOR x 0 0 0 (12) 1 1 1 1 1 (13) 1 1 1 1 1 1		2	-						0	0	0
CHAIRMAN x x 0 0 0 (10) B ZANNIS 2 2 0 0 0 0 DIRECTOR x 0 0 0 0 0 (11) JASON FLOYD 2 0 0 0 0 DIRECTOR x 0 0 0 0 (12) 1 1 1 1 1		2	-						0	0	0
DIRECTOR x 0 0 0 (11) JASON FLOYD 2 2 0 0 DIRECTOR x 0 0 0 (12)		2			х				0	0	0
DIRECTOR x 0 0 0 (12)		2							0	0	0
<u>(13)</u>		2	-						0	0	0
	(12)		-								
<u>(14)</u>	(13)		-								
	(14)										

Form	990 (2020) BOYS AND GIRLS CLUBS	OF THE EM								59-126	7050	Page 8
Pa	art VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee			Highe	est	Compensated	Employees (co	ntinued))
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than on box, unless person is both a officer and a director/truster						(D) Reportable compensation from the	(E) Reportable compensation from related	Estimate of o	F) d amount ther nsation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiza	ation and ganizations
(15)												
(16)			-									
(17)			-									
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)			-									
(25)			-									
1b c	Subtotal	Section A			-				150810.			
 2	Total (add lines 1b and 1c)								150810.	100.000 of		
2	reportable compensation from the organization		iistou	abt	JVC)	VVII	0100		cu more than y	100,000 01		
3	Did the organization list any former officer, dir		•		•		•		•			es No
4	employee on line 1a? <i>If "Yes," complete Sche</i> For any individual listed on line 1a, is the sum										3	X
7	the organization and related organizations gre	ater than \$150,0									4	X
5	Did any person listed on line 1a receive or acc	rue compensati			-				•			
Sec	for services rendered to the organization? If ") tion B. Independent Contractors	res, complete a	June	uule	JI	51 51	ист р	c 1 S	011		5	X
1	Complete this table for your five highest comp compensation from the organization. Report of										's tax ve	ear.
	(A) Name and business add								(B) Description of se		(C) compensa	
]					
	Total number of independent contractors (inclu								<u> </u>		_	_

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 ►

Check if Schedule O contains a response or note to any line in this Part VIII. (B) (C) (A) (D) Unrelated Total revenue Related or exempt Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d е Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above . . 1f 3450217. Noncash contributions included in a lines 1a-1f \$ 1123140. 1g 3450217. h Total. Add lines 1a–1f **Business Code Program Service** 2a PROGRAM FEES 713990 767591. 767591. b _____ Revenue С d е **f** All other program service revenue . . . Total. Add lines 2a–2f ► 767591. g Investment income (including dividends, interest, and 3 188 188 Income from investment of tax-exempt bond proceeds . . 4 . Þ Rovalties 5 ► (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses . 6b c Rental income or (loss) 6c **d** Net rental income or (loss) ► 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory . . 7a Other Revenue **b** Less: cost or other basis and sales expenses . . 7b **c** Gain or (loss) 7c d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 99975. **b** Less: direct expenses 8b 57663. c Net income or (loss) from fundraising events . ► 42312. 42312 9a Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . ► **10a** 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 . **Business Code** iscellaneous 11a Revenue b d Ξ Total. Add lines 11a-11d. ► е Total revenue. See instructions. 4260308 767591 42500 12 ►

Form 990 (2020)

Part VIII

BOYS AND GIRLS CLUBS OF THE EM

Statement of Revenue

59-1267050 Page 9

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Statement of Functional Expenses

following SOP 98-2 (ASC 958-720) . .

Check if Schedule O contains a response or note to any line in this Part IX . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Total expenses Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 100541. 50270. 150811. Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1587192 1378359 208833. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions). 39280 29916. 9364. 9 236861 177092. 59769. 10 128293 110230. 18063. 11 Fees for services (nonemployees): b 41754 24747. 17007. С Professional fundraising services. See Part IV, line 17. . . е Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 32424 32424 13 42189 26667. 15522 14 15 16 1057376 1057376 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 2745 2745. 21 Depreciation, depletion, and amortization 22 63440 63440. 23 224580 211111. 13469 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 SEE STMT h _____ С d e All other expenses 305211 278927 1997 24287 ------Total functional expenses. Add lines 1 through 24e . 4075539 3620245. 383359 71935. 25 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

Form 990 (20	20)
Part X	

Balance Sheet

(A) (B) Beginning of year End of year 219580. 1 344978. 1 2 2 147630. 60809. 3 3 7373. 4 262013. 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1), and persons described in section 4958(c)(3)(B)6 Assets 7 7 8 8 232863. 126092 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 1344876. b Less: accumulated depreciation 10b 1194807. 213309. 10c 150069. 11 11 12 12 13 13 14 14 15 15 820755. 943961. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 104057. 17 41779. 18 18 19 19 20 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, Liabilities 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 23 404613. 405328 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 508670. 447107. 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check her Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 140322. 27 485396. 171763. 28 11458. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds . . 31 312085. 32 496854. 32 33 820755. 943961. Total liabilities and net assets/fund balances 33

Form 990 (2020)

Form 990 (2020) BOYS AND GIRLS CLUBS OF THE EM

Par	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)	4	2603	308.
2	Total expenses (must equal Part IX, column (A), line 25). 	4	075	539.
3	Revenue less expenses. Subtract line 2 from line 1		184	769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3120	085.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
-	<u>colu</u> mn (B))		4968	854.
Part			•	
	Check if Schedule O contains a response or note to any line in this Part XII		•	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		х
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	3b		

Form 990 (2020)

SCHE	DULE	Α	
			_

(Form 990 or 990-EZ)

Department of the Treasury

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Interna	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
		-	inization						Employer identification	n number
BOY	S	AND	GIRL	S CLUBS O	F THE EMERA	ALD			59-1267050	
Par	t I	Re	eason fo	r Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	org	anizati	ion is not	a private founda	ition because it is: (For lines 1 through 12	, check o	nly one bo	ox.)	
1		A chu	urch, con\	ention of church	nes, or association	of churches described	in secti	on 170(b)	(1)(A)(i).	
2		A sch	nool desci	ibed in section	170(b)(1)(A)(ii). (A	Attach Schedule E (For	rm 990 or	990-EZ).)	
3		7				ization described in s			·	
4	-	-	•			unction with a hospital				Entor the
4		-		e, city, and state	•	unction with a nospital	uescribe			
_	—	- ·		•						
5)(1)(A)(iv). (Cor		ge or university owned	a or opera	ated by a g	governmental unit d	escribed in
6		-		-	-	ental unit described in				
7	Х				receives a substant)(A)(vi). (Complete	ial part of its support f Part II.)	rom a go\	/ernmenta	al unit or from the ge	neral public
8		A cor	mmunity t	rust described ir	n section 170(b)(1))(A)(vi). (Complete Pa	rt II.)			
9						section 170(b)(1)(A)				
			iversity or ersity:	a non-land-gra	nt college of agricu	lture (see instructions)	. Enter th	e name, c	city, and state of the	college or
10				n that normally i	receives: (1) more t	han 33 1/3% of its sup	port from	o contribut	ions, membership fe	ees, and gross
						ons—subject to certai				
						ted business taxable i				inesses
			•	•		See section 509(a)(2	• • •			
11		-	0	0	•	ely to test for public sa			()()	
12						ely for the benefit of, to				
						lescribed in section 5 ribes the type of suppo				
•					•	•••••••			•	· · · ·
а						pervised, or controlled ularly appoint or elect				
					mplete Part IV, Se		a majoritj	y of the di		a the supporting
b			•		•	or controlled in connec	ction with	its suppor	rted organization(s)	, by having
					he supporting organ complete Part IV,	nization vested in the s Sections A and C.	same pers	sons that	control or manage t	ne supported
с						organization operated	d in conne	ection with	n, and functionally in	tegrated with,
						. You must complete				0 /
d						orting organization ope				
						ation generally must sa				attentiveness
_						plete Part IV, Sectio				5
е						ritten determination fro ally integrated suppor			затурет, турет, т	уре п
f			•	er of supported	• •	any integrated suppor	ung organ	iization.		
g						ted organization(s).				· ·
	(i)			organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1–10	-	ur governing		other support (see
						above (see instructions))	docu	ment?	instructions)	instructions)
							Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										

Total

Part II	Support Schedu	le for Or	ganiza	ations De	scribed iı	n Seo	ctions	170(b)(1)(A)(
Schedule A (Fo	orm 990 or 990-EZ) 2020	BOYS	AND	GIRLS	CLUBS	OF	THE	EMERALD

59-1267050 Page **2**

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.)

	tion A. Public Support	-		1			
Cale	ndar 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.")	2725161.	2799735.	2965923.	2981086.	3510522.	14982427.
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	2725161	2799735.	2965923.	2001006	2510500	14000407
	Total. Add lines 1 through 3	2725161.	2/99/35.	2965923.	2981086.	3510522.	14982427.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						14982427.
	tion B. Total Support						11702127.
-	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2725161.	2799735.	2965923.	2981086.	3510522.	14982427.
8	Gross income from interest, dividends,	2/231011	2799733.	2903923.	201000.	5510522.	11902127.
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	528.	854.	612.	232.	188.	2414.
9	Net income from unrelated business						
-	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14984841.
12	Gross receipts from related activities, etc. (see	,				12	
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here						🛛 🕨 🔄
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2020 (line 6, c	olumn (f), divided t	by line 11, column	(f))		14	99.98%
15	Public support percentage from 2019 Sched	ule A, Part II, line 1	4			15	99.96%
16a	33 1/3% support test-2020. If the organization						
	and stop here. The organization qualifies as	a publicly support	ed organization .				Þ X
b	33 1/3% support test-2019. If the organization						
	box and stop here. The organization qualified	s as a publicly sup	ported organizatio	n			🕨 📃
17a	10%-facts-and-circumstances test-2020.	0		, ,	,		
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts organization		-	•			
h	10%-facts-and-circumstances test—2019.						🕨
U	15 is 10% or more, and if the organization i						
	in Part VI how the organization meets the fac						_
	organization						· · · ▶
18	Private foundation. If the organization did r	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						
							n 000 or 000 EZ\ 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047				
or 990-PF)	Attach to Form 990, Form 990-EZ, or Form 990-PF.	2020				
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2020				
Name of the organization	Employe	r identification number				
BOYS AND GIRI	LS CLUBS OF THE EMERALD 59-126	57050				
Organization type (ch	neck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

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

Special Rules

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.

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

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

-		
	Employer identification	number
	59-1267050	

BOYS AND GIRLS CLUBS OF THE EMERALD

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	BOYS AND GIRLS CLUB OF THE EME 923 DENTON BLVD FT WALTON BEA FL 32547- Foreign State or Province: Foreign Country:	\$931,564	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

		Supple	mental Financial Stateme	nts	OMB No. 1545-0047
	(Form 990) ► Complete if the organization answered "Yes" on Form 990,				
. .		Part IV, line 6,	7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, c ► Attach to Form 990.	or 12b.	2020 Open to Public
	ment of the Treasury I Revenue Service	► Go to www.irs.go	v/Form990 for instructions and the latest in	formation.	Inspection
	of the organization				tification number
BOY	S AND GIR	LS CLUBS OF THE	EMERALD	59-12670)50
Part			Advised Funds or Other Similar Fu	nds or Acco	ounts.
	Complete	if the organization answe	red "Yes" on Form 990, Part IV, line 6.		
	- · · · · ·		(a) Donor advised funds	(b) F	unds and other accounts
1		end of year			
2 3		contributions to (during year) grants from (during year)			
4		e at end of year			
5			onor advisors in writing that the assets held	l in donor adv	rised
	funds are the or	ganization's property, subjec	t to the organization's exclusive legal contr	ol?	Yes No
6			ors, and donor advisors in writing that grar		
			penefit of the donor or donor advisor, or for		
					Yes No
Part		tion Easements.	red "Vee" on Form 000 Port IV/ line 7		
1			red "Yes" on Form 990, Part IV, line 7. by the organization (check all that apply).		
		of land for public use (for exam		n of a historic	ally important land area
		of natural habitat			d historic structure
2		n of open space	tion held a qualified conservation contribut	ion in the form	n of a conconvotion
2		e last day of the tax year.			Held at the End of the Tax Year
а				2a	
b			ements		
С	Number of cons	ervation easements on a cer	tified historic structure included in (a) .	2c	
d			in (c) acquired after 7/25/06, and not on a		
2			ter		he organization during
3	the tax year		i, italisierieu, releaseu, exiliguisileu, or le	ininated by t	ne organization during
4	•	s where property subject to	conservation easement is located		
5			egarding the periodic monitoring, inspection	on, handling o	f
			ion easements it holds?		
6	Staff and voluntee	r hours devoted to monitoring, in	nspecting, handling of violations, and enforcing o	conservation ea	asements during the year
_	•				
7		es incurred in monitoring, inspe	cting, handling of violations, and enforcing cons	ervation easem	ents during the year
8	► \$	ervation essement reported	on line 2(d) above satisfy the requirements	s of section 17	70/b)///B)/i)
U					
9			ports conservation easements in its reven		
			text of the footnote to the organization's fi	•	
		ccounting for conservation e			
Part			tions of Art, Historical Treasures, or		ilar Assets.
			red "Yes" on Form 990, Part IV, line 8. er FASB ASC 958, not to report in its rever		t and balance about
1a	0	· •	nilar assets held for public exhibition, education		
			the footnote to its financial statements that		
b			er FASB ASC 958, to report in its revenue		
	-	-	nilar assets held for public exhibition, educ		
		provide the following amounts			
			, line 1		▶ \$
_					▶ \$
2	-		art, historical treasures, or other similar as		cial gain, provide the
~			nder FASB ASC 958 relating to these items		► ¢
			e1		• φ • \$
		on Act Notice, see the Instruc			Schedule D (Form 990) 2020
BCA		,			()

	edule D (Form 990) 2020 BOYS AND GIRLS (9–1267050 _{Page}
Part	rt III Organizations Maintaining Collection	ons of Art, Hist	orical Tre	asures, or 0	Other Similar Asse	ets (continued)
3	Using the organization's acquisition, accession	, and other record	ls, check a	ny of the follow	wing that make signif	icant use of its
	<u>collection items (check all that apply)</u> :	_	_			
а	Public exhibition	d	Loan or	^r exchange pro	ogram	
b	Scholarly research	е	Other			
с	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explai	n how they	further the or	ganization's exempt p	ourpose in Part
5	During the year, did the organization solicit or r					
	assets to be sold to raise funds rather than to b		part of the o	organization's	collection?	Yes No
Part	rt IV Escrow and Custodial Arrangement					
	Complete if the organization answered 990, Part X, line 21.	d "Yes" on Form	990, Part	t IV, line 9, o	r reported an amou	int on Form
1a	Is the organization an agent, trustee, custodiar	or other intermed	diary for co	ntributions or	other assets not	
b	included on Form 990, Part X? . If "Yes," explain the arrangement in Part XIII ar					Yes No
						Amount
с	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For				dial account liability?	Yes X No
b	If "Yes," explain the arrangement in Part XIII. C				-	
1			Apianation	nas been pro		· · · _
Part		d "Maa" an Farma	000 Devi			
	Complete if the organization answered				harde (a) There are the	
4		rent year (b) F	Prior year	(c) Two years	back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance					
b						
С	Net investment earnings, gains,					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
T	Administrative expenses					
g 2	End of year balance Provide the estimated percentage of the currer	t year and balance	o (lino 1a	oolumn (a)) h		
∠ a	Board designated or quasi-endowment		e (inte Ty,	column (a)) n	eiu as.	
b	Permanent endowment • 0.00					
c	Term endowment ► 0.00 %	<u> </u>				
C	The percentages on lines 2a, 2b, and 2c should	d equal 100%				
3a	Are there endowment funds not in the possess		ation that a	are held and a	dministered for the	
54	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organizati					3b
4	Describe in Part XIII the intended uses of the o					
Part		rganization o ona		100.		
i ait	Complete if the organization answered	d "Yes" on Form	990. Part	t IV. line 11a	. See Form 990. Pa	art X. line 10.
		(a) Cost or other basis		or other basis	(c) Accumulated	(d) Book value
		(investment)	• •	(other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment		1,34	4,876.	1,194,807.	150,069.
е	Other					
Tota	al. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Pa	rt X, colum	n (B), line 10c	e.) ▶	150,069.

Schedule D	(Form §	990)	2020
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59<u>-1267050 Page</u>2

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 MAC & CHEESE	(b) Event #2 RUSSELL SKAL	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 22,626.	(event type) 25 , 000 .	(total number) 52,349.	99,975.
Re	2					
	3	Gross income (line 1 minus line 2)	22,626.	25,000.	52,349.	99,975.
	4	Cash prizes				
	Ę	Noncash prizes				
Direct Expenses	e	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	B Entertainment				
	ç	Other direct expenses	4,663.	2,500.	50,500.	57,663.
	10 11	, j				57,663. 42,312.
Pa	art l	Gaming. Complete if the	e organization answere	ed "Yes" on Form 990,	Part IV, line 19, or repo	orted more than
		than \$15,000 on Form §	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes 0.0% ☐ No	Yes0.0% No	Yes0.0% No	
	7	Direct expense summary. Ad	d lines 2 through 5 in col	umn (d)		
	8	Net gaming income summary	v. Subtract line 7 from line	e 1, column (d)		
	a I		•	in each of these states?		. Yes No
		Nere any of the organization's g f "Yes," explain:	aming licenses revoked,	suspended, or terminate	ed during the tax year? .	. Yes No

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE M (Form 990)

Noncash Contributions

	IEDULE M Noncash Contributions							OMB No. 1545	-0047
(For	m 990)	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.							
		-	-	ations answered "Yes" on Fo	orm 990, Part IV, lii	nes 29 or 3	30.	202	
	ment of the Treasury	Attach to F		m000 for instructions and t				Open to Pu	
	I Revenue Service of the organization	Go to www	/.irs.gov/Fol	m990 for instructions and t	ne latest informat		identificatio	Inspection	n
	-	LS CLUBS O	י די די	ר זג סאד		59-12		innumber	
Par		of Property	r 1116 1			J J – 1 Z	07030		
rai	i iypes o	rioperty	1		(c)		İ		
			(a)	(b)	Noncash contri	ibution	N 4 - 41-	(d)	
			Check if applicable	Number of contributions or items contributed	amounts repor			od of determini contribution arr	
			applicable		Form 990, Part VI	II, line 1g	noncash	contribution an	lounts
1	Art—Works of a								
2	Art—Historical ti								
3	Art—Fractional i								
4	Books and publi								
5	Clothing and ho								
	goods								
6	Cars and other								
7	Boats and plane								
8	Intellectual prop	•							
9	Securities—Pub	•							
10	Securities—Clos	•							
11	Securities—Part	•							
	or trust interests								
12	Securities—Mise								
13	Qualified conser								
	contribution—Hi								
	structures								
14	Qualified conser								
	contribution—Of								
15	Real estate—Re								
16	Real estate—Co								
17	Real estate—Ot	her							
18	Collectibles								
19	Food inventory .								
20	Drugs and medi								
21	Taxidermy								
22	Historical artifac								
23	Scientific specin								
24	Archeological ar								
25	Other ► (FAC	/	Х	11	1,062,		FMV		
26	Other ► (UTI	/	Х	11	60,	519.	FMV		
27	Other ► ()							
28	Other ► (
29			, ,	nization during the tax year					
	which the organ	ization completed	Form 8283	Part V, Donee Acknowled	lgement		29		
								Yes	No
30a				by contribution any propert					
				rom the date of the initial co					
				e holding period?				30a	X
		e the arrangemer							
31				e policy that requires the rev					
								31	X
32a				s or related organizations to					
								32a	X
	If "Yes," describ								
33			n amount in	column (c) for a type of pro	perty for which co	olumn (a) i	S		
	checked, descril	be in Part II.							

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

Schedule M (Form 990) 2020 BOYS AND GIRLS CLUBS OF THE EMERALD	59–1267050 _{Page} 2
Part IISupplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the num- or a combination of both. Also complete this part for any additional information.	nd 33, and whether
SCHEDULE M PART I LINES 25 AND 26	
THE ORGANIZATION UTILIZES OTHER ENTITY'S BUILDINGS	
FOR AFTER SCHOOL PROGRAMS THROUGHOUT THE YEAR. THE NONCASH	
CONTRIBUTIONS FOR USE OF THE 11 FACILITIES IS RECOGNIZED AT	
THEIR ESTIMATED FAIR MARKET VALUES.	

SCHEDULE O (Form 990 or 990-EZ)	-EZ OMB No. 1545-0047 s on 2020	_	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection	
Name of the organization	LS CLUBS OF THE EMERALD	Employer identification number 59–1267050	
FORM 990 PAR	r III ITEM 1		
DESCRIPTION	OF ORGANIZATION MISSION CONTINUED		-
EDUCATIONAL	VOCATIONAL AND CHARACTER DEVELOPMENT OF C	HILDREN	-
AGES 6-17 AN	D IS PRIMARILY SUPPORTED THROUGH DONOR		-
CONTRIBUTION	S, GRANTS AND SPECIAL EVENTS.		
FORM 990 PAR	I VI SECTION B LINE 11		
THE FORM 990	IS PROVIDED TO THE EXECUTIVE DIRECTOR AN	D THE	
TREASURER OF	THE GOVERNING BODY PRIOR TO BEING FILED	WITH	
THE IRS			
FORM 990 PAR	I VI SECTION B LINE 12C		
A CONFLICT P	OLICY FORM IS SIGNED BY ALL PARTIES ANNUA	LLY.	
ANY CONFLICT	S ARE BROUGHT TO THE BOARD'S ATTENTION FO	R	
REVIEW.			
FORM 990 PAR	I VI SECTION B LINE 15A		
CEO COMPENSA	TION IS DETERMINED BY THE EXECUTIVE COMMI	ITEE OF	
THE CORPORAT	E BOD AND IS BASED ON A NUMBER OF FACTORS		
INCLUDING IN	DUSTRY NORMS, MARKET RATES AND BENCHMARK	RATES.	
FORM 990 PAR	I VI SECTION B LINE 15B		
SENIOR STAFF	COMPENSATION IS DETERMINED BY THE CEO AN	D IS	
ALSO BASED O	N SIMILAR FACTORS AS STATED ABOVE FOR CEO		· -
COMPENSATION			
FORM 990 PAR	T VI SECTION C LINE 19		
THE CLUB MAK	ES THE DOCUMENTS AVAILABLE UPON REQUEST W	НІСН	
CAN BE SENT	TO THE REQUESTING PART OR CAN BE REVIWED	AT	· -
THE DENTON B	LVD LOCATION.		

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 2020 Open to Public Inspection				
	S CLUBS OF THE EMERALD	ganization answered "	Yes" on Form 990,	Part IV, line 33.	59-12	identification number 67050
Name, a	(a) ddress, 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
_(1)		-				

(4)									
(5)									
(6)									
Devit	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had								
Part II	one or more related tox exampt organizations during the tox year								

one or more related tax-exempt organizations during the tax year.	, - ,	because it had
one of 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	Section 5 contr	(g) n 512(b)(13) ontrolled entity?	
						Yes	No	
(1) BOYS AND GIRLS CLUB FDN 20-3301329 923 DENTON BLVD FT WALTON FL 32547	SUPPORTING	FL	501C3	7			Х	
_(2)								
(3)								
(4)								
(5)								
_(6)								
_(7)								

(2)

(3)

_

Schedule R (Form 990) 2020

BOYS AND GIRLS CLUBS OF THE EMERALD

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	Dispropo alloca	tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
							Yes	No		Yes	No	
_(1)												0.00
_(2)												0.00
_(3)												0.00
_(4)												0.00
(5)												0.00
_(6)												
_(7)												0.00
Part IV Identification of F IV, line 34, becaus									l d "Yes" on Fo	rm 99	l 0, Pa	
(a)		(b)	(c	•		(e)	(f)		(g)	(h)		(i)

(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		olled
								Yes	No
	-						0.00		
(2)							0.00		
(3)							0.00		
<u>(4)</u>							0.00		
(5)	-						0.00		
<u>(6)</u>							0.00		
(7)							0.00		

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 BOYS AND GIRLS CLUBS OF THE EMERALD

Part	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, line 3	4, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with o	one or more related or	ganizations listed in Pa	arts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		- 		1a		Х
b	Gift, grant, or capital contribution to related organization(s).				1b		Х
С	Gift, grant, or capital contribution from related organization(s).				1c		Х
d	Loans or loan guarantees to or for related organization(s).				1d		Х
е	Loans or loan guarantees by related organization(s).				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s).				1g		Х
h	Purchase of assets from related organization(s).				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s).				1k		Х
I	Performance of services or membership or fundraising solicitations for related organizatio				11		Х
m	Performance of services or membership or fundraising solicitations by related organization	n(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n		Х
ο	Sharing of paid employees with related organization(s).				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who mus				ction th	ireshol	lds.
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a—s)	Amount involved	Method of determi	ning amo	ount invo	lved
		type (u - 5)					
		C	001 564	a 7 a 1			
(1) BC	YS AND GIRLS CLUB OF THE EMERALD COAST FOUNDATION	S	931,564.	CASH			
(2)							
(2)							
(3)							
(4)							
(4)							
(5)							
(3)							
(6)							
(0)							

- 45		Dep	reciation and A	Amortiza	tion		OMB N	lo. 1545-0172
Form 45	562	(Includi	ng Information or	n Listed P	ropertv)		2	020
Department of the	Treasury	(Attach to your tax		· • • • • • • • • • • • • • • • • • • •		Attachm	
Internal Revenue S	Service (99)	Go to www.irs.g	ov/Form4562 for instructi	ons and the la	test informatio	n.	Sequen	ce No. 179
Name(s) shov	vn on return		ss or activity to which this fo			Identifying num	oer	
BOYS AND	GIRLS CLUBS (OF TH OPER.	ATIONS			59-12	67050	
Part I	Election To Exp	ense Certain Prop	erty Under Section 1	79				
			e Part V before you comple				<u> </u>	
							1	
			e (see instructions)				2	
			iction in limitation (see in	,			3	
			If zero or less, enter -0-				4	
			ne 1. If zero or less, ente				5	
6		tion of property		ost (business use		(c) Elected co		
0	(a) Descrip		(d)		only)		51	
7 Listed pr	operty. Enter the an	nount from line 29			7			
			ounts in column (c), line				8	
			line 8				9	
			our 2019 Form 4562.				10	
			isiness income (not less				11	
			0, but don't enter more t				12	
13 Carryove	er of disallowed ded	uction to 2021. Add lin	es 9 and 10, less line 12		🕨 13		_	
			erty. Instead, use Part V.					
			d Other Depreciation			erty. See instru	ictions.	.)
			ty (other than listed prop					
•	•						14	
							15	
16 Other de	preciation (including	<u>g ACRS)</u>		<u></u>			16	
Part III	MACK5 Depreci	ation (Don tinclude	listed property. See ins	structions.)				
	doductions for acco	to placed in convice in	Section A	ara 2020			17	63,440
			tax years beginning before ervice during the tax year				17	05,440
•	counts, check here	•			•			
	Section D - A		ice During 2020 Tax Ye	ar Using the	General Depr	eciation System		
(a) C	lassification of property	(b) Month and year placed	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Method	(a) Den	reciation deduction
(4) 0	accineation of property	in service	only—see instructions)	period		(i) Motilou	(9) 2001	
19 a 3-ye	ar property							
	ar property							
	ar property							
d 10-ye	ar property							
e 15-ye	ar property							
f 20-ye	ar property							
	ar property			25 yrs.		S/L		
h Resid	lential rental			27.5 yrs.	MM	S/L		
prope				27.5 yrs.	MM	S/L		
i Nonre	esidential real			39 yrs.	MM	S/L	<u> </u>	
prope		/ B I ··· -	B 1 1 1 1 1		MM	S/L	<u> </u>	
		sets Placed in Servic	e During 2020 Tax Yea	r Using the A	Iternative De		<u>.em</u>	
20 a Class				10		S/L S/L	+	
b 12-ye				12 yrs.	N 4 N 4		_	
<u>c</u> 30-ye d 40-ye				30 yrs. 40 yrs.	MM MM	S/L S/L	+	
Part IV	Summary (See i	nstructions)		40 yrs.	IVIIVI	3/L		
	operty. Enter amou						21	
			17, lines 19 and 20 in co	lumn (a) and	line 21 Enter			
			artnerships and S corpor				22	63,440
			ing the current year, enter					
		ble to section 263A co			23			
		ico, soo soparato instru						n 4562 (2020)

2020 ASSET DETAIL REPORT

Rec. Prior Current Next Prior Current Gain/ Sales Date Description Acqd Cost Use Spec. Basis Method Per. Cv Depr. Depr. Year AMT AMT Price Price Sold

Form:	OPERATIONS
-------	------------

Date Bus. 179+

Rental Prope	-	-										
Depreciatio	on Class	s: Autos	5									
In Service	e Year:	2001										
EXPRESS VAN	05/01	26264	100	26264	MACRS	5.0 H	ΗY	26264				
In Service	e Year:	2005										
VEHICLES 200	06/05	108380	100	108380	MACRS	5.0 H	ΗY	108380				
In Service	e Year:	2010										
2010 FORD E	01/10	33116	100	33116	SL	5.0 H	ΗY	26379			26379	
					SL							
2006 ELDORAD	08/10	47000	100	47000	SL	5.0 N	ИN	32342			32342	
					SL							
FORD VAN	02/10	20996	100	20996	SL	5.0 H	ΗY	20996			20996	
					SL							
FORD EXPLORE	02/10	2175	100	2175	SL	5.0 H	ΗY	2175			2175	
CHEVY VAN	02/10	20200	100	20200	SL	5.0 H	ΗY	19236			19236	
					SL							
		123487		123487				101128			101128	
In Service	e Year:	2014										
2014 THOMAS	04/14	110147	100	110147	SL	5.0 N	ИM	110147			110147	
In Service	e Year:	2018										
BUS	01/18	208157	100	208157	SL	5.0 N	ИM	81535	41631	41631	81535	41631
MINI BUS	03/18	60327	100	60327	SL	5.0 H	ΗY	18098	12065	12065	18098	12065
		-		-	SL	-						
		268484		268484				99633	53696	53696	99633	53696

2020 ASSET DETAIL REPORT

59-1267050

	Date	. .		179+			Rec.	_		Current	Next		Current	-		
Description	Acqd	Cost	Use	Spec.	Basıs	Method	Per. (-	Depr.	Year	AMT	AMT	Price	Price	Sold
Depreciati	on Clas	s: Data	hand	ling eq	uipment											
In Servic	e Year:	2008														
VIDEO AND GA	06/08	49580	100		49580	SL SL	5.0 H	ΗY	49580							
In Servic	e Year:	2009														
PROJECTOR 30	01/09	988	100		988	SL	5.0 H	ΗY	988							
COMPUTERS	06/09	2396	100		2396	MACRS	5.0 H	ΗY	2396							
COMPUTERS	06/09	2396	100		2396	SL	5.0 H	ΗY	2396							
		5780			5780				5780							
In Servic	e Year:	2011														
VISION MEMBE	09/11	9781	100		9781	SL	5.0 H	ΗY	9454			9454				
In Servic	e Year:	2013														
SHARP 70 FLA	08/13	10485	100		10485		5.0 N	MM	10398			10398				
						SL										
FLAT PANEL F	08/13	1812	100		1812		5.0 N	MM	1796			1796				
						SL										
DELL COMPUTE	09/13	17470	100		17470		5.0 N	MM	17470			17470				
						SL										
BEST BUY PUR	09/13	9040	100		9040		5.0 N	MM	8965			8965				
						SL										
	_	38807	_		38807		_		38629			38629				
Depreciati			iture	and fi	xtures 1	nonrenta	1									
In Servic																
PICNIC TABLE	04/00	2557	100		2557	MACRS	7.0 H	ΗY	2557							

2020 ASSET DETAIL REPORT

Date Bus. 179+ Rec. Prior Current Next Prior Current Gain/ Sales Date Description Acqd Cost Use Spec. Basis Method Per. Cv Depr. Depr. Year AMT Price Price Sold AMT _____ In Service Year: 2002 2227 MACRS PICNIC TABLE 04/02 2227 100 7.0 MM 2227 SEE SAW 06/02 1539 100 1539 SL 7.0 HY 1539 2000 SL 7.0 HY 2000 FURNITURE 01/02 2000 100 SL VAN PPA 07/02 24050 100 24050 MACRS 7.0 HY 24050 ____ ____ ____ 29816 29816 29816 In Service Year: 2003 CONFERENCE T 05/03 332 100 332 SL 7.0 HY 332 SL OVAL TABLE 07/03 729 100 729 SL 7.0 MM 729 729 SL 729 RENTATE DESK 09/03 724 100 724 MACRS 7.0 HY 724 ____ ____ ____ ____ 1785 1785 1785 729 In Service Year: 2004 HYDROSTATIC 07/04 2249 100 2249 MACRS 7.0 HY 2249 In Service Year: 2005 FURNITURE AN 06/05 72832 100 72832 MACRS 7.0 HY 72832 In Service Year: 2006 BLEACHERS 06/06 1494 100 1494 SL 15.0 HY 1348 100 46 1348 100 SL In Service Year: 2007 HOME SOCCER 12/07 849 100 849 SL 5.0 HY 849 SL

2020 ASSET DETAIL REPORT

59-1267050

	Date			179+			Rec.			Current	Next		Current	-		Date
Description						Method		Cv 		Depr.	Year	AMT	AMT	Price	Price	Sold
In Servic	e Year:	2009														
	01/09	1798	100		1798	SL SL	5.0	ΗΥ	1798							
SAMSUNG TV	01/09	768	100		768	SL SL	5.0	ΗY	768							
40 SONY TYB	01/09	669	100		669	SL	5.0	ΗY	669							
CONFERENCING	06/09	1912	100		1912	SL SL	7.0	ΗY	1912			1912				
		5147			5147				5147			1912				
In Servic																
COMPUTER LAB	12/10	15000	100		15000	SL SL	5.0	MM	15000			15000				
In Servic	e Year:	2012														
FOUR INDOOR	08/12	4378	100		4378	SL SL	5.0	MM	4378			4378				
In Servic	e Year:	2013														
FURNITURE CO	10/13	99994	100		99994	SL SL	5.0	MM	99994			99994				
POOL TABLES	11/13	16939	100		16939	SL SL	5.0	MM	16798			16798				
SERVER AND S	08/13	8784	100		8784	SL SL	5.0	MM	8712			8712				
FURNITURE AN	11/13	938	100		938	SL SL	5.0	MM	932			932				
KITCHEN EQUI	11/13	23820	100		23820	SL SL	5.0	MM	23622			23622				

2020 ASSET DETAIL REPORT

	Date			179+			Rec.		Current	Next		Current	-		
Description	-			-		Method		-	Depr.	Year	AMT	AMT	Price	Price	Sold
TABLES	12/13	6950			6950		5.0 MM	6950			6950				
		 157425			 157425			157008			157008				
In Servic	e Year:	2015													
FURNITURE AN	07/15	8145	100		8145	SL	5.0 HY	7331	814		7331	814			
BIKE	12/15	3245	100		3245	SL	5.0 HY	2921	324		2921	324			
		11390			11390			10252	1138		10252	1138			
In Servic	e Year:	2016													
GREATMATS	08/16	11855	100		11855	SL	7.0 HY	5927	1694	1693	5927	1694			
Depreciati	on Clas	s: Furn	iture	and fi	xtures :	rental									
In Servic	e Year:	2003													
POOL TABLE	02/03	1050	100		1050	SL	5.0 HY	1050							
						SL									
In Servic	e Year:	2006													
OFFICE FURNI	08/06	2991	100		2991	SL	5.0 HY	2991							
						SL		2991							
Depreciati	on Clas	s: Mach	inery	and eq	uipment	other									
In Servic	e Year:	2002													
GENERATOR	06/02	597	100		597	SL	15.0 HY	597			597				
REFRIGERATOR	07/02	950	100		950	SL	15.0 HY	948			948				
ICEMAKER	01/02	2378	100		2378	SL	5.0 HY	2378							
						SL									
EQUIPMENT	05/02	3269	100		3269	MACRS	5.0 HY	3269							
		7194			7194			7192			1545				

2020 ASSET DETAIL REPORT

59-1267050

Description	Date Acqd	Cost	Bus. Use 	179+ Spec.	Basis	Method	Rec. Per.		-	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
In Service	Year:	2006														
PLAYGROUND E	08/06	102135	100		102135	SL SL	15.0	ΗY	91339	6812	3401	91339	6812			
In Service	Year:	2009														
INTERNATIONA	01/09	2000	100		2000	SL	5.0	MM	2000							
In Service	Year:	2010														
INTERNATIONA	01/10	2000	100		2000	SL SL	5.0	MM	2000			2000				
In Service	Year:	2012														
SPORTS EQUIP	06/12	2456	100		2456	SL	5.0	MM	2456			2456				
In Service	Year:	2013														
THOMAS MINOT	01/13	55412	100		55412	SL	5.0	MM	54947			54947				
2014 THOMAS	08/13	109311	100		109311	SL	5.0	MM	108399			108399				
		164723			164723				163346			163346				
Depreciation	n Clas	s: Offi	ce eq	uipment	:											
In Service	Year:	2013														
SCHOOL OUTFI	12/13	1147	100		1147	SL SL	5.0	ΗY	1050			1050				
Form Totals:		 1343183			1343183				 1131567	63440	 58836	817281	63440			

Form 8879-EO		ture Authorization ot Organization	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning_ ► Do not send to the IRS ► Go to www.irs.gov/Form887	S. Keep for your records.	2020
Name of exempt organization	or person subject to tax	Taxpayer	r identification number
BOYS AND GIRLS (Name and title of officer or pe	LUBS OF THE EMERALD	59-126	57050
SHERVIN RASSA	Son subject to tax	CEO	
	Return and Return Information (Whole		
Check the box for the re	eturn for which you are using this Form 8879-	EO and enter the applicable amou	Int, if any, from the return.
If you check the box on form was blank, then le	line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and ave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, which enter -0- on the applicable line below. Do not	the amount on that line for the retu ever is applicable, blank (do not en	urn being filed with this nter -0-). But, if you entered
1a Form 990 check he	ere 🕨 🔟 b Total revenue, if any (Form S	990, Part VIII, column (A), line 12) .	1b 4,260,308
2a Form 990-EZ chec	k here ▶ 📄 b Total revenue, if any (For	m 990-EZ, line 9)	2b
3a Form 1120-POL ch	eck here 🕨 📃 b Total tax (Form 1120	P-POL, line 22)	3b
4a Form 990-PF chec	k here 🕨 📃 b Tax based on investmen	t income (Form 990-PF, Part VI, li	line 5) 4b
5a Form 8868 check h	nere ► b Balance due (Form 8868,	line 3c)	5b
6a Form 990-T check	here 🕨 📄 b Total tax (Form 990-T, Pa	rt III, line 4)	6b
7a Form 4720 check h	ere 🕨 📄 🛛 b Total tax (Form 4720, Part	III, line 1)	7b
Part II Declarati	on and Signature Authorization of Off	icer or Person Subject to Tax	(
I consent to allow my inter to receive from the IRS (a processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also at confidential information ne identification number (PIN PIN: check one box o X I authorize <u>CC</u> on the tax yea a state agenc enter my PIN As an officer of electronically	e. I further declare that the amount in Part I above i mediate service provider, transmitter, or electronic) an acknowledgement of receipt or reason for reje- fund, and (c) the date of any refund. If applicable nic funds withdrawal (direct debit) entry to the financi e federal taxes owed on this return, and the financi the U.S. Treasury Financial Agent at 1-888-353-45 ithorize the financial institutions involved in the pro- cessary to answer inquiries and resolve issues rela) as my signature for the electronic return and, if ap- nly <u>DASTAL ACCOUNTING OF NW FL</u> <u>ERO firm name</u> ar 2020 electronically filed return. If I have ind y(ies) regulating charities as part of the IRS F on the return's disclosure consent screen.	s the amount shown on the copy of the return originator (ERO) to send the retu- ection of the transmission, (b) the reas- , I authorize the U.S. Treasury and its incial institution account indicated in the al institution to debit the entry to this ac 537 no later than 2 business days prior cessing of the electronic payment of tax ated to the payment. I have selected a poplicable, the consent to electronic fund to enter my PIN metal within this return that a copy fed/State program, I also authorize ganization, I will enter my PIN as m rn that a copy of the return is being will enter my PIN on the return's d	that I have examined a copy e electronic return. urn to the IRS and son for any delay in designated Financial tax preparation ccount. To revoke to the payment xes to receive personal ds withdrawal. 12345 as my signature five numbers, but of the return is being filed with to the aforementioned ERO to my signature on the tax year 202 g filed with a state agency(ies)
	ion and Authentication	Date	07/13/2021
	your six-digit electronic filing identification		
	by your five-digit self-selected PIN.	50044854	4321
			do not enter all zeros
	numeric entry is my PIN, which is my signatur return in accordance with the requirements of Business Returns.		
ERO's signature DOU	GLAS T INGRAM JR CPA	Date ► 07/15/	/2021
	ERO Must Retain This F Do Not Submit This Form to the I		So.
For Paperwork Reductio	n Act Notice, see back of form.	no omess nequested to Do	Form 8879-EO (2020)

COASTAL ACCOUNTING OF NW FLORIDA PA 1150 AIRPORT ROAD UNIT 172 DESTIN, FL 32541

BOYS AND GIRLS CLUBS OF THE EMERALD COAST INC 923 DENTON BLVD FORT WALTON BEACH FL 32547 PREPARER: PHONE: 850-654-9235 FAX: 850-837-0031 WWW.COASTALACCOUNTING.NET

INVOICE DATE: 07/15/2021 ID NUMBER: 59-1267050 TELEPHONE: 850-862-1616 INVOICE NO.: 2402

2020 INVOICE

Description		
Description 1 FORM 990 1 SCHEDULE A, SUPPLEMENTARY INFORMATION 1 SCHEDULE B, SCHEDULE OF CONTRIBUTORS 1 SCHEDULE D, SUPPLEMENTAL FINANCIAL STATMENTS 1 SCHEDULE O, SUPPLEMENTAL INFORMATION TO FORM 99 1 SCHEDULE R, RELATED ORGANIZATIONS AND UNRELATED 1 FORM 4562, DEPRECIATION AND AMORTIZATION 1 FORM 4562, DEPRECIATION AND AMORTIZATION 1 FORM 8879EO, IRS E-FILE SIGNATURE AUTHORIZATION 1 990/EZ/PF STATEMENT 59 DEPRECIATION WORKSHEET 59 DEPRECIATION WORKSHEET	PARTNERSHI	ΞPS
Remarks: PAYMENT IN FULL IS DUE WHEN SERVICES ARE RENDERED.	Total Charges	2000.00
THANK YOU FOR CHOOSING COASTAL ACCOUNTING OF NW FLORIDA	Discount Sales Tax Payments Amount Due	2000.00

US 990	Other Functional	I Expenses: Pag	e 10. Line 24	2020
		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
AWAREDS & RECOGNITI		3,229.		·
BANK FEES	20,972.			105.
CURRICULUM	93,385.	93,385.		2001
DUES	45,797.		2,534.	1,650.
GROUNDS MAINTENANCE			2,551.	1,050.
PROFESSIONAL DEVELC		14,551.		
T-SHIRTS				
	3,722.	3,722.		
TRANSPORTATION	39,206.		1 007	COO
UTILITIES	170,074.	167,395.	1,997.	682.
ORGANIZATION EVENTS		42.0.001	4 501	23,605.
	468,594.	438,021.	4,531.	26,042.